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IJIEMR Transactions, online available on 27th Nov 2022. Link :http://www.ijiemr.org/downloads.php?vol=Volume-11&issue=Issue 11

DOI: 10.48047/IJIEMR/V11/ISSUE 11/20

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Volume 11, ISSUE 11, Pages: 131-133

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Worry or Anxiety and Boastful-Uncontrollable Disorder Syndrome

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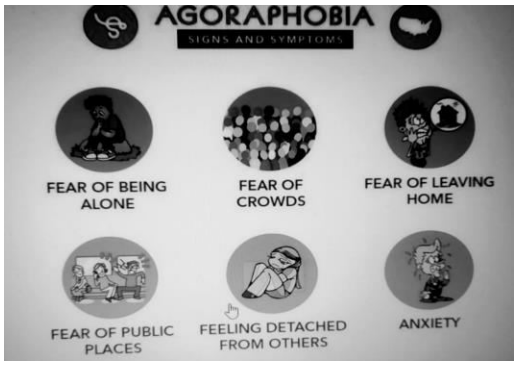
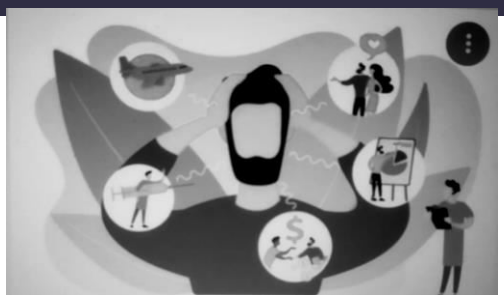
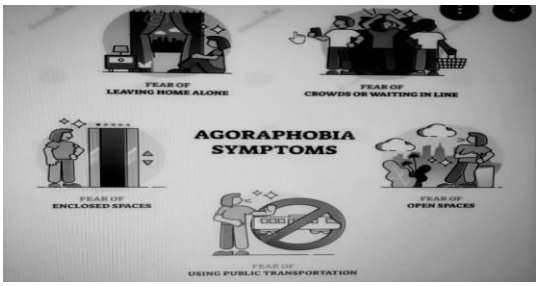
Abstract:

Anxiety is a common problem and it is manifested by an unpleasant and unjustified sense of fear that is normally related to autonomic symptoms such as palpitations, light Headedness, hyperventilation, hyper vigilance, diarrhoea, urinary frequency fatigue, and lastly insomnia.

The performance of anxiety occurs through the limbic system especially septal hippocampal pathway cingulate gyrus, frontal and temporal cortex. According to animal data, the amygdala behaves as a mediator Of stress Response and results in the occurrence of the sympathetic response to fear. Lesions of amygdala play a role in preventing such a response in animals. The term anxiety disorder explains about significant distress and dysfunction derived from the anxiety. There are so many sub syndromes of anxiety. Generalised anxiety is probably the most commonly observed in neurological practice. Panic attacks me give rise to neurological consultation to eliminate other Paroxysmal disorders. The lactate infusion test will give rise to panic attacks, particularly in two third's of subjects. Post Traumatic stress disorders are related to episodic behavioral changes that bring a patient to neurological attention. Agoraphobia and other phobias come under the anxiety.







Chronic, moderately severe anxiety is seen in families and are related to other anxiety disorder or depression. The differential diagnosis of anxiety States are linked to the other Psychiatric conditions, namely anxious depression and schizophrenia, Which represent in the form of panic attack, including disordered thinking. Uncomplicated anxiety is normally seen in patients who exploit Hypnotic sedatives, alcohol, Amphetamines and caffeine. Other medical conditions are related to anxiety such as hyperthyroidism, hypoglycemia and phoechranocytoma. As an organic disorder, anxiety is not intrinsically part of any neurological disorder, even though it is generally observed with Parkinson's disease, various headaches syndromes and Gilles dela Tourette's syndrome. Patients with obsessive compulsive disorders exhibit intruding unwanted thoughts that are related to distressful and recurrent ideas, images and impulses that cannot be discharged out of consciousness. The patient may think about on these thoughts continuously impairing his or her capability to function. Anxiety may be related to the obsessions and the performance of certain rituals may provide temporary relief regarding this anxiety. The cause of this condition is Not known, however abnormalities in CNS. Serotonergic neurons have been suggested. Many studies and reports recommend that the basal ganglia, cingulum and fronto temporal lobes may involve in the generation of this disorder. Obsessive compulsive disorder is normally seen in approximately 2% of the population and is more familiar in first degree relatives affiliated patient. Typically this disorder starts in the 3rd decade of life and is generally chronic with few cancellations. This abnormal behaviour may happen in the presence of depression or may be linked to certain neurological disorders, namely Gilles de Tourette's syndrome and post encephalitic parkinsonism. A number of pathologic compulsive behaviours have been allotted to Parkinson's disease patients, particularly on Dopaminergic medications along with Compulsive eating, compulsive shopping, hyper sexuality, pathological gambling, and lastly the dopamine dysregulation syndrome. Because these behaviours are seen during dopaminergic therapy and decide when these medications are not continued, They are supposed to result from alterations of either dopamine or serotonin. Central dopaminergic pathways,

particularly the meso limbic dopaminergic projections to the nucleus accumbency have been involved in models of drug abuse and dependence and they may be participated in these behaviours. In the dopamine dysregulation syndrome, patients start to consume enhancing amounts of medication in spite of the fact that their motor symptoms are well commanded especially on lower doses. These patients are normally male and exhibit young onset of Parkinson's disease. Other predisposing factors incorporate the use of short acting agents namely apomorphine, heavy alcohol use, Past drug abuse or a history of mood disorders.

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