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Anxiety Disorders

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SCL 105
Spring II 2007

Anxiety disorder is characterized by chronic free-floating anxiety with symptoms such as tension, sweating, trembling, light-headedness and irritability. These disorders are a serious problem for the entire society because of their interference with patients' work, schooling, and family life. They also contribute to the high rates of alcohol and substance abuse in the United States. Anxiety disorders are an additional problem for health professionals because the physical symptoms of anxiety frequently bring people to primary care doctors or emergency rooms. We will discuss the different types of anxiety disorder that people suffer from.

GENERAL ANXIETY DISORDER

Done By Na Pang & Yvonne Prempeh

General Anxiety disorder (GAD) is a broad term covering several different forms of abnormal, pathological anxiety, fears, phobias and nervous conditions, which may have sudden onset or may occur gradually over a period of several years. GAD may impair or prevent the pursuit of normal daily activities. Unlike the brief period of anxiety caused by a stressful social event, such as public speaking, anxiety disorders can last for least six months, and can untreated. (www.nimh.nih.gov)

This is a poem about generalize anxiety disorder (GAD)

"I always thought I was just a worrier. I'd feel keyed up and unable to relax.

At times it would come and go, and at times it would be constant.

It could go on for days. I'd worry about what I was going to fix for a dinner party, or what would be a great present for somebody.

I just couldn't let something go."

I'd have terrible sleeping problems. There was time I'd wake up in the middle of the night.

I had trouble concentrating, even reading the newspaper or a novel.

Sometimes I'd feel a little lightheaded.

My heart would race or pound.

And that would make me worry more.

I was always imagining things worse than they really were: When I got a stomach ache, I'd think it was an ulcer.

-Anonymous

GAD often co-exist with depression and other mental health disorders such as panic attacks or phobias. GAD and other anxiety disorders occur more frequently in people with chronic medical illness such as diabetes mellitus and hypertension. People with GAD can't seem to get rid of their concerns, even though they usually realize that their anxiety is more intense than the situation warrants.

GAD symptoms which often accompany the anxiety include: fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, frequently and urination, shortness of breath, hot flashes, and difficulty in the initiation or maintenance of sleep.

When one feel anxious, the body releases hormones, which prepare the person to react to the threat. This is called the "fight or flight response". When anxiety becomes uncontrollable, reactionary response may occur almost continuously, even during times when one seems calm. Chemical imbalance causes disorders in the brain with two neurotransmitters known as dopamine and serotonin.

Physicians and researchers do not fully understand why this reaction occurs. The specific etiology of GAD is unknown. Some risk factors associated with GAD are:

- serious or prolonged physical illness
- personality type or disorder that is prone
- Family anxiety disorders

Such affected persons are more likely to develop subsequent medical illness, which are further prolonged by the pre-exiting GAD. Some symptoms may occur concurrently with depression, panic attacks or phobias. These symptoms may also develop, if one experiences of psychological trauma, for example witnessing acts of violence; death of a loved one; relocation; changing schools; or experiencing divorce.

GAD patients tend to self-medicate, they may become drug – dependent and eventually abuse their medications and other substance, such as alcohol and tobacco. The persistent level of anxiety and multiple stressors may predispose patients to insomnia, irritable bavel syndrome, recurrent headaches and bruxism.

Treatment Options

Psychotherapy, particularly cognitive behavioral therapy (CBT), is a key component of treatment for generalized anxiety disorder. Medication can also be used for generalized anxiety disorder treatment, either on its own or in combination with psychotherapy. SSRIs (Selective serotonin reuptake inhibitor)Common SSRIs perscribed for GAD include:fluoxetine (Prozac) ,paroxetine (Paxil) ,escitalopram (Lexapro). Benzodiazepines (Benzodiazepine) are often given in the short-term due to their nature to become habit-forming. Common benzodiazepines used to treat GAD include alprazolam (Xanax) ,chlordiazepoxide (Librium) ,clonazepam (Klonopin) ,diazepam (Valium) ,lorazepam (Ativan).

Cognitive behavioral therapy, A psychological method of treatment for GAD is cognitive behavioral therapy (CBT), which involves a therapist working with the patient to understand how thoughts and feelings influence behavior The goal of the therapy is to change negative thought

patterns that lead to the patient's anxiety, replacing them with positive, more realistic ones. Elements of the therapy include exposure strategies to allow the patient to gradually confront their anxieties and feel more comfortable in anxiety-provoking situations, as well as to practice the skills they have learned. CBT can be used alone or in conjunction with medication.

Psychotherapy

Psychotherapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, to discover what caused an anxiety disorder and how to deal with its symptoms. Ways to Make Treatment More Effective. Many people with anxiety disorders benefit from joining a self-help or support group and sharing their problems and achievements with others. Talking with a trusted friend or member of the clergy can also provide support, but it is not a substitute for care from a mental health professional. Stress management techniques and meditation can help people with anxiety disorders calm themselves and may enhance the effects of therapy. There is preliminary evidence that aerobic exercise may have a calming effect. Since caffeine, certain illicit drugs, and even some over-the-counter cold medications can aggravate the symptoms of anxiety disorders, they should be avoided. Check with your physician or pharmacist before taking any additional medications.

The family is very important in the recovery of a person with an anxiety disorder. Ideally, the family should be supportive but not help perpetuate their loved one's symptoms. Family members should not trivialize the disorder or demand improvement without treatment. If your family is doing either r of these things, you may want to show them this booklet so they can become educated allies and help you succeed in therapy.

Nursing Care/ intervention/Care Plan

Nursing diagnosis is formulated from the data gathered during the assessment phase and with

background knowledge regarding predisposing factors to the disorder. For client with generalized anxiety disorder include: powerlessness related to impaired cognition evidence by verbal expression of no control over life situation and nonparticipation in decision making related to own care or life situation. Client will be able to effectively problem solve ways to take control of life situation, thereby decreasing feelings of powerlessness and anxiety.

Nursing Intervention:

- "Allow client to take as much responsibility as possible for self-care practices.
- Assist client to set realistic goals.
- Help identify areas of life situation that client can control.
- Help client identify areas of life situation that are not within his or her ability to control. Encourage verbalization of feelings related to this inability." (Townsend, 2002, 321)

Evaluation: Reassessment determines if the nursing actions have been successful in achieving the objectives of care. Evaluation of the nursing actions by gathering information using the following types of questions:

- Can the client recognize signs and symptoms of escalating anxiety?
- Can the client demonstrate the activities most appropriate for him or her that can be used to maintain anxiety at a manageable?

Based on the signs and symptoms of general anxiety, panic disorder can derived from it.

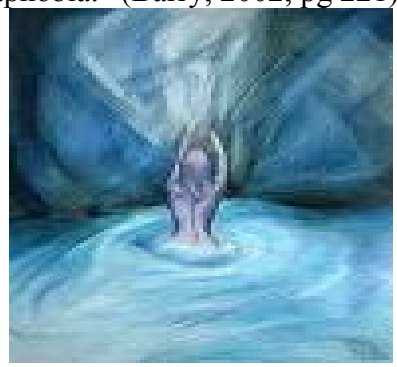
Panic Disorder

By **Stacy Moyston-Duckie**

Panic Disorder is classified as a condition that is characterized by discrete episodes of intense anxiety that begin abruptly and reach a peak within 10 minutes. This disorder is a real illness that affects two to three times as many women as men. As Barry illustrates, “panic disorder is a condition in which the person experiences intense fear or discomfort in which four (or more) of the following symptoms develop abruptly and reach a peak within 10 minutes” (Barry, 2002, pg 219). Panic disorder is characterized by at least four of a set of specified signs and symptoms as follows:

(a) palpitations or rapid heart rate
(b) sweating
(c) trembling
(d) shortness of breath
(e) sensation of choking
(f) chest pain nausea dizziness fear of losing control
(g) fear of dying
(h) numbness or tingling
(i) Chills or hot flushes, and some sense of altered reality (Frisch, 1998, pg 181).

Panic disorder can occur at any time, even during sleep. Many a times the person who experiences this disorder develops a strong desire of running away or escaping from the situation that provoked the attack. This disorder often begins in late adolescence or early adulthood, and can affect the person drastically. Some people's lives become so restricted that they avoid normal activities, such as grocery shopping or driving (http:// www.nimh.nih.gov/ Healthinforamtion/panicmenu.cmf). Panic disorder is divided into two types such as, panic disorder with agoraphobia and panic disorder without agoraphobia. Panic disorder with agoraphobia describes fear of being in open spaces alone where escape and help is difficult or not available. Also panic disorder without agoraphobia is a condition in which the person experiences panic but does not have a fear of open public areas. According to Barry, "Panic disorder with agoraphobia describes a person who is fearful of being in open areas or public places or of being alone where escape is difficult or help is unavailable." … Panic disorder without agoraphobia is a condition that meets the criteria for panic disorder, but the afflicted person does not experience agoraphobia." (Barry, 2002, pg 221)



Panic disorder is real and potentially disabling, but it can be controlled and successfully be treated. Treatment for panic disorder includes psychotropic drugs such as benzodiazepines (Alprazolam), Diazepam, Clonazepam, [Neuroleptic agents such as Chlorpromazine) and antidepressants such as imipramine (Tofranil), Paroxetine, and Fluoxetine. Because of the risk of

dependence and other limitations associated with the benzodiazepines, psychotherapy known as cognitive-behavioral therapy are used to assist clients in differential relaxation, supported exposure, pleasant mental imagery and other coping strategies (Videbeck, 2006, pg221). Based on the different types of treatments given, therapeutic response is mainly to decrease the client's anxiety level through deep breathing techniques which mimic the sensations that provoked a panic attack. Psychotherapy is used to create a relaxing atmosphere for the client through pleasant mental imagery. Environmental modification, including changing the environment in some way, modifying whatever stresses may be present, and family therapy. Also, medications such as anti-anxiety and anti depressants.

The nurse can help reduce the client's level of anxiety by providing a safe environment and ensure client's privacy during a panic attack, remain with the client during an attack, Help client to focus on deep breathing, talk to client in a calm, reassuring voice, teach the client to use relaxation techniques, and also engage client to explore how to decrease stressors and anxiety-provoking situations (Videbeck, 2006, pg 262).

People who suffer from panic disorder can get support from several resources such as the National Institute of Mental Health and other government agencies. Educational materials are available from the following: alternative/complementary therapies, support groups for client experiencing anxiety disorders. Professional nursing and mental health professional organizations offer information regarding anxiety disorders such as: Journal Watch Psychiatry. Other resources are National Alliance for the Mentally Ill (NAMI) Advocate, National Institute

of Mental Health, National Institute of Mental Health (Antai-Otong, 2003, pg299)

If you suspect you may be suffering from panic disorder, complete the following self-test by selecting yes or no. During this attack, did you experience any of these symptoms?

(a) Pounding heart? Yes No
(b) Feelings of unreality or being detached from yourself? Yes No
© Do you experience a fear of places or situations where getting help or escape might be difficult, such as in a crowd or on a bridge? Yes No
© Does being unable to travel without a companion trouble you? Yes No
(d) Shortness of breath? Yes No
For at least one month following an attack, have you:
(e) Felt persistent concern about having another one? Yes No
(f) Worried about having a heart attack or going "crazy"? Yes No

PHOBIA

by Anaïse Ikama and Marjorie Johnson

Phobia is an uncontrollable, irrational and persistent fear of a specific object, activity or situation. The fear occurs whenever the person is brought in contact with the object or situation. This is an unreasonable sort of fear that can cause avoidance and panic. Phobias affect people of all ages, from all walks of life, and in every part of the country. Phobia is categorized as social phobia and specific phobia. Specific phobia involves such fear as airplane travel, high exposed places, closed places, animals, and insects. Examples of closed places are elevators and closets. Some examples animals that people are afraid of are snakes, spiders, dogs, tigers. Some people with phobia are terrified at the sight of blood.

Social phobia is the fear brought on by social settings such as public speaking or eating in public as at a banquet or festive occasions. For a person to be diagnosed with this phobia, one has to portray excessive or unreasonable fear which results in significant social or occupational distress. People will change jobs in order not to ride an escalator or elevator. Others will avoid places where there is a crowd while some cannot be alone by themselves. Most phobias begin in early adulthood; however animal phobia begins in early childhood. Most simple phobias develop

during childhood and eventually disappear. Those that persist into adulthood rarely go away with treatment. Effective relief can be aimed through either behavioral therapy or medication.

Another common type of phobia is arachnophobia. Arachnophobia is an abnormal fear of spiders and other insects such as scorpions. People affected by this phobia feel uneasy in any area where they think could harbor spiders or any webs that may signal their presence. Should they see a spider, their fear will trigger a panic attack and they will not enter the general area until the attack subsides. If such incidents happen in public where friends, family or peers are, they will feel humiliated. Although many spiders are harmless, a person with this type of phobia may feel uneasy around one or even panic. A panic attack can sometimes even be triggered by an object resembling a spider.

Symptoms of arachnophobia are:

Feelings of panic, horror, or terror. Other signs are rapid heartbeat, shortness of breath, trembling, and an overwhelming desire to flee the situation, anxiety, avoidance of situations or objects that trigger intense fear.

These phobias are very treatable. Factually, most people who seek treatment of these phobias completely overcome their fears for life. Effective relief can certainly be gained through behavior therapy or medication.
People with these phobias can be helped through behavior therapy. As nurse or a trained therapist, we can assist the person to confront their fear in a carefully, planned way. The person gradually learns to control the physical reactions of fear. First, the person imagines the object or situation that is feared. Secondly, the person works up to looking at pictures that depict the object or situation. Finally, experience with the situation or contact with the object. An example is the person going to the lab with a friend and handling a harmless

spider. By confronting rather than fleeing the object or situation of fear, the person becomes accustomed to it and can lose the terror, horror panic and dread him or her once felt. The nursing interventions for arachnophobia are:

1. Reassure client that he or she is safe.

Rationale: At the panic level of anxiety, client may fear for his or her own life.

2. Discuss reality of the situation with client to recognize aspects that can be changed and those that cannot.

Rationale: Client must accept the reality of the situation (aspects that cannot change) before the work of reducing the fear can progress.

3. Include client in making decisions related to selection of alternative coping strategies. (e.g., client may choose either to avoid the phobic stimulus or to attempt to eliminate the fear associated with it.)

4. Encourage the client to explore underlying feelings that may be contributing to irrational fears or to face them rather than suppress them.

Rationale: Exploring underlying feelings may help client to confront unresolved conflicts and develop more adaptive coping abilities.

Most people are affected by one or two phobias. The best therapeutic treatment is to examine our childhood to see what brought on that phobia and finally, faced the object or situation.

Claustrophobia

By Anaïse Ikama

From the Greek word φόβος "fear", phobia, according to the Wikipedia, the free encyclopedia, "is an irritant, persistent fear of certain situations, objects, activities or persons

(http://en.wikipedia.org). These relentless fears, depending on the situation, arise from a combination of external events and internal preference. Other phobias can arise from fear of being harm by certain creatures. There are a whole of lists of phobias, but I will be focusing on claustrophobia.

Claustrophobia "is an anxiety disorder that involves the fear of enclosed or confined spaces... [Claustrophobics] may suffer from panic attacks, or fear of having a panic attack, in situations such as being elevators, trains, boxes…" (http://en.wikipedia.org). Like some form of anxiety disorder, claustrophobia is a situational phobia that "can develop from either a traumatic childhood experience…or from another unpleasant experience later on in life involving confined spaces (such as being stuck in an elevator)" (www.epigee.org).

Common situation that can increase anxiety in claustrophobia include: being inside a movie theater, an elevator, a car in a heavy traffic, on an airplane and while undergoing an MRI (magnetic resonance imaging). Therefore, when exposed to a confined space, a claustrophobic's person will have the following symptoms:

- Sweating
- Increase heartbeat
- Nausea
- Fainting
- Shaking
- Hyperventilation

In extreme cases, since the person will avoid being judge by society, claustrophobia can have social effects, which can lead to isolation and depression.

Though, claustrophobia cannot be cure, its treatment focuses on helping those affected to control their conditions. According to the epigee Women's health web site, the "treatment for claustrophobia…include behavior therapy, exposure therapy, drugs or combinations of several treatments" (www.epigee.org).

In behavior therapy, the nurse can teach the client regain control of his or her emotions by identifying trigger points, also the individual learns to disassociate fear of panic with enclosed or confined space. Another type therapy used is flooding, also known as exposure therapy, through this method, the individual is exposed to his or her restricted situation until anxiety attack is overcame. After being flooded, the claustrophobic individual will then be taught relaxation technique before being slowly reintroduced to the trigger situation- this is known as counter conditioning. Not only is behavior therapy and flooding use used to control the condition of claustrophobia, also anti-depressant and beta-blockers are.

The nursing interventions for claustrophobia include:

- Reassure client that he or she is safe
- Explore client's perception of the threat to physical integrity or… to self-concept
- Discuss reality of the situation with client to recognize aspects that can be changed and those that cannot
- Include client in making decisions related to selection of alternative coping strategies. (E.g., client may choose either to avoid phobic stimulus or… eliminate the fear associated with it).
- If client elects to work on elimination of the fear, techniques of desensitization… (Exposure to the stimulus) may be used (Mary C. Townsond. 2002, pp 341).

Post-traumatic stress disorder

By
Marie Jimenez & Ednenth Flores

Post traumatic stress disorder is a type of anxiety disorder that is triggered by an extremely traumatic event (http://mayoclinic.com). According to Barry, "a person can develop such mental illness when he/she encounters a very catastrophic event - childhood abuse, a plane crash, hurricane, terror attack, or war (Barry, 2002, p.223). Many people who experienced/witness unfortunate events may have a brief period of difficulty in coping. But with time, such distress will usually get better on their own. In some instances, if the symptoms can get worse for months or years that it disrupts your daily living activity. You may suffer from post

traumatic disorder (http://www.ncptsd.va.gov/). This type of anxiety disorder mainly affects survivors of traumatic events such as war or sexual/physical abuse (http://mayoclinic.com). It could seriously affect rescue worker such as firefighters and policemen. Also, it could affect the emotional state of a nurse due to the stress and unexpected event that may occur such as sudden death of a patient.

Manifestation of post- traumatic disorder typically begins within 3 months of the catastrophic event. These symptoms may include flashbacks of the traumatic events, hopelessness about the future, trouble sleeping, and feeling emotionally numb. Hence, "the person may be unable to work through and release dysphonic feelings and unpleasant thoughts that follow the trauma, can feel irritable, might avoid talking about the situation and always have fear for his/her safety"(Barry, 2002, p. 224). Other symptoms to observe are upsetting events dreams about the traumatic event, not enjoying things that they once enjoyed and hearing or seeing things that aren't there. If one or more of the symptoms observe over the course of 3 months, then that person is experiencing this mental disorder and should immediately seek help.

Fortunately, there are many treatment options to overcome this mental disorder. One type of treatment that is available is anti-depressant. Examples of antidepressant that will be commonly prescribed are Zoloft or sertraline and Paxil or Paroxetene (http://mayoclinic.com). These medications can help in decreasing the symptoms of depression and anxiety. Anti anxiety can also be used to treat this mental disorder because it will improve feelings of anxiety and stress. Other type of treatment that is advised for the patient who experienced such unfortunate events is psychotherapy (http://www.ncptsd.va.gov/). This treatment is mainly used with the adult and the children. Psychotherapy is when a psychologist allows the patient to just talk about any topic. A patient is free to just talk about any topic. Hence, there are many types of therapy

that may be suggested that will greatly work on with the patient. Some types of therapy used in post-traumatic disorder are cognitive therapy which provides psychological treatment (dictionary.com). A individual or group therapy could also be done and exposure therapy (http://mayoclinic.com). All these approaches will help the patient gain control about his/her fear and great distress that happen after a very traumatic event. There are many ways to treat post traumatic disorder. The main point is don't let it control over your life. It is very important to seek help as soon as possible to help prevent this mental disorder from getting worse.

According to Mary C. Townsend, nursing diagnosis for post traumatic stress disorder "are formulated from the data gathered during the assessment phase and with background knowledge regarding predisposing factors to the disorder"(Townsend, 2002, p. 349). The assessment phase and predisposing factors generates the criteria for the nursing diagnosis that relates to the problem, etiology, and signs and symptoms of post traumatic stress disorder. According to Townsend (2002), the following are two examples of nursing diagnosis related to patients experiencing PTSD:

- "Posttrauma syndrome related to distressing event considered to be outside the range of usual human experience evidenced by flashbacks, intrusive recollections, nightmares, psychological numbness related to the event, dissociation, or amnesia
- Dysfunctional grieving related to loss of self as perceived before the trauma or other actual or perceived losses incurred during or after the event evidenced by irritability and explosiveness, self destructiveness, substance abuse, verbalization of survival guilt, or guilt about behavior required for survival"(Townsend, 2002, p. 349).

After identifying the nursing diagnosis for clients with PTSD, the outcome for the nursing diagnosis of posttrauma syndrome is for the client to "integrate the traumatic experience into his or her persona, renew significant relationships, and establish meaningful goals for the future" (Townsend, 2002, p. 350). Building on relationships and working on goals for clients with post traumatic stress disorder will give them confidence and to strive for a sense of purpose in their

life. This outcome can be achieved with following the proper nursing interventions.

Some of the nursing interventions for clients diagnosed with post trauma syndrome are to "assign the same staff as often as possible, use a nonthreatening, friendly approach, be consistent, convey acceptance and to spend time with the client…these interventions serve to facilitate a trusting relationship"(Townsend, 2002, p. 350). It is important to develop trust with clients diagnosed with post trauma syndrome because establishing trust and rapport will encourage the client to express their feelings, emotions, and fears.

Another nursing intervention for clients diagnosed with post trauma syndrome is to "discuss coping strategies used in response to the trauma, as well as those used during stressful situations in the past. Determine those that have been most helpful, and discuss alternative strategies for the future. Resolution of the post trauma response is largely dependent on the effectiveness of the coping strategies used"(Townsend, 2002, p. 350). It is important to talk about helpful coping strategies with the client so that it will aid in establishing ways to deal with their traumatic experience.

Evaluating the nursing interventions for clients with posttraumatic stress disorder "is conducted to determine if the nursing actions have been successful in achieving the objectives of care" (Townsend, 2002, p.349). It is important to evaluate your nursing care plan to achieve an effective level of care. According to Townsend (2002), here are some of the questions that are used to evaluate care given to clients with PTSD: "Does the client voluntarily discuss the traumatic event? Can the client discuss the traumatic event without experiencing panic anxiety? Can the client look to the future with optimism? Has the client learned new, adaptive coping strategies for assistance with recovery?"(Townsend. 2002. pp. 349). Continuously evaluating your client's nursing care is important so that it will help the client in improving their perception

of their traumatic experience.

Community outreach options

The tragic events of September 11, 2001 have made an impact for those who suffer from post traumatic stress disorder. The community outreach options for post traumatic victims of September 11 include Project Liberty and 9/11 Mental Health and Substance Abuse program sponsored by the American Red Cross. The Project Liberty organization "offers free supportive counseling services to persons, families and groups affected by the September 11 World Trade center disasters. It provides one-to-one or group counseling services wherever you wish to have them – in your home, school, business, office, or place of worship" (http://www.projectliberty.state.ny.us/educational/PLResourceGeneric.htm).

The 9/11 Mental Health and Substance Abuse program encourages "people to seek professional help for any 9/11-related psychological distress they experienced in the years following the attacks" (http://www.redcross.org/911legacy). Organizations like these support victims suffering from post traumatic stress disorder.

Obsessive Compulsive Disorder
By
Petra Ramnarine & Janell Trotman

"A person with obsessive compulsive disorder experiences thoughts and actions that are repugnant, and his or her attempts to stop the pattern result in extreme anxiety" (Patricia D. Barry 2002). Obsessive-compulsive disorder is severe enough to cause marked distress or impairment of recurrent, unwanted thoughts (obsession), repetitive behaviors (compulsions), to reduce anxiety. People with OCD are obsessed with urgent needs to engage in rituals such as being obsessed with dirt and would wash their hands over and over again, counting, or cleaning

their surroundings these tasks are done with the hopes that the obsessive thoughts would go away. Others may be filled with fear and doubt and have the need to constantly check and repeatedly recheck things such as unlocked doors, faucets and stoves (www.psychguides.2007). They recognize that the behavior is excessive or unreasonable but continues the act in order to keep their anxiety level low. This disorder is common among men than women may begin at child hood but often develops at adolescence or early adulthood. Recent studies indicate that OCD is higher in upper class people and those with higher intelligence (Kaplan & Shaddock, 1998).

Signs and Symptoms of compulsive obsessive disorder:

- Repeatedly washing hands
- Checking and rechecking same thing (e.g. door locks)
- Repeatedly washing hair or taking showers
- Repeatedly cleaning
- Repeatedly checking physical appearance
- Touching
- Counting
- Ordering/ Arranging
- Refusing to shake hands or touch doorknobs
- Collecting or hoarding items with no apparent value praying (www.psychguides.2007).

Treatment options:

Psychotherapy may help when started early in the disorder process. "Treatment of fully developed obsessive-compulsive disorder is quite difficult to treat "(Patricia D. Barry 2002). Cognitive behavior therapy (CBT) has proven to be the most effective treatment for Obsessive

Compulsive Disorder; it's the psychotherapeutic treatment of choice for children, adolescence, and adults with Obsessive-compulsive disorder. In Cognitive behavior therapy, there is a logical, consistent and compelling relationship between the disorder, the treatment and the desired outcome. "Cognitive behavior therapy helps the patient internalize a strategy for resisting Obsessive compulsive disorder that will be of life long benefits. Therapy helps people to learn change their thoughts and feelings by first dealing with the behavior" (www.medscape.2007).Support

Groups are also an invaluable part of treatment. Another treatment is the concept of "therapeutic Milieu, which is based on the premise that an individual current, "here and now" behavior is a reflection of his or her current reality and normal social interactions" (Patricia D. Barry 2002). This gives some insight as to why the client is having difficulty when it comes to internal reality and having social interactions. "The treatment team can be most effective by assessing these "here and now" behaviors and designing interventions to modify them so that clients insights and outcomes can be realized" (Patricia D. Barry 2002).

Medications used to treat OCD

Some clients experience relief from this condition by taking antidepressant medications (Patricia D. Barry 2002). The names of some of these antidepressants are:

Clomipramine (Anafranil)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Paroxetine (Paxil)
Sertraline (Zoloft) (www.psychguide.2007).

Electrodes are attached to the patient's head and a series of electric shocks are delivered to the brain, which induce seizures (www.ncbi.nlm.nih.gov). This type of therapy has not proven to be as effective as cognitive behavioral therapy (CBT), psychotherapy and medications.

Therapeutic Responses that's most effective are psychotherapy, cognitive behavior therapy with a combination of anti depressant medications (www.ncbi.nlm.nih.gov).

From the nursing care perspective, caring for are a client with OCD it is important for the nurse to be patient, trust and intuition. The nurse should also have a understanding of the client's anxiety and sensed of being overpowered by emotion, (Frisch &Frisch, 1998). It is important for the nurse to build trust and modeling the client's world. A good way for the nurse to build trust is to accept the client as is without being judgmental, (Frisch & Frisch, 1998). The nurse must come into the relationship with care as the number one thing on the agenda. "Modeling the client's world means entering into the client's perceptions, seeing the world from the client's perspective and basing interactions on the nurse's understanding of the client's subjective experience, (Frisch & Frisch, 1998)." The nurse should be putting his/her self in the client's mind to understand them. The nurse must have a good understanding of the client's emotion. According to Frisch the nurse should, "understand the client's subjective experience, to consider what the outside world is like from the client's personal world, (Frisch & Frisch, 1998)." Once the nurse has insight of the client's feeling, emotions and needs then the nurse will be able to assist the client to use whatever resources available to reestablish balance.

Some nursing diagnosis that is commonly used with client with OCD is: Ineffective coping, ineffective role performance, anxiety, powerlessness, social isolation and alter family process. Some interventions that the nurse can implement are when administering care to a client who has OCD is:

- Work with client to determine types of situations that increase anxiety and result in ritualistic behaviors.
- Initially meet the client's dependency needs as required.
- Encourage independence and give positive reinforcement for independent behaviors.
- Support client's efforts to explore the meaning and purpose of the behavior

- Provide structured schedule of activities for client, including adequate time for completion of rituals.
- Give client lots of positive reinforcement for ability to resume role responsibilities by decreasing need for ritualistic behaviors. (Townsend, 2002,)

Out patient treatment is the main therapy for people with OCD. Very rare someone with OCD is hospitalized. Most of them attend psychotherapy and day centers.

Anxiety affects many people, with treatment it can be maintain.

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