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ABSTRACT

ANXIETY DISORDERS AND PANIC IN FAMILY DOCTORS ACTIVITY

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Abstract

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Introduction: Anxiety disorders have been and still are the subject of many increasingly important theoretical and pragmatic researches. They are found in a large proportion both in psychiatric assiatance units and in most other medical specialties, especially in family doctors. However, anxious feelings are nosologic entities of different origin which requires a benevolent medical attention, patience in listening and investigating the anxious patients, for the most appropriate management possibility and treatment strategies. Anxiety is **„***a painful waiting emotion*", **„***a fear without object***„** that occurs in the anticipation of an event, is a subjective experience that can be brought on voluntarily by developing self-awareness.

Purpose of study: In a first phase we wanted to identify the cognitive schemes: **Emotional Deprivation, Abandonment / Instability, Mistrust / Abuse**, for the 31 patients with complaints of anxiety, who addressed medical consultation, in 2007-2008, to the infirmary but also the way they influence the quality of life. In the second phase we have proposed to facilitate an early and fair diagnosis both of anxiety disorders and of comorbidities and their complications, followed by acustomized therapeutic -prophylactic strategy on patient profile.

Material and method: This study has as the first prospective component conducted in 2007-2008. Research was conducted on a total of 31 people who had a diagnosis of generalized anxiety disorder determined by the psychiatrist on the basis of DSM IV TR diagnostic criteria. The second component is a retrospective study conducted during 2000-2009 on a number of 112 subjects who received care in the family medicine cabinet in Ceuaşu de Campie, in close cooperation with the Department of Psychiatry No. 1 Targu Mures, led by Dr. Gabos Grecu Iosif PhD.

To investigate maladaptive cognitive schemes of the CAS test battery, in this study was used the YSQ - S3 test which assesses maladaptive cognitive schemes and indicates their level. YSQ-S3 has 114 items and measures 18 dysfunctional cognitive schemes. Psychometrically were used SCID I and II -Structured Clinical Interview, Hamilton Scale Evaluation Anxiety, HAS sheet - P (panic attack).

Results: After statistical processing of the data above, for the first research resulted an average age lying around 29.39 years, with a standard deviation of 5.96; in terms of job all patients came from the work field, 14 were males, 17 females. In terms of studies: 22 patients (71%) had 10 to 12 classes and 9 patients (29%) had higher education. After statistical processing, the subjects achieved high scores in Emotional Deprivation, Mistrust / Abuse, Abandonment / Instability schemes and low scores for the quality of life. Subjects present paradoxical fluctuating behavior, due to maladaptive cognitive schemes. The study of socio - demographic parameters performed on the 112 subjects between 2000 to 2009

received medical assistance and psychiatric care in the family doctors office from Ceuaşul de Campie and in the Psychiatric Clinic of Tg. Mures for different types of anxiety disorders, from the simple (to most complex phobia (panic attacks) shows that studied patients were included between the age limits of 18 and 67 years, of which 62.5% (70) came from rural areas and 37.5% (42) from the city. We observed a higher frequency of anxiety symptoms in age groups between 18-30 years and 51-67 years, explained by the fact that young patients with early onset of the disease are often dysfunctional in social relations, with a low occupational level and without a steady job, and in patients over 50 years, anticipatory anxiety gets phobia valences (thanatophobia).

Discussions: Patients with primary / secondary anxiety do not differ in demographic variables (age, sex, marital status, duration of disorder, socioeconomic level, subtypes of panic disorder). People with primary anxiety have diminished psychopathology, lower phobic avoidance, low comorbidity rates, with late onset, the situation is an isolated condition, the person crossing the vulnerable periods for other psychiatric disorders.

Secondary anxiety develops a diffuse psychopathology with greater severity, being a chronic condition focused on personality disorder and developing agoraphobia with avoidance. In terms of lifetime, comorbidity represents a group of 2.1% .38% a concomitant onset of A (anxiety), D (depression), 33.5% AP (panic attack) severe preceds D (depression) (A primary anxiety) 28.5% depression precedes primary anxiety.

I wanted to treat the problem of A - D (anxiety - depression) comorbidities more exhaustive due to more reserved prognosis of patients with these associations, of the more modest therapeutic response and increased suicidal risk.

Conclusions: This study included prevalent cases of anxiety that were treated by the primary health care system, some of them reaching to require specialized treatment in clinical university. The study allowed accurate and early diagnosis of both anxiety disorders and of the comorbidities and complications, being followed by a customised therapeutic-prophylactic strategy on the patients profile. Due to modern evaluation tools used, results that the data we have collected will help more relevant scientific knowledge, psychic phenomena and mechanisms involved in the activation scheme addressed in the paper.

Keywords: anxiety, panic, quality of life, comorbidity