



Mood, Anxiety and Trauma Related Disorders

What are mood, anxiety and trauma related disorders?

Mood disorders are psychological conditions characterized by an ongoing disturbance in mood, including elevation, depression or mood swings. Anxiety disorders are a group of clinically significant diagnoses characterized by overwhelming worry, fear or concern, ultimately interfering with one's quality of life and ability to function effectively at work, school or home. Posttraumatic Stress Disorder (PTSD) is a physiological and psychological response to a traumatic event that can result in symptoms such as nightmares, a sensitive startle reflex, and avoidance.

Forms of mood, anxiety and trauma related disorders include:

- Depressive Disorders including Major Depressive Disorder
- Anxiety Disorders (Generalized, OCD, Panic)
- Bipolar Disorder
- Post-Traumatic Stress Disorder
- Trauma (including childhood and adult sexual, physical and emotional abuse)
- Attachment Disorders
- Personality Disorders
- Self-Injury
- Co-Occurring Substance Use and Mood and Anxiety Disorders
- Co-Occurring Eating Disorders and Mood and Anxiety Disorders
- Adjustment Disorder (due to recent changes, transitions or losses)
- Grief and Complicated Grief

Symptoms & Signs

Symptoms of mood, anxiety and trauma related disorders — alone or co-occurring alongside an eating disorder — can be diverse, varying from person to person. Mood issues and anxiety tend to go hand-in-hand. It is common to see depressive features in a person struggling with debilitating anxiety, fear and worry. In general, these symptoms extend beyond “normal” sadness or concern associated with the events of daily life, and are instead prolonged, intense and debilitating.

Symptoms of mood disorders include:

- Sustained sadness or unexplained crying spells
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference, apathy
- Feelings of guilt, worthlessness
- Changes in appetite and sleep patterns
- Loss of energy, lethargy
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests or hobbies
- Social withdrawal
- Unexplained aches and pains
- Mood swings
- Recurring thoughts of death or suicide

Symptoms of anxiety disorders include:

- Persistent or intense fear or worry
- Feelings of nervousness, apprehension or dread
- Difficulty concentrating
- Feeling tense, “jumpy” or on edge
- Irritability
- Restlessness
- Physical symptoms of anxiety include fast/pounding heartbeat, sweating, shortness of breath, shaking/tremors/twitches, muscle tension, headaches, upset stomach, dizziness, frequent need to urinate, diarrhea, fatigue

Symptoms of traumatic stress disorders include:

- Hypervigilance
- Inability to concentrate
- Nightmares
- Unsettled and high levels of anxiety
- Sensitive startle reflex
- Avoidance of places, people, things, thoughts, or emotions that remind one of their trauma
- High levels of shame, guilt, and negative thoughts of oneself and others
- Loss of interest in enjoyable activities
- Relationship difficulties

Health Risks

- Weakened immune system/vulnerability to viral infections
- COPD
- Depressed appetite/nutritional deficiencies
- Depression
- Excretory and digestive issues, including IBS
- Increased risk of diabetes, high blood pressure and heart disease
- Increased risk of coronary events (especially among individuals with heart disease)

Mood, anxiety and trauma related disorders carry a heightened risk of suicide. In fact, upwards of 90 percent of those who commit suicide have a diagnosable and treatable mental illness.

FACTS & STATISTICS

Knowing the symptoms, causes, health risks and treatment for mood, anxiety and trauma related disorders is very important. Understanding the facts and statistics of just how prevalent and serious these disorders are is just as important.

- Nearly one in ten people aged 18 and older have mood disorders (www.nlm.nih.gov)
- About 40 million American adults have some type of anxiety disorder every year (www.nlm.nih.gov)
- 7 to 8 out of 100 people will experience PTSD at some point in their lives
- Women are 60 percent more likely to have an anxiety disorder than men (www.nlm.nih.gov)
- Approximately 80 percent of individuals with eating disorders are diagnosed with another psychiatric disorder at some time in their life, most commonly depressive, anxiety and personality disorders (Klump, Haye, Treasure & Tyson, 2009)

Research reveals a very high dual diagnosis rate among eating disorders and mood, anxiety and trauma related substance disorders:

- Approximately 80 percent of individuals with eating disorders are diagnosed with another psychiatric disorder at some time in their life, most commonly depressive, anxiety and personality disorders. • Of those with anorexia nervosa, 48 percent have co-occurring anxiety disorders, 42 percent have co-occurring mood disorders and 31 percent have co-occurring impulse control disorders
- Of those with bulimia nervosa, 81 percent have co-occurring anxiety disorders, 71 percent have co-occurring mood disorders and 64 percent have co-occurring impulse control disorders
- Of those with binge eating disorder, 65 percent have co-occurring anxiety disorders, 46 percent have co-occurring mood disorders and 43 percent have co-occurring impulse control disorders (Hudson, Hiripi, Harrison & Kessler, 2007)
- A substantial majority of eating disorder patients had the onset of OCD, social phobia, specific phobia and generalized anxiety disorder before the emergence of the eating disorder, suggesting that the disordered eating is a successful coping mechanism for those difficult feelings (Kaye, Bulik, Thornton & Barbarich, 2004)

Mood, Anxiety and Trauma Related Disorder Self-Assessment Quiz

Mood and anxiety disorders are complex but treatable conditions. If any or all of the following feelings or behaviors in this self-assessment quiz apply to you or a loved one, Insight can help.

- Do you feel sad, unhappy or cry for no apparent reason?
- Do you feel numb or apathetic?
- Do you have trouble concentrating or focusing?
- Do former hobbies and interest no longer give you pleasure?
- Do you feel tired, lethargic or like you have no energy?
- Have your sleeping and eating patterns changed? (ie. sleep too much or too little, eat less or more than usual)
- Do you feel tense, anxious or like you can't sit still?
- Do you feel worried or anxious?
- Do you feel you must repeat certain tasks or rituals? (ie. counting or checking/re-checking things)

Call for a free, confidential consultation

While a self-assessment quiz is a good barometer for the symptoms you are experiencing, it's important that you receive a more thorough assessment from a mental health professional. Our master's-level clinicians are specially trained in mood and anxiety orders as well as eating disorders. Please call us today at 877-825-8584 to schedule your free, confidential assessment.

RESIDENTIAL* (Chicago location)

- Full-day programming, 7 days-per-week with medically supervised living.
- Round-the-clock nursing
- Medical and psychiatric supervision
- Emphasis on stabilization and interruption of maladaptive thoughts and behaviors
- 7 day-per-week treatment
- Daytime psychiatric support and medication management as needed
- Structured schedule of individual, family and group therapy and nutrition education emphasizing learning and practicing recovery skills
- Opportunities to practice recovery skills during evenings at home or in peer-supported apartments near the downtown Chicago treatment center
- Structured schedule of individual, family and group therapy emphasizing development and practical use of recovery skills in interactions outside of the treatment environment
- Medication management available as needed
- Patients encouraged to continue working with outpatient treatment professionals as an adjunct to IOP participation
- Direct-admit or step-down level of care

PARTIAL HOSPITALIZATION* (Austin, San Antonio, Houston, The Woodlands, Chicago, Seattle and Cincinnati locations)

- 5-7 days of programming per week, dependent upon location and clinical recommendation
- 6 hours of programming per day
- Meet with psychiatrist at least one time per week
- Meet with individual therapist twice per week, one of those sessions will include inviting family or support to the session to help with building relationships and collaboration
- Meet with RN one time per week for vitals and medical management, as needed
- Specialized programming in DBT, ERP, ACT, trauma recovery skills, and mindfulness-based integrated care. Including specialty therapeutic programming (i.e. dance movement therapy, art therapy, and yoga therapy).
- Friends and Family Day one time per month

INTENSIVE OUTPATIENT* (Austin, San Antonio, Houston, The Woodlands, Chicago, Seattle and Cincinnati locations)

- Groups are 3 hours in length and offered daily, Monday through Saturday
- Integrated Care: includes DBT, ERP/Behavioral Activation, Trauma, ACT, Substance Abuse
- We have a variety of group times.

AFTERCARE* (Austin, San Antonio, Houston, The Woodlands, Chicago, Seattle and Cincinnati locations)

- For those who step down from our higher levels of care they can attend our after-care groups
- Free alumni programs and events

* Treatment is individualized to optimize patient recovery. This information is a general guide to the services provided and should not be interpreted as a contract for services.

For a free assessment by a master's-level clinician, visit insightbhc.com or call: 877-825-8584

