ANXIETY DISORDERS



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Anxiety disorders are a group of psychiatric conditions that affect one in four individuals. They are characterized by excessive fear, anxiety, the avoidance of perceived threats and, in some cases, panic attacks.

EPIDEMIOLOGY

General risk factors for anxiety disorders include female sex and a family history of anxiety or depression. Early life risk factors include a withdrawn or inhibited temperament, over-involved or negative parental interactions, reduced peer relationships and physical or sexual abuse. In adults, several life stressors, such as family illness and relationship breakdowns, can contribute to the development of anxiety disorders.

R MANAGEMENT

Often, cognitive-behavioural therapy (CBT; a goal-orientated, skills-based therapy) is the first-line treatment for anxiety disorders. Other psychological therapies can include mindfulness and acceptance-based therapies and interpersonal therapy. Pharmacological treatment can be combined with psychological therapy, or can be used separately. Commonly used drugs

commonly used drugs include antidepressants, benzodiazepines, atypical antipsychotics and β-adrenergic blockers.

The time
to seek
treatment from the
initial onset of anxiety
often ranges from
3 to 30 years across
countries

DIAGNOSIS

In general,
diagnosis of
anxiety disorders
involves clinical interviews
to determine for which specific
anxiety disorder the diagnostic
criteria are met and to distinguish
the symptoms from other
psychiatric disorders (such as
major depressive disorder
and bipolar disorder).

SELECTIVE

OUTLOOK

Further research to understand the

precise risk factors, genetic factors

and mechanisms of anxiety disorders

is essential. This could also lead to the



PANIC DISORDER

GENERALIZED ANXIETY DISORDER

SOCIAL ANXIETY DISORDER

SEPARATION ANXIETY DISORDER

The use of computer-assisted, Internet-based treatments for anxiety, mostly CBT, has grown

over the past 10 years

development of biomarkers and new therapies that specifically target distinct alterations in patients with anxiety disorders.

MECHANISMS

The neurobiology underlying the development of individual anxiety disorders is unknown, but some generalizations in the way anxiety is processed in the brain have been identified. Namely, bidirectional connections between the amygdala, prefrontal cortex, anterior cingulate cortex and the hippocampus are thought to underlie fear and anxiety. Dysfunction of these areas, in addition to the hypothalamic–pituitary–adrenal axis, might contribute to the

development of anxiety disorders.
Twin studies have revealed moderate genetic and substantial environmental influences. Few specific genetic risk factors have been identified, but this is likely to increase in the future.

QUALITY OF LIFE

Anxiety disorders are one of the most persistent mental health disorders and, as such, can substantially reduce the quality of life of the patient. Regarding individual disorders, the disabilities and comorbid complications associated with panic disorder and generalized

60-90% of patients with an anxiety disorder have a comorbid mental health condition, such as depression or substance use disorders

associated with panic disorder and generalized anxiety disorder are more severe than those caused by specific phobias.

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