

## Overview

## anxiety • Depressive episodesAnxious-Depressive Attack(ADA)and Complex Post-Traumatic Stress DisorderComplex Post-Traumatic Stress Disorder(CPTSD) -Similarities and differences-

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## summary

ADAtooth, Sudden onset of intense negative emotions without apparent psychological cause, This is followed by attacks of intrusive rumination, mainly about regrets from the past. ADAbut, CPTSDRe-experiencing symptoms are symptoms of, Cognitive changes (Feelings of helplessness, etc.), Personality changes (Isolation, etc.), Difficulties regulating emotions (Self-harm, etc.) However, to varying degrees, just, The status of the latter three is ADA explained by underlying social anxiety and rejection sensitivity. Also, In terms of ADAtooth CPTSD Distinguished from: Follows a certain course from onset to termination; The unfortunate events in the past were not traumatic, The themes of these memories are diverse.; Panic disorder involves panic attacks and anxiety. • Alternating bouts of depression; anxiety • Depressive attacks anxiety • The agitation is more intense than a reaction to the content of the intrusive thoughts (Anxiety attacks) is recognized. Above, ADAtooth CPTSD It is considered to be a similar but distinct pathology..

keyword: anxiety • Depressive episodes, Complex Post-Traumatic Stress Disorder, Disorders of self-organization, Rejection sensitivity,

Atypical depression

## [Introduction]

This essay is, The author has reported ADAtooth CPTSD This project was started based on a valuable comment from Seichi Harada that the Lecture<sup>Note1)</sup> This is a compilation of records from.

## [ICD-11 Newly established in CPTSD]

## CPTSD Post-traumatic stress disorder

(PTSD) Re-experiencing symptoms are the core symptoms of, Avoidance

Symptoms, Hyperarousal and "disorders of self-organization",

disturbances in self organization", That is,

Cognitive changes (Feelings of emptiness, Feelings of

helplessness, Worthlessness), Personality changes (Relationship

difficulties-Distrust, Isolation, Hikikomori, Paranoia, etc.),

Difficulties regulating emotions (Outbursts of anger or violence, Dangerous behavior and self-harm) was added..

Stress, which is a condition for onset, Impossible or difficult to avoid, Defined as an intense or persistent stressor

Righteous (Maercker et al., 2013; Suzuki, 2013). Like this CPTSD teeth PTSD of 3 Among them

Nuclear symptoms (Re-experiencing symptoms, Avoidance symptoms, Hyperarousal) "Disorder of self-organization" is

described in, There is potential overlap with many

diseases, moreover, The definition of stress is unclear, so

There is a high risk of overdiagnosis. Resick et al.

(2012) teeth, CPTSD teeth PTSD or borderline personality disorder

and major depressive disorder symptoms over

I'm rapping, It is not a clearly defined disorder.,

Separate diagnostic categories are not warranted.

There are. However, ICD-11 It was officially

adopted in, 1 It will be necessary to accept this

as a barrier to.

<sup>Note1)</sup> No. 41 The 10th Akasaka Psychiatric Forum (2019 year 9 month 7 day

At Hotel Grand Palace (Tokyo))

[ADAClinical practice (Kaitani,2019)]

ADASo,first,Sudden intense anxiety, such as that seen at the beginning of a panic attack • Depressive feelings arise,This was quickly followed by a variety of(3More than 100 themes) Intrusive thoughts appear.Often accompanied by flashbacks. The contents are,Mostly regretful memories of the past, Sometimes the content is about future anxiety..These intrusive thoughts last anywhere from a few minutes to a few hours., During that time, intense anxiety • Feeling anxious or depressed.This emotion has been interpreted as a secondary response to the content of intrusive thoughts,, This could also be interpreted as a sign of strong endogenous anxiety.. This anxiety • Various ways to cope with anxiety(Recreational Activities)is often seen, Sometimes seen as deviant behavior.The most common method is list cutting.,In some cases, a person is diagnosed with BPD based solely on these superficial behaviors.

There are also many.

Examples of intrusive thoughts include::My parents, She loved her sister more than herself..The situation and the lonely me(woman),"When I was presenting in front of everyone, my mind went blank and I failed. Damn.The situation at that time,I was embarrassed because people around me laughed at me.(woman),"When I made a mistake at work and my boss got angry at me,The scene and the words that were said(male),"Previous,I remember myself when I was working energetically.,Anxiety about what to do next(woman)and so on.These contents are, CPTSDThe diagnostic criteria for,Severe or sustained strikes Not Lesser,It is a minor undesirable and unfortunate event in life..

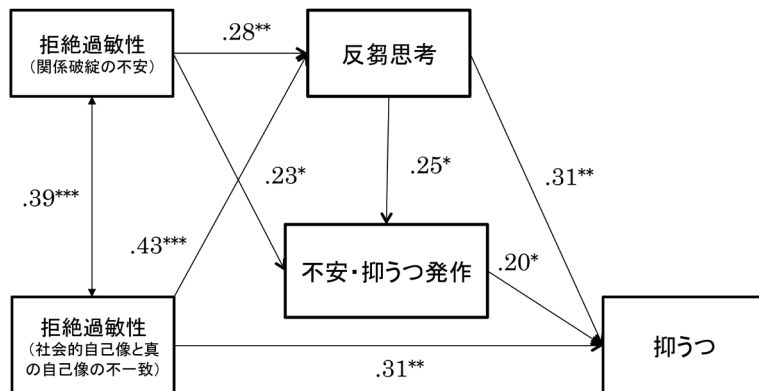
ADAIt is very rare for patients to state this themselves. Because,From the examinerADAYou need to ask questions about.An example of such an interview is as follows: "Do you ever suddenly find yourself feeling very uncomfortable and distressed??I started feeling different for no apparent reason. It is in a state of rushing in.In other words,With intense anxiety

Depression"Seizures"is.Such feelings take over the whole mind.,Before you know it, you'll be able to do anything.,Old memories suddenly come flooding back.The content is often unpleasant.,My head is spinning with frustration and irritation. It becomes full and restless." etc..next,ADAPatients' comments suggesting the presence of:suddenly,Depression has come", "night It will fall when.I started to feel sad around evening., I want to cry", "The unpleasant things from the past flashed before my eyes like a slideshow.,Irritated,I can't sit still", "Sudden urge to cut your wrists.I won't tell my parents because it will be a hassle", "At dusk, I am overcome by a strong sense of loneliness.", "Suddenly I feel irritated and I can't sit still....Throwing things around the room,I yelled at my mom. Thinking about it now,I'm sorry to my mother.", "Anxiety attacks.I overeat sweets.In retrospect, it seems like a different person"and so on.

So far, the authorADAList the disabilities that you have recognized and:IAxis Disorders;Agoraphobia,Social anxiety disorder,Panic,Obsessive-compulsive disorder,Generalized anxiety disorder,Depression(Mainly atypical),Bipolar disorder,Eating disorders,Developmental disorders, Schizophrenia,IIAxis Disorders;Borderline personality disorder,Avoidant personality disorder,Dependent personality disorder,Narcissistic personality disorder, Was.ADAThe frequency of,In atypical depression 78.3%,In panic disorder45.0%,In social anxiety disorder 44.4%,In other mood disorders28.6%,Other Anxieties In the case of25.9%Was(Kaiya, 2017).Atypical Depression is often comorbid with anxiety(Kaitani,2008),Also, Traumatic experiences are more common than other depressions There are also many(Withers et al., 2013).Therefore,most Anxiety is at the root of many atypical depressions It will be.

[ADAPsychopathology of

The authorsADAIntrusive thoughts are a key symptom of We are currently conducting research in relation to ruminative thinking.(shore Hon et al.,2019)ADAPatients without(66given name)A patient with(19given name)Against,japanese versionRuminative



**Figure 1** Rejection sensitivity (Fear of a relationship breakdown, The discrepancy between social self-image and true self-image), Rumination, ADAPath analysis of the relationship between depression and anxiety.  $\chi^2(2) = 0.16$  (n.s.), GFI=1.00, AGFI=0.99, RMSEA=0.00, \*\*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$

Responses Scale (Hasegawa et al., 2013) English Japan Interpersonal Sensitivity Measure (Suyama et al., 2014) Japanese version Quick Inventory of Depressive Symptomatology (Fujisawa et al., 2010) Psychological testing The results were compared based on the scores. the result, ADAP Patients with the disease were more likely to develop More rumination (RRS: 65.1 vs 50.1,  $p < 0.001$ ) , More sensitive to rejection (IPSM: 86.1 vs 75.7,  $p < 0.01$ ) , Furthermore, the depression was stronger. Ta (QIDS: 16.0 vs 10.2,  $p < 0.001$ ) . These results From the fruit Figure 1 The following scheme was derived: There is some research supporting this scheme. R. Pearson et al. (2011) teeth, Depressed people, cormorant In a study of people with depression and healthy controls, I, Rejection sensitivity is closely related to submissive relationships. The study showed that this symptom predicted an increase in rumination six months later. Like this, Rejection hypersensitivity ADA It is considered to be the basic mentality of.

#### [ADADrug treatment for

ADAD The basic symptom of this is rejection hypersensitivity. Where I was, I came across a basic study that could be called an animal model of rejection hypersensitivity. (Laviolette et al., 2005; Lauzon et al., 2009). Smell as a condition Intense, Electric shock was the unconditioned stimulus in rats.

In the experiment, Unconditioned stimuli that induce a conditioned fear response (0.8mA) A fear-conditioning model was created for half of the unconditioned stimuli. Of course, in this model, the conditioned stimulus does not elicit a fear response. Dopamine receptors in advance D4 Administration of an agonist induces a fear response. That is, Dopamine D4 Agonists induce fear in a fear conditioning model where normally no fear response occurs. Able to cause a reaction. On the contrary, Dopamine D4 Receptor antagonists block fear responses There was also research presented that suggested it could be stopped. Based on these research results, dopamine D4 Haloperidol, which has receptor antagonist action, There are various antipsychotics ADA It was found that it has the effect of suppressing. For more details on these, see other papers. (Kaitani, 2016; Kaitani, 2018) Shown in.

#### [Anxiety and Post-Traumatic Stress Disorder (PTSD, CPTSD) Similarities with

##### 1. Similarities in symptoms

Brady et al. (2000) According to a review by, Autonomous God Symptoms, Severe mental discomfort, Depersonalization, The fear of losing control is called panic disorder. PTSD These are symptoms that often overlap with. Social anxiety disorder, Specific phobias, Agoraphobia and PTSD has avoidance symptoms

Similar in that.Sleep disorders,Difficulty concentrating, DisturbingPTSDSymptoms are present in all anxiety disorders.When both coexist,In the vast majority of cases, anxiety is a prerequisite.Anxiety symptoms of arousal and avoidance serve as post-traumatic coping mechanisms. This occurs.

## 2.Prevalence of childhood maltreatment

Cogle et al.(2010)According to an epidemiological study by Ba,The prevalence of childhood maltreatment in the general population is approximately3It is,Anxiety andPTSDSo it's almost double that..When the study controlled for sexual and physical abuse,,PTSDOnly anxiety and social anxiety were associated with physical abuse,,PTSD,Generalized anxiety disorder,Social anxiety and panic disorder are associated with sexual abuse Ta.Thus, the history of abusePTSDand anxiety disorders have been found to have similar rates..

## 3. PTSDCo-occurrence rate of anxiety disorders

Smith et al.(2016)is a U.S. veteran3,119people InPTSDAn epidemiological survey was conducted on.the result, PTSDThe frequency of6.9%,Suffering from any anxiety disorder The rate isPTSDPeople without11.3%,PTSDPeople with So48.8%Was.Controlling for socioeconomic factors and other mental disorders, the odds ratio was3.48Was.

PTSDNearly half of people in the U.S. suffer from some kind of anxiety disorder..

## 4.Genetic similarity

recently,12,655Genome-wide association analysis of the samples,Both anxiety and stress-related disorders PDE4BGenetic polymorphism is involved,It has been revealed that the two diseases are related(Meier et al., 2019).

## [ADAandCPTSDSimilarities and differences

CPTSDThe stress of,Impossible or difficult to avoid,Severe or sustained strikes Defined as Lesser.ADAIn, Such severe stressors are rare.

However,In many cases,It is a regrettable and unpleasant life event that occurs on a daily basis..Anxiety andPTSDThe similarity of symptoms has been mentioned above..ADA Intrusive thoughts, mainly about past regrets, are psychological.

It is thought to be a re-experiencing symptom seen in traumatic disorders.

R.but,These intrusive thoughts come on suddenly

ADAseen in,PTSDoccurs without any external triggering stimuli associated with a traumatic experience, such as those seen in

There are.ADAoccurs suddenly, just like a panic attack..Also,vice versaADAPast trauma

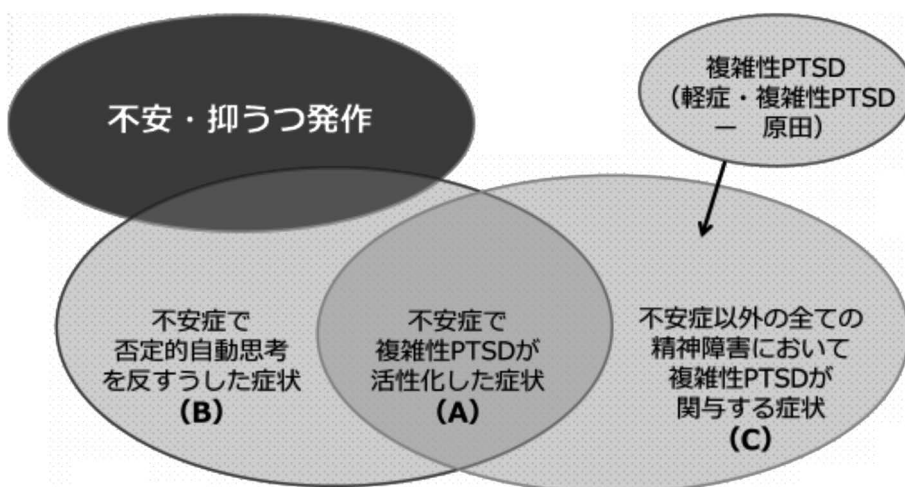


Figure 2Harada's proposalADAPathological status of

Events related to the experience • Rarely does the condition develop as a result of contact with other factors..

**CPTSD**The diagnostic criterion for “disordered self-organization” is, To varying degrees, **ADA**It is believed to be present in all patients with it is, **ADA**Social anxiety and rejection are considered essential symptoms of Extreme sensitivity is these **CPTSD**This is because, although to a greater or lesser extent, it is related to the mentality defined by. That is, Rejection sensitivity is, Suicidal thoughts (Brown and others, 2019), Aggression (Gao et al., 2019), Borderline Personality Disorder (Foxhall, 2019), Depression (Normansell et al., 2017), Feelings of inferiority (Zhou et al., 2018) and deeply Involved. Also, **ADA**Patients with PTSD have a higher level of social anxiety than those without PTSD. (Kaiya, 2017), Naturally, interpersonal problems will increase..

#### Conclusion

**ADA**is a cross-diagnostic symptom group., Symptoms always appear in a specific order and follow a specific course. It is a set of symptoms that. **ADA**The stress of **CPTSD**It is rare to find something as strong as this. **ADA**The intrusive thoughts seen in, Not just the regrettable events of the past, It can be past happiness or future fear.. The number of themes of the memories recalled is not uniform. 3 More often than not. Seen in panic disorder **ADA**appears alternately with panic attacks.. **ADA**Anxiety • The agitation is more than a reaction to the content of the intrusive thoughts. the law of nature, Attacks of endogenous anxiety (Claycomb, 1983) It can be said that. Floyd (1893) He describes these anxieties as “mostly unconscious,, Always lying in wait, floating freely,, This determines the choice of representation in anticipation., It is always trying to connect with some suitable representational content. He says. This endogenous anxiety, At times, it can lead to physical discomfort and panic attacks., At other times, it is associated with regrets and worries. **ADA**The author estimates that.

For these reasons, the author, **ADA**teeth **CPTSD**With

Although there are many similarities, A type of anxiety attack that has an underlying anxiety disorder, Or think of it as a mental version of a panic attack., In the current diagnostic system **CPTSD** I think that there should be a distinction between (Figure 2).

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## Comparison of Anxious-Depressive Attack and Complex Post-Traumatic Stress Disorder

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### Abstract

Anxious-depressive attack (ADA) is a symptom cluster, without a direct psychological cause, comprised of a sudden intense, distressing emotional fit; this is followed by the intrusion of ruminative thoughts, such as negative memories of several stories accompanied by severe agitation and worry. These symptoms result in coping behaviors, including acting out. ADA is seen in anxiety disorders, affective disorders, and some personality disorders. ADA mimics complex post-traumatic stress disorder (CPTSD) in terms of re-experiencing past negative events in the form of vivid memories accompanied by intense emotions, autonomic arousal, and hypervigilance. Disturbances in self-organization (DSO), which is a proposed hierarchical structure of CPTSD described in ICD-11, are also seen regularly in ADA. DSO affects dysregulation, negative self-concept, and relationship disturbances, which are also higher observed in patients with ADA. These are considered to be consequences of rejection sensitivity. This is because patients with ADA show a level of social anxiety. ADA differs from CPTSD in some ways; it comprises a definite symptom cluster that is seen trans-diagnostically. The ruminative intriguing thoughts of ADA are abundant and mostly not severe traumatic memories, sometimes, they are even anticipatory concerns or happy past events. Moreover, ADA and panic attacks appear alternatively in panic disorders. It is concluded that ADA is similar to, but has specific differences from CPTSD, as described in ICD-11.

**Key Words:** anxious-depressive attack, complex posttraumatic stress disorder, disturbances in selforganization, rejection sensitivity, atypical depression