



MANAGEMENT OF ANXIETY DISORDER AND COGNITIVE BEHAVIOR THERAPY: A CASE PERSPECTIVE

Laxman Ji Yadav¹ and J.S. Tripathi²

¹Research Scholar and ²Professor & Head Department of Kayachikitsa, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi, E-mail: laxmanpsy01@gmail.com, Corresponding Author: Laxman Ji Yadav

Abstract

Abstract Objective: Anxiety disorders are a chronic and recurrent condition that impairs an individual's psychosocial functioning and quality of life. Despite the efficacy of psychopharmacological treatment in reducing anxiety disorders, many patients fail to respond adequately to these interventions. Cognitive behavioral therapy provides an alternative and efficacious method for treating Anxiety disorders. The objective of the study is to describe the use of cognitive behavioral therapy for Anxiety disorder.

Method: an Individual case study using DAS scale as clinical parameter and CBT as intervention. Review collected from Medline and Psycinfo and specialized textbooks.

Results: We have reviewed the cognitive-behavioral model for the treatment of Anxiety disorders, and review both short and long-term efficacy findings. And evaluated the role of combined treatment (cognitive behavioral therapy and psycho pharmacotherapy) as a single case study.

Conclusions: Cognitive behavioral therapy can be used as first-line therapy for anxiety disorders. This treatment modality can also be indicated as a next step for patients failing to respond to other treatments.

Keywords: CBT, Quality of life, Psychological functioning Anxiety disorders.

Introduction: Anxiety disorder is one of the most common psychiatric disorders encountered in the primary care setting. Anxiety usually has a chronic course that is associated with significant psychosocial impairment, disability, decreased quality of life, and increased use of health care resources. In spite of the high prevalence of Anxiety, it is frequently overlooked and under treated. Only 30% of anxiety patients who present to primary care are diagnosed. Increasing the awareness of anxiety among patients and physicians may lead to improved recognition and appropriate intervention, thereby reducing disability and improving quality of life. Anxiety disorder has been called the "basic" anxiety disorder, in the sense that generalized anxiety is, by definition, a component of other anxiety disorders. But only recently have we begun to delve into the nature of anxiety disorder. Only recently have we begun to evaluate effective psychological treatments for this problem, and only in the past several years has evidence begun to appear that we can in fact treat this problem

successfully. This is no small feat, since anxiety disorder, although characterized by marked fluctuations, is chronic. Anxiety disorder is a highly prevalent, chronic, costly and disabling mental disorder ^[1]. It is characterized by excessive and persistent worry and anxiety about everyday internal and external events, in combination with various psychological and somatic complaints, such as autonomic arousal, restlessness, fatigue, problems with concentrating, irritability, and sleep problems ^[2]. Because most patients are still affected after 6 to 12 years, anxiety is usually considered to be a chronic disorder ^[3]. The 12-month prevalence rate of anxiety disorder has been estimated to be between 1.2 and 1.9% and the lifetime prevalence between 4.3 and 5.9% ^[1].

Case Study: Initial Presentation-A 20-year-old under-graduate student presented to his primary care physician complaining of difficulty with sleep, excessive worry fatigue, and irritation and anger."

History: Case Report: Mr. S, 20 years, male, unmarried, Hindu, education undergraduate, hailing from Middle Class from business personnel came with the chief complaints of Tension, Head ache, excessive worry, Dry mouth, Increase heart rate, Loss of appetite, Lack of concentration in daily work& studies, Easily gets irritated Keep forgetting, Doubts his mental ability, Confusion in taking decisions, Restless and fatigability The client was asymptomatic and his symptoms started with the symptom like headache and tension that is whenever he is studying or free on during day time mostly. He is unable to concentrate on his work and his studies as he keeps on doubting his ability (especially in studies). At times when he has to take a decision or when he has a big responsibility at hand then he experiences dryness of mouth, increased heart rate and shivering of hands. He tends to take a lot of time in studying or writing paper in exams doing performing an activity. He tends to forget his chapters which he has studied. He seems to be very confused nowadays to the extent that he is not able to take simple decisions of his daily life by his own& very much worried about future. As a result of forgetting and lack of concentration he easily gets irritated. There are no complications reported in the birth and development. All the developmental milestones were reported to be normal; there is no history of childhood disorders as reported by the client. Mr. P father's age is 48 years, he is a business man and mother's age of 42 years, she is a house wife.. On MSE, Mr. S was neatly dressed and well kempt, maintained eye contact. He was fully conscious and alert and was in touch with his surroundings. Rapport was established easily. She is oriented to person, place and time. Her psychomotor activities were within normal limits; her speech was relevant and coherent and goal directed. On affect subjectively she reported being sad and objectively depressed. On thought content excessive preoccupation was present. Attention could be aroused and could be sustained for required period of time. Her memory was intact. Overall intelligence was found to be average. Her test judgment was intact and her personal and social judgment was impaired Insight was present at level II.

Reason for Taking for Intervention: To reduce and anxiety autonomic intense fear, symptoms, excessive worry unable to perform in studies, Low self- confidence and, negative cognition to give awareness regarding the manifestations of generalized anxiety disorder.

Psycho Metric Parameter

Depression Anxiety Stress Scale: The DASS is a 42 item questionnaire which includes three self report scale designed to measure negative emotional state.

Types and Techniques of Intervention

Psycho-education: The main aim of psycho-education was to give awareness about the nature and cause of his illness. It is mainly aimed at educating him that how her symptoms were started, what were the triggering factors, and how it was maintained.

Cognitive Behavior Therapy (CBT): CBT is not just a set of techniques—it also contains comprehensive theories of human behavior. CBT proposes a 'bio-psychosocial' explanation as to how human beings come to feel and act as they do—i.e. that a combination of biological, psychological, and social factors are involved. The most basic premise is that almost all human emotions and behaviors are the result of what people think, assume or believe (about themselves, other people, and the world in general). It what people believe about situations they face—not the situations themselves—that determines how they feel and behave. Both REBT & CT, however, argue that a person's biology also affects their feelings and behavior san important point, as it is a reminder to the therapist that there are some limitations on how far a person can change. A useful way to illustrate the role of cognition is with the 'ABC' model. (Originally developed by Albert Ellis, the ABC model has been adapted for more general CBT use). In this framework 'A' represents an event or experience, 'B' represents the beliefs about the A, and 'C' represents the emotions and behaviors that follow from those beliefs.

Cognitive Restructuring: The primary aim of cognitive restructuring understands the errors in individual thinking, help him to modify them and replace them with more adaptive thoughts, since these thoughts were playing a major role in causing as well as maintaining the symptoms.

Therapy Process

First Session: The patient was reported at OPD of Manas chikitsa (Psychosomatic Medicine and Neuropsychiatry Clinic), Department of Kayachikitsa along with his mother with above case detailed case study was taken by Conducting Intake interview. Patient was psycho-educated about the nature and treatment of the problem and conveys the process of therapy. Psycho-education was mainly aimed at educating client that how his symptoms were

started, the triggering factors and how it is maintained. Patient is taught about the nature and function of anxiety. The education provides patient with a model of anxiety that emphasize the interaction between the mind and body and provides a rational and framework for the skills to be taught during treatment. A three dimensional model is utilized, in which dimensions of anxiety are grouped in to cognitive, physical and behavioral categories. The physical component includes bodily changes and their associated somatic sensations. The cognitive component includes thoughts, images and impulses that accompany anxiety. The behavioral component contains behaviors that associated with anxiety (e.g. avoiding or escaping from the situation). These three components are described as interacting with each other, often with the result that anxiety is heightened.

We explained that the goal of treatment is to learn skills for controlling anxiety. CBT was given to the client because the client was feeling helpless and sad. Therapy was carried out to make the patient develop self-confidence. The platform was created for the verbalization of patient’s strong unexpressed emotion to bring considerable relief to the patient and leading to the reduction of tension and anxiety.

Second Session: Previous session was reviewed and clarifies the doubts of the patient. CBT (Worry Tree Technique) was continued for the 45 minutes. After the session he reported that he is feeling fresh after CBT session.

Third Session: Previous session was reviewed. CBT has been done. He reported that while

session the muscle, his heart beat increased, but later he felt better and relaxed. The patient was asked to practice home work exercise at home in a calm environment, if possible morning and evening.

Fourth Session: CBT training was continued and the patient was asked to not avoid the anxious situation and make her understand avoidance itself become a problem. He was asked to develop confidence by being internally bold. According to the patient the breathing problem while speaking with was reduced compare to earlier.

Fifth Session: First 45 minutes were spent for cognitive behavior therapy. During this session patient practiced relaxation alone and the therapist observed and gave corrections for the mistakes he has done during the relaxation and advised the patient to practice relaxation and home work on daily basis at home.

Sixth Session: The patient reported along with the mother. The patient and his mother reported overall improvement in his condition. Previous session is reviewed. Cognitive restructuring was done. Regarding the problem related to her preoccupation about the financial matters. Therapist told not to avoids any anxious situation, because the avoidance itself becomes a problem.

Seventh Session: Patient was reviewed after 60 days. He reported that he is maintaining well in his study. He reported that he could feel significant difference in his condition. He reported that his headache is reduced that much but all the symptoms are reduced.

Results

Table showing session wise results of the study in terms of DASS scores

Session 1			Session 2			Session 3			Session 4			Session 5			Session 6		
D	A	S	D	A	S	D	A	S	D	A	S	D	A	S	D	A	S
9	19	29	8	13	26	7	10	20	6	8	14	3	6	11	3	5	10

In the very initial session when patient reported on the parameter of DAS scale he scored high on anxiety and stress mild on depression, after the continuation of six CBT session DAS scale scores reduced.

Conclusion and Outcome: Seven sessions were held with the patient. Later the patient reported that there is a significant improvement in his condition. He reported that therapy helped him to reduce his symptoms also helped to improve his self- confidence and also helped to reduce problems in interpersonal relationship and studies. Therapy helped him to identify his thinking errors and modify it to the extent that he

can understand the situation in a more realistic way. Similar study conducted ^[4] which suggests that some specific treatment components for anxiety disorder have been developed based on the central tenets of the cognitive behavioral techniques include: (a) self-monitoring of external situations, thoughts, feelings, physiological reactions, and behaviors; (b) Worry tree diagram relaxation techniques such as diaphragmatic breathing, and pleasant relaxing imagery; (c) self-control desensitization, which entails the use of methods (e.g., imaginal rehearsal) to facilitate the acquisition of habitual coping responses; (d) gradual stimulus control

achieved by establishing a specific time and place for worrying; (e) cognitive restructuring aimed at increasing clients' flexibility in thinking and access to multiple, flexible perspectives; (f) worry outcome monitoring in which clients keep regular diary entries in order to monitor specific worries, their feared outcomes, and the actual outcomes of those worries; (g) the promotion of present-moment focus of attention, and (h) expectancy-free living. CBT with psychological approaches can be effective for patients with anxiety disorders^[5]. Cognitive behavioral therapy (CBT) is the most widely used and be useful for patients with Anxiety Disorder^[6, 7, 8].

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