

Anxiety Disorders

Most of us know what it feels like to get anxious now and then. The sensations of a racing heart or butterflies in the stomach are normal responses to fear or stress. These feelings of anxiety can be motivating or distressing. The body's response to a fearful or stressful situation may help us function in the task at hand. But, when these feelings become excessive or cause irrational fears, they can develop into an anxiety disorder.

The anxiety disorders described here include:

- Agoraphobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Phobias
- Post-Traumatic Stress Disorder
- Social Anxiety Disorder (Social Phobia)
- Specific Phobia (Simple Phobia)

Although each disorder has distinct features, they are all bound together by the common theme of excessive and irrational fear and dread. These disorders may run in families, and can disrupt one's overall functioning.

While the cause of anxiety disorders is unknown, environmental, personality and genetic factors all may play a role. Treatments for these disorders may overlap, and are discussed within the context of each specific section that follows. Psychotherapy and medication can help most people who suffer from anxiety disorders and allow them to lead more fulfilling lives.

Agoraphobia

The term agoraphobia is literally defined as a fear of "open spaces". People with agoraphobia, however, are not necessarily afraid of open spaces. Rather, these individuals are terrified of experiencing panic attacks, wherever these attacks may occur. Sometimes, panic symptoms occur at home, in houses of worship, or in crowded stores, places that are not typically considered "open". Agoraphobia occurs when individuals begin to avoid spaces or situations associated with panic attacks or the fear of having a panic attack.

Typical "agoraphobia-causing situations" might include driving, shopping, crowded places, traveling, standing in line, being alone, meetings, social gatherings or other situations. Because of fear, the agoraphobic avoids the place or situation, endures it with distress, or requires someone else to accompany them. People with agoraphobia are particularly vulnerable in situations from which it might be difficult to escape should they have a panic attack. In agoraphobia, these fears become so debilitating that the person may be unable to leave what is perceived as the safety of their home.

Once panic attacks have started, the actual attacks themselves become the ongoing stress, and significant emotional energy may be expended trying to avoid the feared situation. This vicious cycle actually increases the frequency of panic attacks and general discomfort.

Antidepressants may be helpful, and meditation, yoga and other self-soothing techniques may help the individual cope more effectively with their symptoms.

Generalized Anxiety Disorder (GAD)

Generalized Anxiety Disorder (GAD) is a chronic condition, with complaints of worry, dread, and the persistent anticipation of disaster. At times, the individual is hard-pressed to identify the real source of the worry. Symptoms typically include fatigue, muscle tension, headaches, difficulty swallowing, trembling, twitching, sweating, frequent urination, lightheadedness or nausea.

Other symptoms of GAD involve an excessive tendency to startle, difficulty relaxing, poor concentration and insomnia. The symptoms can be mild or severe, sometimes making it difficult to carry out the most basic daily routines.

About five percent of Americans are diagnosed with GAD. GAD affects twice as many women as men, the risk for symptoms is highest between childhood and middle age, and the disorder generally runs in families. GAD may occur in conjunction with other anxiety disorders, mood disorders like depression, or substance abuse. These other problems need to be considered as part of the overall treatment plan.

Treatment for GAD generally includes both psychotherapy and medication. Psychotherapy typically occurs in individual treatment sessions focusing on dysfunctional thoughts and behaviors. Medications most commonly prescribed for the symptoms of GAD may include selective serotonin reuptake inhibitors (SSRIs), benzodiazepines and beta-blockers. Meditation, yoga and other wellness techniques may help teach self-soothing techniques and can enhance the effects of therapy. There is also evidence that aerobic exercise may be helpful. It is well-known that caffeine, drugs of abuse, and even some over-the-counter medications may aggravate the symptoms of GAD.

Obsessive Compulsive Disorder (OCD)

Obsessive Compulsive Disorder, commonly referred to as OCD, is an anxiety disorder characterized by unwanted, repetitive thoughts called obsessions and excessive, difficult to control, ritualistic behaviors called compulsions. The compulsions are not pleasurable and are experienced as a burden. Although there may be momentary relief from a compulsion, increasing anxiety results when the individual cannot engage in these behaviors.

Many people without OCD relate to the symptoms of OCD. For example, many

of us may check the stove or curling iron several times before we leave the house. But for sufferers of OCD, these activities are distressing, take up at least one hour of time per day and interfere with other activities of living. The compulsions become necessary to neutralize the feelings of anxiety caused by the obsessions.

The individual with OCD may realize that the thoughts and behaviors are senseless or without purpose, but they feel compelled to follow the compulsion to reduce their anxiety.

OCD occurs in about 2 percent of Americans. The condition often starts in the early teenage years, but symptoms have been reported in children, teenagers, adults and seniors. Symptoms may become so severe that the person may be unable to attend school or work and functioning may become significantly impaired.

OCD generally responds well to a combination of psychotherapy and medication. The psychotherapy is often cognitive-behavioral, with an attempt to focus on both the dysfunctional thoughts and behaviors. Medications most commonly prescribed for anxiety disorders may include SSRI's (selective serotonin reuptake inhibitors), tricyclics, benzodiazepines and beta-blockers. Earlier treatment provides for better outcome.

Panic Disorder

Individuals diagnosed with panic disorder suffering from recurrent panic attacks and/or the fear of recurrent panic attacks. Panic attacks include physical, emotional and cognitive symptoms.

Physical symptoms of panic can include shortness of breath, chest pain or pressure, sweating, dizziness, numbness, tingling, gastrointestinal upset and the sensation of feeling smothered. Emotional and cognitive symptoms can include feelings of terror that strike without warning, a sense of impending doom or fear that one is on the verge of death. Sometimes the individual feels as if they are "going crazy". Panic attacks can occur anytime, anywhere, but generally last no more than ten minutes.

Panic disorder can be accompanied by symptoms of depression or drug or alcohol abuse, and may lead to a pattern of avoiding places where the individual has had an attack or fears an attack.

Panic disorder is diagnosed twice as frequently in women than men. It is important to note that many individuals without panic disorder can experience symptoms of panic, but only about three percent of Americans actually have the disorder. In about one-third of the people with panic disorder, symptoms are so debilitating that the individual actually becomes too terrified to leave the house, thus developing what is known as agoraphobia. Agoraphobia is described in detail in another section.

Panic disorder is one of the most treatable of the anxiety disorders, responding in most cases to psychiatric medications and psychotherapy. Medications most commonly prescribed may include antidepressants, benzodiazepines and beta-blockers. Meditation, yoga and other wellness techniques may help the individual develop self-relaxation skills that can enhance the effects of therapy. Avoidance of caffeine, illicit drugs, and even some over-the-counter cold medications can help keep panic symptoms at a minimum.

More information about panic disorder may be obtained by contacting the resources listed below.

Phobias

Phobias are defined as irrational fears which can occur in several different forms. In this section, three phobic disorders, social anxiety disorder (social phobia), specific (simple) phobia and agoraphobia are discussed

Post-Traumatic Stress Disorder (PTSD)

Symptoms of Post-Traumatic Stress Disorder, also referred to as PTSD, initially develop in response to a terrifying event. Individuals report persistent and frightening thoughts and memories of their trauma, and may also report feeling numb. Traumas associated with the development of PTSD may include military combat, violent attacks such as mugging, rape or torture, being held captive, child abuse, serious accidents and natural disasters such as floods or earthquakes. The triggering trauma can be either witnessed or experienced.

Symptoms of PTSD may include sleep problems including nightmares, an exaggerated startle response, flashbacks, irritability and aggressiveness. Sometimes the aggressiveness associated with PTSD results in violence.

The disorder can occur in any age group including children and tends to run in families. Women are more likely to develop PTSD than men. The intensity of the symptoms may lead to depression, substance abuse or other anxiety disorders.

Ordinary life events can remind PTSD sufferers of the trauma and trigger flashbacks or intrusive thoughts. The flashbacks can be realistic, sometimes leading to a loss of touch with reality and the sensation that the traumatic event is happening all over again.

The course of treatment can be complicated, but the symptoms can be controlled. Generally, treatment is recommended to include both psychotherapy and medication. Psychotherapy may occur individually and/or in the context of a group. Medications most commonly prescribed for the symptoms of PTSD may include antidepressants, antipsychotics or anti-anxiety medicines.

Social Anxiety Disorder (SAD)

Social Anxiety Disorder (SAD) is also referred to as a social phobia. The main features of this disorder are overwhelming anxiety and extreme self-consciousness in everyday social situations. Individuals with SAD have a chronic and intense fear of judgment or humiliation by others. These fears may cause the individual to develop avoidance behaviors and may interfere with functioning at school or work. SAD can be specific (e.g. eating or writing in front of others), or generalized (afraid of going to a party or gathering.) When the symptoms are generalized, the individual experiences anxiety and fear almost anytime they are in a social situation. Not surprisingly, sufferers of SAD have difficulty establishing relationships.

Individuals with SAD know that their thoughts and feelings are irrational. Sometimes, even when they manage to confront fear, physical symptoms such as blushing, profuse sweating, gastrointestinal upset and trembling occur. These physical problems may serve to worsen the anxiety.

SAD affects over five million adult Americans, and women and men have an equal chance to develop the disorder. SAD may run in families and can also occur with other disorders such as generalized anxiety disorder or depression. A tendency to “self-medicate” with drugs or alcohol may develop in an attempt to combat the sufferer's anxiety.

Treatment of SAD may involve psychiatric medications and/or psychotherapy. Medications most commonly prescribed may include antidepressants and beta-blockers. Meditation, yoga and other wellness interventions may help to learn self-relaxing exercises which may decrease social anxiety.

Specific (Simple) Phobias

Specific or simple phobias are intense irrational fears of a particular object or situation which poses little or no danger. Some of the more common specific phobias involve heights, closed-in places, highway driving, dogs and injuries involving blood. Sometimes thinking of the phobia can elicit a panic attack.

Over six million Americans are affected by a specific phobia. Twice as many women are diagnosed with specific phobias when compared to men. In general, the exact causes of phobias are not well-understood, but phobias tend to run in families. Specific phobic symptoms usually first occur in childhood or adolescence.

When the source of the phobia is easy to avoid, individuals do not experience a need to seek treatment. Sometimes these fears may influence important life decisions. Most phobias may be effectively treated with psychotherapy. Occasionally, psychiatric medications are used to augment psychotherapy.