

A Short Communication on Managing Anxiety Disorders

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EDITORIAL

The most common mental disorders (generalised anxiety disorder, panic disorder/agoraphobia, social anxiety disorder, and others) are associated with a high burden of illness. In primary care, anxiety disorders are frequently misdiagnosed and undertreated. When a patient exhibits significant distress or suffers from problems as a result of the disease, treatment is recommended. Psychotherapy, medication, or a combination of the two should be used to treat anxiety disorders. Cognitive behavioural therapy is considered to be the most evidence-based treatment. Selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors are first-line treatments. Benzodiazepines should not be used on a regular basis.

Pregabalin, tricyclic antidepressants, buspirone, moclobemide, and other treatments are available. Medication should be continued for 6 to 12 months after remission. Efficacy, side effects, interactions, expenses, and the patient's preferences should all be taken into account while creating a treatment plan. An alarming increase in mental diseases has been documented during the previous several decades. Over 650 million people worldwide are believed to suffer from common mental diseases such as anxiety and depression. The most common mental disorders are anxiety disorders, which include panic disorder with or without agoraphobia, generalised anxiety disorder, social anxiety disorder, specific phobias, and separation anxiety disorder.

Anxiety disorders are marked by a feeling of dread or terror in reaction to a perceived danger. Anxiety disorders are the most common psychiatric diseases, and they're linked to a lot of sickness. The main goal of treatment is to reduce the core symptoms of anxiety (both psychic and somatic), including sleep restoration, improve patient function and quality of life, treat comorbid disorders that are present at the time of diagnosis as well as those that develop over time, and to continue treatment long enough to produce remission and, where possible, prevent relapse. Psychotherapy, medication, or a mix of the two are used in treatment. In this review, we'll talk about anxiety and how to deal with it.

Symptoms that are unique

Cognitive symptoms

Fear of losing control; fear of bodily harm or death; fear of "becoming insane"; fear of being judged negatively by others; terrifying ideas, mental

images, or recollections; a sense of unreality or detachedness; constriction of focus, hypervigilance for threat; poor memory; and difficulty speaking are all symptoms of poor concentration, disorientation, and distractibility.

Physiological symptoms

Increased heart rate, palpitations; shortness of breath, rapid breathing; chest pain or pressure; choking sensation; dizzy, light-headed; sweaty, hot flashes, chills; nausea, upset stomach, diarrhoea; trembling, shaking; tingling or numbness in arms and legs; weakness, unsteadiness, faintness; tense muscles, rigid muscles; tense muscles, rigid muscles; tense muscles, rigid muscles

Behavioral symptom

Avoiding threat signs or situations; fleeing; seeking protection and comfort; restlessness, agitation, pacing; hyperventilation; freezing, unmoving; and difficulty speaking.

Affective symptoms

Nervous, tense, coiled up; frightened, fearful, terrified; edgy, jumpy, jittery; and impatient, frustrated are some of the affective symptoms.

Medications

Anxiety disorders cannot be cured with medication, but it can be managed while the person receives psychotherapy. Many persons with anxiety disorders can live normal, fulfilling lives with the right therapy. Selective serotonin reuptake inhibitors (SSRIs) are often recommended drugs for generalised social anxiety and may be the first line of treatment. These medications, including as fluoxetine, sertraline, paroxetine, citalopram, and others, increase the level of the neurotransmitter serotonin, among other things. Benzodiazepines (such as diazepam and chlordiazepoxide), which promote inhibitory GABA transmission, are also often given for anxiety disorders. Betablockers, such as propranolol and atenolol, inhibit the adrenal gland's capacity to create adrenaline. Comorbid psychiatric diseases and increased doses leading to intolerable side effects such as allergic responses, drowsiness, coordination issues, exhaustion, mental confusion, nausea, and addiction liability are some of the common limitations of these anxiety drugs or pharmacological therapy.

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Received: August 05, 2021; Accepted: August 10, 2021; Published: August 16, 2021

Citation: Dalal G (2021) A Short Communication on Managing Anxiety Disorders. Bio Med 13: 442.

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