

Anxiety Disorders

Overview

Understanding and coping with common anxiety disorders, including phobias and posttraumatic stress disorder.

- What are the most common kinds of anxiety disorders?
- What kinds of treatment are available?
- Dealing with anxiety disorders

Anxiety is a normal part of life. Almost everyone feels a little nervous before giving a speech, taking a big test, or driving on a deserted road after dark. This kind of anxiety can be healthy. It can cause you to stay alert, prepare carefully for stressful events, and take extra precautions to avoid danger. After facing a situation that made them nervous, most people can relax, take a deep breath, and calm down again.

Other people have more trouble dealing with their anxieties. They feel anxious much more often than others do, or their anxieties are unusually intense. These people may have anxiety disorders, or chronic conditions that can interfere with their ability to work, enjoy life, or form loving relationships.

If left untreated, anxiety disorders can cause serious problems for the people who have them and for their families and co-workers. The key to coping with these conditions is to realize that they usually do not go away on their own. Getting the right kind of help can enable you to overcome or find ways to deal confidently with an anxiety disorder.

What are the most common kinds of anxiety disorders?

Anxiety disorders can take many forms. They fall into five broad groups:

- *Generalized anxiety disorder.* People with generalized anxiety disorder (GAD) feel anxious or nervous most of the time. Some worry excessively about their work, school performance, families, health, or finances. Others can't identify a specific cause for their anxiety. They may feel tense, exhausted, nauseated, irritable, unable to concentrate, or lightheaded and out of breath. They may sweat more than others, or they may have sleep disturbance, headaches, muscle tension, or a need to go to the bathroom frequently. Their symptoms last for at least six months and, without treatment, may persist for much longer.
- *Panic disorder.* Panic disorder involves sudden and repeated episodes of terror that strike without warning. The episodes may last a few minutes or more than an hour. Even brief panic attacks can arrive so unexpectedly that people may worry intensely about when the next one will occur. The episodes may involve palpitations or pounding heart, trembling, shaking, sweating, or having "hot flashes." Or they may cause people to feel dizzy, numb, flushed, chilled, or

lightheaded. Sometimes people who are having a panic attack feel that they are dying, unable to breathe, or having a heart attack or stroke. Or they may think that they are losing their minds or that the world is spinning out of control. Often events, situations, or things that set off a panic attack can be identified, but sometimes the triggers are hard to pinpoint.

- *Phobias*. Phobias, or intense fears, fall into two categories:
 - *Simple or specific phobias* involve persistent fears of objects or situations that are usually relatively safe, such as heights, thunderstorms, tunnels or bridges, dogs or snakes, flying, or driving a car. People who have these phobias know their fears are irrational, but they still feel very afraid when they feel they might encounter these things and tend to avoid them when possible.
 - *Social phobia* is the fear of being humiliated or embarrassed in front of others and tends to cause difficulties in specific kinds of social situations. People with this disorder may feel painfully self-conscious or see minor mistakes as major problems. They may be afraid to date, speak in public, eat in restaurants, use public restrooms, talk on the phone, or write in front of others.
- *Obsessive-compulsive disorder*. Obsessive-compulsive disorder (OCD) involves continual and unpleasant thoughts and rituals that can be very difficult to control. The unwelcome thoughts are called *obsessions*. The rituals -- which people perform to prevent or get rid of the thoughts -- are called *compulsions*. These thoughts and rituals can take up more than an hour a day and often get in the way of everyday activities. Some people with OCD worry so much about germs or dirt that they continually wash their hands. Others repeatedly count or touch certain items, think about unpleasant sexual acts, have thoughts that go against their religious beliefs, need to have objects in specific places, or check and recheck locked doors or engage in other safety rituals. People with this condition know their behavior is irrational but feel they can't stop it.
- *Posttraumatic stress disorder*. Formerly called shell shock or battle fatigue, this condition often affects -- but isn't limited to -- people who have fought in wars. It can follow being involved in a terrifying or life-threatening event such as a rape, kidnapping, car accident, or natural disaster, or witnessing such an event. People who have this condition keep reliving the event through nightmares or frightening thoughts or memories. A flashback may seem so real that it feels as if an event is recurring. Other signs of the condition can be mild or severe. They may include depression, irritability, sleep disorders, emotional detachment or numbness, being startled easily, having trouble expressing affection, or feeling unusually aggressive or violent. People with posttraumatic stress disorder tend to avoid people and things associated with the trauma.

What kinds of treatment are available?

The treatment for an anxiety disorder depends on the nature and severity of the condition. Here are some common treatments:

- *Behavioral therapy* focuses on changing specific actions. Through behavioral therapy, people learn techniques that can help them stop or control the actions that hold them back. One technique involves a form of deep breathing used at times of panic attacks. Another technique is known as *exposure therapy* or *desensitization*, which gradually exposes people to objects or situations that frighten them and helps them develop the skills to cope with those objects or situations. For example, people who fear dogs might view dogs in pictures and then in a relatively safe setting such as a pet shop or kennel before trying to face dogs on a leash. Other behavioral therapy techniques can help to interrupt and end rituals such as compulsively washing up or checking locks.
- *Cognitive-behavioral therapy* teaches people new skills and ways of thinking so that they can respond differently to situations that make them feel anxious. For example, people who have a generalized anxiety disorder or social phobia might learn new ways to become aware of automatic thoughts that contribute to anxiety and new ways of looking at or interpreting the things that make them feel anxious. For instance, if someone is anxious about giving a speech, he may learn to identify negative self-talk, and then practice talking to himself in a more positive way rather than focusing on his perceived shortcomings. Instead of saying to himself, “I always mess up when I speak in front of a large crowd,” he might say, “I am prepared for my speech and know my audience well. My topic is interesting to this group of people.”
- *Medications* may be used along with other forms of therapy. The drugs most commonly prescribed for anxiety include selective serotonin reuptake inhibitors (SSRIs), which act on the parts of the brain that regulate anxiety, and benzodiazepine tranquilizers, which lower anxiety by acting on the central nervous system. It is particularly important to control panic attacks with medication so that they do not become more frequent or intense, making it harder to control or eliminate them.
- *Eye Movement Desensitization and Reprocessing (EMDR)* is a treatment for anxiety disorders that typically requires a limited number of sessions, making the treatment very cost-effective. This treatment has not been shown to benefit generalized anxiety disorder; it seems to work best with more specific anxiety problems. If this treatment is recommended for you by a mental health provider, you might see some results in one to three sessions. Or another form of treatment may be recommended for you.

Some anxiety disorders may respond well to a single form of treatment while others may require a combination of medication and therapy. Depending on the

nature of the condition, people may see progress in a relatively short time, such as six to eight weeks, or may need to continue the therapy for much longer.

Dealing with anxiety disorders

Anxiety disorders make life more stressful, so people who have them may benefit from reducing the level of tension in their everyday lives. Here are some tips:

- *Eat a balanced diet.* Some people with anxiety disorders benefit from eating a healthier diet, taking vitamins, eliminating caffeine, or limiting sugar intake. A doctor may want to refer you to a nutritionist who can suggest helpful changes.
- *Get physical activity.* Regular exercise can make you feel calmer and help you substitute healthy rituals for unhealthy behavior patterns. Exercising in the morning or afternoon may help improve problems with sleep disturbance associated with some disorders.
- *Take up meditation.* Meditation and other forms of mindfulness can help to lower blood pressure and a too-rapid heartbeat. You can find out more about how to use meditation from videos, DVDs, and books such as *The Relaxation Response* (Harper, 2000) by Herbert Benson with Miriam Z. Klipper, available at most libraries and bookstores.
- *Use visualization.* Visualizing a positive outcome or calm and peaceful scene may make you feel less tense and more in control. It may help to hang a picture of a soothing place, such as a beach or a forest, in a spot where you will see it frequently. If you tend to feel anxious at work, you might put such a picture in your desk drawer and look at it before facing a stressful situation.
- *Try to distract yourself.* You may be able to distract yourself from some kinds of anxiety by repeating a positive word or phrase or a short poem or prayer. You might also find it helpful to redirect your focus by counting backward or forward, snap a rubber band lightly against your wrist, or, if the situation permits, chew gum.
- *Don't ignore physical symptoms.* Anxiety can have serious physical effects, such as raising your heartbeat to dangerous levels or causing you to faint or fall and get hurt. If you suspect that you have an anxiety disorder, it's a good idea to have a thorough medical checkup to rule out any physical causes of your condition or to find out about situations that might cause problems for you.
- *Learn about your condition.* Staying up-to-date on the latest research and treatment methods can give you ideas for techniques that might be helpful or subjects you want to bring up with a therapist or physician. A good place to begin is the Web site for the National Institute of Mental Health at www.nimh.nih.gov, where you can find information on all types of anxiety disorders. Or ask a librarian to help you find what you need.

- *Join a support group.* Some people with an anxiety disorder feel so embarrassed about their condition that they become isolated from friends or co-workers. Joining a support group lets you share your concerns with people who know what you're going through and want to help. You can find links to support groups in most states on the site for Anxiety Disorders Association of America at www.adaa.org, which also has other helpful material. You may also be able to find a group through a therapist or a local mental health association.
- *Talk with your manager if your condition is causing or may cause problems at work.* Your co-workers may become frightened if they see you having a panic attack or a vivid flashback. Your manager can give you ideas on the best way to deal with the situation and might suggest that you contact your employee assistance program (EAP).

Anxiety disorders do not usually stop on their own; with help from a professional, however, you can begin to learn new ways to manage symptoms and enjoy life again without the fear and dread that anxiety can cause.

If you are having trouble dealing with anxiety, remember that your EAP or the program that provided this publication has many helpful resources.

Written with the help of Mary Rekuski, M.A., L.P., C.E.A.P. Ms. Rekuski is a consultant with Ceridian, providing general and management line consultations. She is a licensed psychologist and her background includes work as a school counselor, therapist, and family court evaluator.