

## Comorbid Anxiety disorders

Kazumitsu Sugiura\*

**Received:** December 29, 2020; **Accepted:** January 12, 2021; **Published:** January 19, 2021

### Anxiety disorders

Anxiety disorders commonly co-occur in patients of schizophrenia and have significant influence on course and prognosis of schizophrenia. However, probably due to diagnostic and treatment hierarchical reductionism anxiety disorders have been overlooked in schizophrenia. Review of the literature reveal great differences in prevalence estimates as a result of variations in symptom descriptions and different diagnostic instruments. There are significant differences in psychopathology of individuals with Schizophrenia with and without anxiety disorders. With regard to treatment response it is seen that subjects with Schizophrenia and anxiety disorders respond poorly to only antipsychotics but respond better to antipsychotics plus the SSRIs. Further, the duration of illness of schizophrenia subjects with anxiety disorder is comparatively briefer.

### Comorbid anxiety and schizophrenia: earlier views:

FASD is a life-long condition characterized by permanent brain injury, arising as a result of prenatal alcohol exposure (PAE). The scope and severity of FASD symptoms varies from individual to individual resulting from complex interactions between a variety of internal and external factors. These can include factors such as the timing and dosage of alcohol exposure, genetics and epigenetics, antenatal and maternal health and other factors such as later trauma. In the United States, FASD is an umbrella term used to encompass multiple neurodevelopmental disorders resulting from PAE including Fetal Alcohol Syndrome (FAS) and Alcohol Related Neurodevelopmental Disorder (ARNND). Other countries around the world use the term as a diagnostic label in its own right with persons typically diagnosed with FASD with or without sentinel facial features. Regardless, FASD is becoming increasingly recognized internationally as a condition characterized by severe neurodevelopmental impairment across multiple domains. It is expected to be included in the next version of the DSM as it is currently included as a condition for further study in the DSM-5. In 2013, the American Psychiatric Association (APA) introduced a diagnosis for those who use the Diagnostic and Statistical Manual – Fifth Edition (DSM-5), Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure [18]. More specific criteria to understand the diagnosis related to PAE impairments is further detailed in the DSM-5's section for Conditions for Further Study. In this section, the DSM-5 introduces a disorder labeled "Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure" with more specific proposed criteria to assist in identifying potential features of ND-PAE.

Despite high levels of impairment, typically, FASD and impairments arising from PAE present without any obvious physical markers or characteristics. For example, sentinel facial features associated with FASD are only present in less 20% of those with heavy prenatal alcohol exposure and those features can become less distinct with age. Without any obvious physical characteristics, FASD is a condition that is very difficult to accurately detect and diagnose. As a result, accurate recognition of the condition can be extremely difficult for even very experienced social work, clinical, medico-legal and criminal justice professionals.

Department of Special Education, European University of Cyprus, Cyprus, Greece

**\*Corresponding author:** Kazumitsu Sugiura, Department of Psychiatry, Ranchi Institute of Neuropsychiatry & Allied Sciences, Ranchi, Jharkhand, India

✉ Kazumitsusug@yahoo.com

**Citation:** Sugiura k (2021) Comorbid Anxiety disorders. Dual Diagn Open Acc Vol. 6 No. 1: e003.