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Anxiety Disorders and Family Clinical and Critical View

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Editorial

The aim of this view is to highlight the most significant findings on the association between family variables and anxiety disorders. The investigation is depending, specially, on the analyzing the results of the important and impressive data of the Crowe [1,2]. Although, these findings are old, but encouraging present researcher for long lasting investigation of this problem by using different type of methodology [3].

Anxiety is a normal emotion which is frequently experienced at least in mild and fleeting form by every human being. The normal emotion in anxiety is fear. Anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. Fear is the emotional response to real or perceived imminent threat, whereas anxiety is anticipation of future threat [4] Obviously, these two states overlap, but they also differ, with fear more often associated with surges of autonomic arousal necessary for fight or flight, thoughts of immediate danger, and escape behaviors, and anxiety more often associated with muscle tension and vigilance in preparation for future danger and cautious or avoidant behaviors [5].

The family and twin findings have raised a number of question. A fundamental problem is further defining which anxiety disorders are related to panic disorders and which are distinct disorder. The data suggest that agoraphobia is a complication of panic disorder and the patients suffering from mild or infrequent panic attacks have a less severe from the panic disorders. Identification of clinical familial predictors requires study of conversation among clinical features at three levels: within individual, between individuals within population, and between individuals within families as the following (Table1).

Within individuals: Covariation of different clinical features:	A-positive covariation (defining syndromes, comorbidity, or vulnerability risk factors) B-Negative covariation (defining protective factors)
Within populations: Covariation of different syndromes	A-Negative covariation of different syndromes (producing relatively discrete group of individuals) B- positive covariation of different syndromes (producing comorbidity)
Within families: Positive covariation of same or different syndrome in family members.	A- Same syndrome/discrete group familial (homotypic inheritance) B- Different syndrome/discrete group familial (variable expressivity)

Table 1: Considerations in identifying clinical familial predictors.

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Four distinct types of anxiety states that differ clinically and etiology have been identified using factors, cluster analysis of data about populations and families including adoptees, these include two forms of chronic anxiety "cognitive and somatic" and two forms of acute or recurrent anxiety "panic anxiety and reactive dysphonia". Several distinguishing features are summarized in (Table 2).

Characteristic feature	Types of syndromes	
	Cognitive anxiety	Somatic anxiety
Anticipation of harm form	Frequent	Infrequent
Specific cues	Anticipatory worry	Global alarm
Fatigability	Rapid	Slow
Muscular relatability	Slow	Rapid
Novelty seeking	Low	High
Pain sensitivity	Low	High
Sedation threshold	High	low

Table 2: Distinguishing features of tow chronic anxiety syndromes.

The cognitive anxiety syndromes overlap with generalized anxiety disorders. In contrast, somatic anxiety refers to a global feeling of alarm and uneasiness that is not related to specific precipitants cues. Somatic anxiety is related to distractible hyper vigilance as well as frequent bodily aches, and autonomic disturbances. The somatic anxiety syndrome overlaps extensively with somatization disorders. On the other hand, the distinguishing characteristics of panic anxiety and reactive dysphonia have been presented in the following (Table 3).

Characteristic features	Types of syndromes	
	Panic anxiety	Reactive dysphonia
Fear of imminent death or asphyxia	Frequent	Infrequent
Depressive or dysthymic	Infrequent	Frequent
Reward seeking	Infrequent	Frequent
Reactive to frustrated nonreward	No	Yes
Hypercortisolemia	No	Yes
Aggravated by strenuous exercise	Yes	No

Table 3: Distinguishing features of tow acute anxiety syndromes.

Family and twin studies show that susceptibility to panic attacks or reactive dysphonia is inherited independently of each of the chronic subtypes of anxiety.

In sum, the family and twin findings have raised a number of questions and the related issues are the relations between panic and certain other psychiatric disorders [4]. The tows that have been identified are depression, the types of anxiety and alcoholism. The need for family studies of these disorders, and a number of twin studies on depression and alcoholism need more investigating on families, twin and co-twins depending on different methodologies such as experimental, longitudinal, developmental and comparative methods.

References

1. Crowe R (1988) Family and twin studies of panic disorders and agoraphobia. In: Roth M, Noyes R & Burrows G (Eds.) Handbook of anxiety, Elsevier: Amsterdam-New York, Oxford, p: 101.
2. Cloninger C, Knorring A, SigvardssionS, Bohman (1988) Clinical predictors of familial psychoathology: Principles, methods, and findings. In: Dunner D, GershonS & Barrett J (Eds.) Relatives at risk for mental disorders. American psychological association series, Raven press, p: 9.
3. Abdullah M (2015) Psychopathology. Aleppo University press, Syria.
4. Abdullah M (2016) Introduction to mental health. Amman: Dar-Alfikr.
5. Abdullah M (2017) Prevalice of family violence/child abuse and its relation to some variable. Psych and Psych Rsearch Int J 2(2): 000123.