

Anxiety Disorder

[Anxiety](#) can be appropriate, but when experienced regularly the individual may suffer from an [anxiety disorder](#).

Etiology

[Diffuse axonal injury](#) (DAI) patients are frequently accompanied by adverse sequelae and psychiatric disorders, such as [anxiety](#), leading to a decreased [quality of life](#), social isolation, and poor outcomes. However, the mechanisms regulating psychiatric disorders post-DAI are not well elucidated. Previous studies showed that [endoplasmic reticulum stress](#) functions as a pivotal factor in [neurodegeneration](#) disease. In a study, Huang et al., showed that DAI can trigger ER stress and [unfolded protein response](#) (UPR) activation in both the acute and chronic periods, leading to cell death and anxiety disorder. Treatment with 4-phenylbutyrate (4-PBA) is able to inhibit the UPR and cell apoptosis and relieve the anxiety disorder in our DAI model. However, later (14 days post-DAI) 4-PBA treatment can only restore the related gene expression of ER stress and UPR but not the psychiatric disorder. Therefore, the early (5 mins after DAI) administration of 4-PBA might be a therapeutic approach for blocking the ER stress/UPR-induced cell death and anxiety disorder after DAI ¹⁾.

Mood and anxiety disorders were more commonly seen in patients with [lumbar disc herniation](#) or cervical disc herniation than in those without herniation. No relationship was detected between pain severity and mood or anxiety disorders. However, mood and anxiety disorders were associated with [neurological deficits](#) ²⁾.

Evidence is emerging for a significant clinical and neuroanatomical relationship between [balance](#) and anxiety. Research has suggested a potentially priming effect with anxiety symptoms predicting a worsening of balance function in patients with underlying balance dysfunction.

Anxiety symptoms during a vestibular stimulus may contribute to a priming effect that could explain worsening balance function ³⁾.

Balance symptom severity, anxiety symptoms, and ambulant posture were significant contributors to disability and should be the focus of [vestibular rehabilitation](#) strategies ⁴⁾.

Classification

Generalized Anxiety Disorder (GAD): Individuals with GAD experience excessive, uncontrollable worry about various aspects of their life, such as work, health, and family, even when there is no apparent reason for concern.

Panic Disorder: This involves recurrent and unexpected panic attacks, which are intense episodes of extreme fear or discomfort. People with panic disorder may also have ongoing concerns about future attacks.

Social Anxiety Disorder (Social Phobia): People with social anxiety disorder have an intense fear of being judged or humiliated in social situations, leading to avoidance of social interactions.

Specific Phobias: These are intense fears of specific objects or situations, such as heights, spiders, flying, or needles. Avoidance of the phobic stimuli is a common response.

Agoraphobia: Agoraphobia often co-occurs with panic disorder. It involves a fear of being in places or situations from which escape might be difficult, such as crowded spaces, open spaces, or public transportation.

Obsessive-Compulsive Disorder (OCD): OCD is characterized by recurrent, intrusive thoughts (obsessions) and repetitive behaviors or mental acts (compulsions) aimed at reducing distress. These behaviors can become time-consuming and interfere with daily life.

Post-Traumatic Stress Disorder (PTSD): PTSD can develop after exposure to a traumatic event. Symptoms may include intrusive memories, nightmares, hypervigilance, and avoidance of reminders of the trauma.

Separation Anxiety Disorder: This typically occurs in children and involves excessive anxiety related to separation from attachment figures, such as parents or caregivers.

Selective Mutism: This is primarily a childhood disorder where a child consistently fails to speak in specific social situations where there is an expectation to talk, despite speaking in other situations.

Please note that the classification and understanding of mental health disorders can evolve over time, and the information provided is based on my knowledge up to January 2022. For the most current and accurate information, it's important to consult the latest editions of diagnostic manuals, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) published by the American Psychiatric Association or the International Classification of Diseases (ICD-10 or ICD-11) published by the World Health Organization. These manuals are commonly used by mental health professionals to diagnose and classify mental disorders.

1)

Huang GH, Chen K, Sun YY, Zhu L, Sun ZL, Feng DF. 4-Phenylbutyrate ameliorates anxiety disorder by inhibiting endoplasmic reticulum stress following diffuse axonal injury. *J Neurotrauma*. 2018 Dec 22. doi: 10.1089/neu.2018.6048. [Epub ahead of print] PubMed PMID: 30582423.

2)

Kayhan F, Albayrak Gezer İ, Kayhan A, Kitiş S, Gölen M. Mood and anxiety disorders in patients with chronic low back and neck pain caused by disc herniation. *Int J Psychiatry Clin Pract*. 2015 Nov 2;1-5. [Epub ahead of print] PubMed PMID: 26524007.

3)

Saman Y, Mclellan L, McKenna L, Dutia MB, Obholzer R, Libby G, Gleeson M, Bamiou DE. State Anxiety Subjective Imbalance and Handicap in Vestibular Schwannoma. *Front Neurol*. 2016 Jul 13;7:101. eCollection 2016. PubMed PMID: 27468274.

4)

Saman Y, Bamiou DE, Murdin L, Tsioulos K, Davies R, Dutia MB, Obholzer R, Gleeson M. Balance, falls risk, and related disability in untreated vestibular schwannoma patients. *J Neurol Surg B Skull Base*. 2014 Oct;75(5):332-8. doi: 10.1055/s-0034-1372469. Epub 2014 May 2. PubMed PMID: 25276598; PubMed Central PMCID: PMC4176536.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=anxiety_disorder

Last update: **2024/06/07 02:50**

