

Aggressiveness, Anxiety and Drugs

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Aggression and anxiety are among the most common phenomena needing medical control, especially in acute mental disorders. Today we can choose from a confusingly large array of drugs which can quickly control these two kinds of emotional and behavioural disorders. Everyday practice shows that these two groups of symptoms, seemingly so different from one another, can be treated with the same drugs. If we probe more deeply into the matter, we find that the similarities in these effects include not only inhibition of aggressiveness and anxiety but also their enhancement, activation, and provocation. These effects seem to form a regular pattern: those that increase aggressiveness (sympathomimetics, catecholamines, 'activating' antidepressants, psychostimulants, and anti-Parkinsonics (cholinolytics)) also tend to increase anxiety, while those that decrease aggressiveness (beta-blockers, neuroleptics (major tranquillisers), 'sedative' antidepressants, minor tranquillisers, hypnotics, analgesics, and anticonvulsants) also tend to decrease anxiety.

There are two types of exceptions to these effects. A dose much higher than the standard therapeutic dose can produce an opposite effect, a phenomenon inherent to many other drugs. Secondly, an abnormal terrain (e.g. the presence of damage of the central nervous system) can cause bizarre or unusual sensitivity responses, with the risk of precipitating paradoxical reactions.

That such different groups of symptoms are both controlled in nearly the same way needs an

explanation. This explanation could be quite simple. Fear (anxiety) and fighting (aggression) are the most ancient responses of living beings when faced with danger or when meeting something unknown and new. Ethologists, neurophysiologists, and other researchers have demonstrated a very meaningful fact: fear turns to fighting very easily and vice versa. This reversible process can easily be explained if one bears in mind that at the root of anxiety and aggression lies the basic activity of the central nervous system. This activity is at the same time spontaneous and unceasing – it arises from the normal functioning of the neuron itself.

Other data also point to this hypothesis. For example, some psychosocial factors that diminish both aggression and anxiety are caressing, faith, love, the forming of groups, hierarchical order, and motor activity, while some of the factors activating or increasing both phenomena are isolation, deprivation of a motivating object, helplessness, frustration, threat, pain, and territorial intrusion.

These considerations allow the formulation of a rule: if a drug has anti-aggressive effects, one can rightfully expect that it will also have anti-anxiety effects and vice versa: the most anxiolytic drugs often show anti-aggressive effects as well. This rule could help medical practitioners when choosing from the confusing abundance of psychopharmacological agents. The exceptions have to be borne in mind, but they do not invalidate the rule.

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