ANXIETY DISORDERS: PHOBIAS AND OBSESSIVE-COMPULSIVE DISORDER

ANXIETY DISORDERS ARE DIAGNOSED WHEN A PERSON HAS FEELINGS OF UNEASE (WORRY OR FEAR) THAT THREATEN THEIR WELL-BEING.

WHY?

A PERSON WITH A DISORDER IS BEING AFFECTED TO A SIGNIFICANT DEGREE BY THEIR PROBLEM. BY **DIAGNOSING** A DISORDER WE ARE RECOGNISING THAT IT IS SERIOUS ENOUGH TO BENEFIT FROM SOME SORT OF TREATMENT.

- THE PROBLEM MAY BE CAUSING THEM **DISTRESS**.
- THE PROBLEM MAY LEAD TO RISK OF FURTHER **HARM**.
- THE PROBLEM MAY PREVENT THEM **LIVING NORMALLY**.

EVERYONE HAS FEARS AND ANXIETIES BUT NOT EVERYONE HAS A **CLINICALLY SIGNIFICANT PROBLEM**.

HOW?

CLINICIANS LOOK FOR SYMPTOMS IN THINKING (**COGNITION**), FEELING (**EMOTION**) AND ACTION (**BEHAVIOUR**).

DIFFERENT DISORDERS HAVE DIFFERENT **PATTERNS OF SYMPTOMS** (C, E & B).

TWO FAIRLY COMMON ANXIETY DISORDERS ARE **PHOBIA** AND **OCD**

PHOBIA INVOLVES A **MARKED, PERSISTENT FEAR** OF SOMETHING AND A CONNECTED TENDENCY TO **AVOID CONTACT** WITH IT.

PHOBIAS MAY BE **SPECIFIC** (E.G. RATS, HEIGHTS OR GOING TO THE DENTIST) OR **SOCIAL** (E.G. SPEAKING IN PUBLIC). **AGORAPHOBIA** IS A FEAR OF LEAVING A SAFE ZONE (USUALLY THE SUFFERER'S HOUSE).

OCD INVOLVES **INTRUSIVE, DISTURBING THOUGHTS** AND THE USE OF **RITUALS** TO CONTROL THE RESULTING ANXIETY.

OBSESSIONS OFTEN FOCUS ON DISEASE, DIRT OR THE FEAR OF DOING SOMETHING BAD. **COMPULSIONS** MIGHT BE RELATED (E.G. HAND-WASHING) BUT AREN'T ALWAYS (E.G. TURNING THE LIGHTS ON AND OFF).

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