
Anxiety Disorders

Everybody knows what it's like to feel anxious – the butterflies in your stomach before a first date, the tension you feel when your boss is angry, and the way your heart pounds when you feel threatened or in danger. Anxiety rouses you to action. It gears you up to face a threatening situation. It makes you study harder for that exam, and keeps you on your toes when you're making a speech. In general, it helps you cope.

But if you have an *anxiety disorder*, this normally helpful emotion can do just the opposite - it can keep you from coping and can disrupt your daily life. Anxiety disorders aren't just a case of "nerves." They are illnesses, often related to the biological makeup and life experiences of the individual, and they frequently run in families. There are several types of anxiety disorders, each with its own distinct features.

An anxiety disorder may make you feel anxious most of the time, without any apparent reason. Or the anxious feelings may be so uncomfortable that to avoid them you may stop some everyday activities. Or you may have occasional bouts of anxiety so intense they terrify and immobilize you.

Anxiety disorders are the most common of all the mental disorders. Many people misunderstand these disorders and think individuals should be able to overcome the symptoms by sheer willpower. Wishing the symptoms away does not work, but there are treatments that can help.

Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) is much more than the normal anxiety people experience day to day. It's chronic and exaggerated worry and tension, even though nothing seems to provoke it. Having this disorder means always anticipating disaster, often worrying excessively about health, money, family, or work. Sometimes, though, the source of the worry is hard to pinpoint. Simply the thought of getting through the day provokes anxiety. People with GAD can't seem to shake their concerns, even though they usually realize that their anxiety is more intense than the situation warrants. People with GAD also seem unable to relax. They often have trouble falling or staying asleep. Their worries are accompanied by physical symptoms, especially trembling, twitching, muscle tension, headaches, irritability, sweating, or hot flashes. They may feel lightheaded or out of breath. They may feel nauseated or have to go to the bathroom frequently. Or they might feel as though they have a lump in the throat.

Many individuals with GAD startle more easily than they did before. They tend to feel tired, have trouble concentrating, and sometimes suffer depression, too.

Usually the impairment associated with GAD is mild and people with the disorder don't feel too restricted in social settings or on the job. Unlike many other anxiety disorders, people with GAD don't characteristically avoid certain situations as a result of their disorder. However, if severe, GAD can be very debilitating, making it difficult to carry out even the most ordinary daily activities.

GAD comes on gradually and more often hits people in childhood or adolescence, but can begin in adulthood, too. It's more common in women than in men and often occurs in relatives of affected persons. It's diagnosed when someone spends at least 6 months worried excessively about a number of everyday problems.

In general, the symptoms of GAD seem to diminish with age. Successful treatment may include a medication called buspirone. Research into the effectiveness of other medications, such as benzodiazepines and antidepressants, is ongoing. Also useful are cognitive-behavioral therapy, relaxation techniques, and biofeedback to control muscle tension.

Phobias

Phobias occur in several forms. A *specific phobia* is a fear of a particular object or situation. *Social phobia* is a fear of being painfully embarrassed in a social setting. And *agoraphobia*, which often accompanies panic disorder, is a fear of being in any situation that might provoke a panic attack, or from which escape might be difficult if one occurred.

Specific Phobias--Many people experience specific phobias, intense, irrational fears of certain things or situations--dogs, closed-in places, heights, escalators, tunnels, water, flying are a few of the more common ones. Phobias aren't just extreme fear, they are irrational fear. You may be able to ski the world's tallest mountains with ease but panic going above the 10th floor of an office building. Adults with phobias realize their fears are irrational, but often facing, or even thinking about facing, the feared object or situation brings on a panic attack or severe anxiety. Specific phobias strike more than 1 in 10 people. No one knows just what causes phobias, though they seem to run in families and are a little more prevalent in women. Phobias usually appear in adolescence or adulthood. They start suddenly and tend to be more persistent than childhood phobias; only about 20 percent of adult phobias vanish on their own. When children have specific phobias, those fears usually disappear over time, though they may

continue into adulthood. No one knows why they hang on in some people and disappear in others.

When phobias interfere with a person's life treatment can help. Successful treatment usually involves a kind of cognitive-behavioral therapy called desensitization or exposure therapy. Three-fourths of patients benefit significantly from this type of treatment. Relaxation and breathing exercises also help reduce anxiety symptoms.

There is currently no proven drug treatment for specific phobias, but sometimes certain medications may help reduce anxiety symptoms before someone faces a phobic situation.

Social Phobia - Social phobia is an intense fear of becoming humiliated in social situations, specifically of embarrassing yourself in front of other people. It often runs in families and may be accompanied by depression or alcoholism. Social phobia often begins around early adolescence or even younger.

If you suffer from social phobia, you tend to think that other people are very competent in public and that you are not. Small mistakes you make may seem to you much more exaggerated than they really are.

Although this disorder is often thought of as shyness, the two are not the same. Shy people can be very uneasy around others, but they don't experience the extreme anxiety in anticipating a social situation. In contrast, people with social phobia aren't necessarily shy at all. They can be completely at ease with people most of the time, but particular situations, such as walking down an aisle in public or making a speech, can give them intense anxiety. Social phobia disrupts normal life, interfering with career or social relationships. The dread of a social event can begin weeks in advance, and symptoms can be quite debilitating.

People with social phobia are aware that their feelings are irrational. Still, they experience a great deal of dread before facing the feared situation, and they may go out of their way to avoid it. Even if they manage to confront what they fear, they usually feel very anxious beforehand and are intensely uncomfortable throughout. Afterward, the unpleasant feelings may linger, as they worry about how they have been judged or what others may have thought or observed about them

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) is a debilitating condition that follows a terrifying event. Often, people with PTSD have persistent frightening thoughts and memories of their ordeal and feel emotionally numb, especially with people they were once close to. PTSD, once referred to as

shell shock, was first diagnosed in war veterans, but it can result from any number of traumatic incidents. The event that triggers it may be something that threatened the person's life or the life of someone close to him or her. Or it could be something witnessed, such as mass destruction after a plane crash.

Whatever the source of the problem, some people with PTSD repeatedly relive the trauma in the form of nightmares and disturbing recollections during the day. They may also experience sleep problems, depression, feeling detached or numb, or being easily startled.

PTSD can occur at any age, including childhood. The disorder may be accompanied by depression, substance abuse or anxiety. Symptoms may be mild or severe—people may become easily irritated or have violent outbursts. In severe cases they may have trouble working or socializing.

Ordinary events can serve as reminders of the trauma and trigger flashbacks or intrusive images. A person having a flashback, which can come in the form of images, sounds, smells, or feelings usually believes that the traumatic event is happening all over again.

Treatment for Anxiety Disorders

Many people with anxiety disorders can be helped with treatment. Therapy for anxiety disorders often involves medication or specific forms of psychotherapy.

Medications, although not cures, can be very effective at relieving anxiety symptoms. Today, thanks to research by scientists at NIMH and other research institutions, there are more medications available than ever before to treat anxiety disorders. So if one drug is not successful, there are usually others to try. In addition, medications to treat anxiety symptoms are in development.

For most of the medications that are prescribed to treat anxiety disorders, the doctor usually starts the patient on a low dose and gradually increases it to the full dose. Every medication has side effects, but they usually become tolerated or diminish with time. If side effects become a problem, the doctor may advise the patient to stop taking the medication and to wait a week--or longer for certain drugs--before trying another one. When treatment is near an end, the doctor will taper the dosage gradually.

Research has also shown that behavioral therapy and cognitive-behavioral therapy can be effective for treating several of the anxiety disorders.

Behavioral therapy focuses on changing specific actions and uses several techniques to decrease or stop unwanted behavior. For example, one technique trains patients in *diaphragmatic breathing*, a special breathing exercise involving slow, deep breaths to reduce anxiety. This is necessary because people who are anxious often hyperventilate; taking rapid shallow breaths that can trigger rapid heartbeat, lightheadedness, and other symptoms. Another technique--*exposure therapy*--gradually exposes patients to what frightens them and helps them cope with their fears.

Like behavioral therapy, cognitive-behavioral therapy teaches patients to react differently to the situations and bodily sensations that trigger panic attacks and other anxiety symptoms. However, patients also learn to understand how their thinking patterns contribute to their symptoms and how to change their thoughts so that symptoms are less likely to occur. This awareness of thinking patterns is combined with exposure and other behavioral techniques to help people confront their feared situations.

How to Get Help for Anxiety Disorders

If you, or someone you know, have symptoms of anxiety, a visit to the family physician is usually the best place to start. A physician can help you determine if the symptoms are due to an anxiety disorder, some other medical condition, or both. Most often, the next step to getting treatment is referral to a mental health professional.

Among the professionals who can help are psychiatrists, psychologists, social workers, and counselors. However it's best to look for a professional who has *specialized training* in cognitive-behavioral therapy and who is open to the use of medications, should they be needed. For some people, group therapy or self-help groups are helpful. Many do best with a combination of these therapies.

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The National Alliance on Mental Illness of Southern Arizona

6122 E. 22nd St.
Tucson, AZ 85711
(520) 622-5582

(520) 623-2908 fax

NAMI Arizona: (800) 626-5022

E-mail: namisa@namisa.org

Website: www.namisa.org

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