About Anxiety Disorders
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What is an Anxiety Disorder?

Simply put, an anxiety disorder is too much of a good thing.

Anxiety is one of many survival mechanisms that have helped our species survive. Anxiety signals us to pay attention and energizes us to react appropriately. *Avoid that oncoming train! Keep your baby safe! Lock the door! Study for the exam! Look out!* Anxiety makes life exciting. That sizzly feeling that makes you feel in the moment...there's nothing like it.

But balance is key. Feeling too little anxiety, what stops you from blithely walking off a cliff? On the other hand, *too much* anxiety takes over your life and makes life miserable.

Anxiety disorders are very common. In fact, they often run in families. They appear to be related to a combination of variables, including genetic predisposition, individual makeup, and environment.

Anxiety disorders come in various shapes and sizes. With some types, you may feel anxious or keyed up most of the time, often without being able to say why. With Generalized anxiety disorder, you worry unrealistically, about far fetched things and out of proportion to the likelihood of their happening. With phobias, the anxiety is focused on an object (simple phobia) or situation (social phobia) and is so distressing that you go to great lengths to avoid the object. With panic disorder, the anxiety comes on as a sudden attack that is terrifying and immobilizing, feeling as though you are "going crazy" or dying.

Treatments are available, and they are often very effective. If you have symptoms of anxiety, it's a good idea to see your family physician to rule out a medical condition. The next step may be entering psychological treatment. Look for a psychologist who specializes in cognitive-behavioral therapy. Ask your psychologist if she/he is willing to work as a team, in the event that medication is prescribed, with your family physician or psychiatrist. Don't hesitate to discuss your thoughts about taking medication. Many people prefer to attempt psychotherapy first and only consider medication if absolutely necessary. If you see your psychiatrist first, ask if he/she does psychotherapy, or would be willing to refer you for psychotherapy while monitoring any medications.

Generalized Anxiety Disorder (GAD)

Generalized anxiety disorder (GAD) is characterized by chronic, excessive, unrealistic worrying about imagined impending disasters. Individuals with GAD are often anticipating the worst about anything and everything. Typical topics of worry include their own or their family's health and safety, money, social interactions, or work.

Individuals with generalized anxiety disorder usually know that their worrying is unrealistic or excessive to the situation, but can't seem to stop it. They experience physical symptoms such as feeling keyed up, muscle tension (tight chest, knots in the stomach, stiff neck, tight shoulders, etc.), trembling, headaches or irritability. The nervousness may result in lightheaded, out of breath, or nausea sensations. Individuals with GAD often startle more easily than others do. They may have a hard time relaxing or sleeping. They tend to feel fatigued and have trouble concentrating and remembering. For a mental health professional to diagnose GAD, an individual would have spent at least six months worrying excessively about a number of everyday problems.

Although the worrying causes distress, people with mild GAD experience minimal impairment at home, in social settings, or at work. In severe cases, GAD can be emotionally painful and debilitating, interfering with daily activities and relationships.

Often, people with GAD also suffer from depression.

GAD comes on gradually and usually is first seen in childhood or adolescence. However, it can begin in adulthood. More women have GAD than men.

Unlike many other anxiety disorders, people with GAD don't characteristically avoid certain situations as a result of their disorder.

Cognitive-behavioral therapy and relaxation techniques can be highly effective treatment techniques. In some cases, medication is also indicated.

Panic Disorder

A panic attack is a singularly terrifying experience.

> "It came over me out of nowhere. I was sitting in bed ready to lie down. Suddenly, I felt like I was choking. My heart started racing... I thought it would pound out of my chest. I felt like I was dying. I could barely dial 911. By the time I got to the emergency room, the feelings had subsided, but I was terribly shaken. I didn't know what had happened to me. The hospital told me I was fine and sent me home. I had more episodes. I began to live with a feeling of dread and anxiety, always waiting for the next one. I thought I was going crazy. Finally, a psychologist told me I was having panic attacks."
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> "I was in the supermarket, in the check-out line. It hit me without warning. My heart was pounding, my body got clammy. I was shaking, I was terrified, I didn't know what

> would happen or what I would do. I felt like I was going crazy, just losing control, a sense of doom. I had an urgent need to just get out of there. I left my groceries in the cart and ran out of the store. The next time I went to the store, I had another attack. After that, I was so afraid of having an attack that I tried to avoid stores. Then I started avoiding any place where escape was difficult. I began planning my life around avoiding attacks. My life became more and more restricted, until I was afraid to leave my house."

These are descriptions of panic attacks, by individuals with panic disorder.

A panic attack is different from what many people refer to as an "anxiety attack", usually meaning they feel nervous and keyed up. A panic attack strikes out of nowhere, for no apparent reason. A panic attack may occur any time, even during the early phases of falling asleep. Your heart may pound. Your body may feel clammy or faint, and you may feel hot flushes or chills. Your hands may feel tingly or numb. You may experience chest pain or tightness. You may feel like you are smothering or choking. You may have a sense of unreality. You may feel like you are having a heart attack or dying. You may feel like you are going crazy or losing control. Usually, a panic attack lasts no longer than 10 minutes.

For some individuals, panic attacks occur in a specific setting, such as in a mall or on a bridge, where escape is difficult. These settings may then be avoided, sometimes to the point where the individual feels unable to leave the safety of home. These individuals are said to have **agoraphobia**. For others, panic attacks can happen anywhere, even when relaxing. Each panic attack increases the feelings of dread and anxiety between episodes, worrying about when the next one will hit. People with panic attack often feel ashamed or "crazy".

Some people have just one or two panic attacks in their lives, often under times of stress or after a loss, without developing panic disorder. Panic disorder is more common in women than men. It often first shows up in young adulthood. Panic disorder may be accompanied by depression.

Symptoms & Treatment of Panic Disorder

Symptoms

At least four of the following symptoms come on suddenly, creating a discrete period of intense fear or discomfort that peaks within 10 minutes.

- Palpitations, pounding heart or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded or faint
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or going crazy
- Fear of dying
- Paresthesias (numbness or tingling sensations
- Chills or hot flushes

Treatment

It's important to seek treatment as soon as possible, to prevent the disorder from becoming chronic and restricting your life. Research shows that 70 to 90 percent of people with panic disorder are helped by treatment.

One effective treatment is a type of psychotherapy called cognitive-behavioral therapy. Cognitive-behavioral therapy helps patients "take control" of the panic attacks by viewing them differently and mastering strategies such as relaxation techniques. In addition, patients are helped to identify and change their non-productive thought patterns and behaviors. The phobias that often develop as a result of panic disorder (such as agoraphobia) can be helped by another cognitive-behavioral technique, exposure therapy, wherein the patient is very gradually exposed to the fearful situation until he or she becomes desensitized to it.

Medication is often prescribed for panic disorder. In many cases, a combination of psychotherapy and medication is helpful. Significant improvement is often seen within eight weeks.

Phobias

A phobia is an extreme, irrational fear of a particular thing or situation. People with phobias realize the fear is irrational. However, because even the thought of facing the feared object or situation brings on severe anxiety, the feared stimulus is avoided. Avoiding only intensifies the fear, since the way to get over fears is to face them. Thus, the more it is avoided, the more fearful the stimulus becomes.

No one knows just what causes phobias, but more than 1 in 10 people are known to have a phobia. Psychodynamic theories hold that phobias are the manifestation of an unconscious conflict . Behavior theories posit that the feared stimulus is paired with a traumatic event, and conditioning occurs. Phobias seem to run in families. They often first appear in adolescence or adulthood. About 20 percent of adult phobias vanish on their own. Childhood phobias usually, but not always, disappear over time.

Specific Phobias

Typically, people develop specific phobias of, for example, heights, flying, closed-in places, elevators, dogs, going over bridges, blood, or water. A phobia can subtly or dramatically alter one's life.

> "I can't bring myself to drive over a bridge. When I have tried, it was a dreadful feeling. I felt panicked. My heart was pounding, my mind closed down… I only wanted to get off that bridge. I couldn't distract myself or have a conversation. Now, I won't try at all. I just won't do it. I can't tell you exactly what frightens me about going over a bridge… nothing realistic… and I know it's silly to be afraid… But I just can't do it. When I drove to New York from Maine, I got out a map and found all the bridges on the route. I plotted alternate routes that avoided bridges, even though it took hours longer to get to my destination."

If the feared stimulus is avoidable, it may not seem necessary to seek treatment for the fear. Instead, an individual may make adjustments in her or his life, such as in the preceding case example of bridge phobia; and the phobia may cause little, or only occasional impairment in quality of life. Likewise, someone with an elevator phobia may simply take the stairs. Sometimes, important career or personal decisions are made to avoid a phobic situation. For example, a bridge phobic may not move to San Francisco; an elevator phobic would not work in the Empire State Building. An agoraphobic may find excuses not to leave home.

In some cases, a feared object or situation is not so easy to plan a life around, and in fact, makes

exceedingly difficult what for most of us are only mildly anxiety-producing situations. An example would be social phobia, which is discussed later.

Treatment

Approximately 3 out of 4 people with a specific phobia can be helped with a kind of cognitive-behavioral therapy called desensitization therapy, in which patients are exposed to the frightening stimulus in very gradual phases, until it can be tolerated. Relaxation techniques are also helpful in reducing anxiety symptoms.

There is no proven drug treatment to cure phobias. Medication is sometimes prescribed to help an individual face a feared stimulus, such as flying.

Social Phobia

> "I was terrified of running into someone I knew and not knowing what to say. When it happened, my mind would freeze up, I'd have a hard time making eye contact, my body would feel clumsy. After such a meeting, I would agonize over the encounter for hours or days, obsessing over how I'd made a fool of myself, like, why did I say such a stupid thing."
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> "Asking someone for a date was excruciating. I was so afraid a woman would find me unattractive or ridiculous or intrusive, that I froze when I tried to approach someone. I would get sick to my stomach, my palms would get clammy, and my neck would flush... Then I was certain everyone was aware what was happening, which made it even worse. It was too embarrassing, so for a long time, I avoided the whole thing and just didn't date. The same thing would happen at parties, trying to talk to people. I couldn't make small talk, so I'd avoid those kinds of settings."

People with social phobia tend to overlook the social awkwardness of others, but exaggerate their own real and imagined *faux pas*. The physical giveaways of social embarrassment, such as clumsiness or blushing, may feel painfully embarrassing, and reinforce the perception that "everyone is staring at me."

If you have social phobia, you may be fine, even outgoing, with people you feel close to. The social discomfort may only be a problem in specific situations, such as in a group, giving a presentation, dating, dealing with authority figures; or, more rarely, using a public restroom, eating in front of others, or writing with others watching.

Social phobia often runs in families. It often begins around early adolescence or even younger. It may be accompanied by depression or alcoholism.

Treatment

Many individuals with social phobia can be helped by cognitive-behavioral psychotherapy. Many other individuals respond best to psychotherapy plus medication. A therapist can help you learn to view social events differently; can help you acquire skills to overcome your fears of social situations; and can teach you anxiety management techniques, such as thought management and relaxation techniques.

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder, or OCD, is characterized by anxious thoughts or rituals that feel beyond your control. If you have OCD, you are plagued by persistent, unwelcome thoughts or images (obsessions), or by the urgent need to carry out certain ritualized behaviors (compulsions). If you resist carrying out the rituals, tension builds to the point of seeming unbearable. Carrying out the rituals results in temporary relief from the tension, but the behaviors are not pleasurable.

> "My life was taken over by the need to perform rituals, and by irrational thoughts that I couldn't shake. When going up stairs, I had to count the stairs. If I thought I had lost count, I had to start again. I had to take an even number of stairs. If it was going to be an odd number, I had to skip a step to make it even. I had to turn the lights on and off a certain number of times. I had to go back and check the stove over and over, because I worried I might have somehow left it on and the house would burn down. I knew I hadn't, yet I had to keep checking! The house had to be perfectly in order, or I couldn't rest. The tension was unbearable when I tried to resist the compulsions. I'd have a terrible thought, like, 'What if I stab my wife with this knife.' That's not something I'd ever do, but thoughts like that would torment me. I had to keep washing my hands, to get rid of germs. I was fearful of contaminating myself or others. I knew the thoughts and the rituals were ridiculous, but I couldn't stop until I got treatment."

Many healthy people experience some of these symptoms, such as needing to check things several times or having occasional odd and alarming thoughts. OCD is diagnosed when these symptoms are so frequent and intense that they result in significant loss of quality of life.

OCD seems to run in families. It usually first shows up in adolescence or early adulthood, or sometimes in childhood. The course of OCD varies. Symptoms may come and go, they may ease over time, or they may grow progressively worse.

Treatment

As with other anxiety disorders, cognitive-behavioral psychotherapy and/or medication is the treatment of choice. Some individuals respond best to psychotherapy, others require medication, and many others to a combination.

Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) can strike individuals who are involved in or witness life-threatening events such as accidents, violent acts, wars and natural disasters. Among the symptoms of PTSD are: repeatedly reliving memories of the traumatic event during the day or in nightmares; feeling detached or numb; difficulty sleeping; nightmares; depressed mood; easy startle reflex; loss of interest in things that usually cause pleasure; difficulty feeling close or affectionate with others; and irritability. Reminders or anniversaries of the event can trigger the frightening memories, or flashbacks. A flashback can cause a momentary loss of touch with reality, wherein the individual experiences images, sounds, smells, or feelings as if the event is happening over again.

PTSD generally begins within three months of the trauma, but it can emerge years later. It can last for just a few months, or develop into a chronic condition.

Treatment

Cognitive-behavioral psychotherapy, along with relaxation training, can be extremely helpful in changing counter-productive behaviors, thoughts and reactions that contribute to PTSD symptoms. Medications such as antidepressants and anti-anxiety medications can ease some of the symptoms of PTSD, such as depression and insomnia, but does not cure PTSD. Family support is an important component of recovery.