Let's Talk Facts About

Anxiety Disorders

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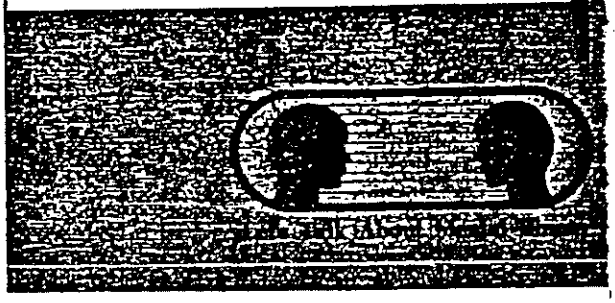

Anxiety is as much a part of life as eating and sleeping. Under the right circumstances, anxiety is beneficial. It heightens alertness and readies the body for action. Faced with an unfamiliar challenge, a person is often spurred by anxiety to prepare for the upcoming event. For example, many people practice speeches and study for tests as a result of mild anxiety. Likewise, anxiety or fear is a protection from danger.

Fears are not normal, however, when they become overwhelming and interfere with daily living. They are symptoms of an anxiety disorder, the most common and most successfully treated form of mental illness.

As a group, anxiety disorders afflict 8.3 percent of Americans. Symptoms can be so severe that patients are almost totally disabled—too terrified to leave their homes, to enter the elevator that takes them to their offices, to attend parties or to shop for food.

"Anxiety" is a word so commonly used that many people don't understand what it means in mental health care. Complicating matters is the fact that "anxiety" and "fear" are often used to describe the same thing. When the word "anxiety" is used to discuss a group of mental illnesses, it refers to an unpleasant and overriding mental tension that has no apparent identifiable cause. Fear, on the other hand, causes mental tension due to a specific, external reason, such as when your car skids out of control on ice.

The Disorders

"Anxiety disorders" refers to a group of illnesses: generalized anxiety disorder, phobias, panic disorders, obsessive-compulsive disorders and posttraumatic stress disorder. When people suffering from anxiety disorders talk about their condition, they often include these descriptions:

• shakiness • trembling • muscle aches • sweating • cold/clammy hands • dizziness • jitteriness • tension • fatigue • racing or pounding heart • dry mouth • numbness/tingling of hands, feet or other body part • upset stomach • diarrhea • lump in throat • high pulse and/or breathing rate

In addition, people suffering from anxiety disorders are often apprehensive and worry that something bad may happen to themselves or loved ones. They often feel impatient, irritable and easily distracted.

Phobias

This type of anxiety disorder afflicts between 5.1 and 12.5 percent of all Americans. People who suffer from this illness feel *terror, dread or panic* when confronted with the feared object, situation or activity.

Many have such an overwhelming desire to avoid the source of fear that it interferes with their jobs, family life and social relationships. They may lose their jobs because they can't go to business lunches for fear of eating in front of others. They may quit a job in a high-rise office building to work on the ground floor because they fear elevators. They may become so fearful of leaving their homes that they live like hermits with their window shades down for added protection.

The following are common phobias:

- Social phobia is *the fear of situations in which the victim can be watched* by others, such as public speaking, or in which the victim's behavior might prove embarrassing, such as eating in public, going to parties or talking to strangers. It begins in late childhood or early adolescence.

- Simple phobia is *the fear of specific objects or situations* that cause terror. The condition can begin at any age. Examples are fear of snakes, fear of flying, or fear of closed spaces.
- Agoraphobia, *the fear of being alone or in a public place that has no escape hatch* (such as a public bus or crowded store), is the most disabling because victims can become housebound.

Panic Disorders

Panic disorders afflict 1.2 million Americans. Victims suddenly suffer intense, *overwhelming terror for no apparent reason.* The fear is accompanied by at least four of the following symptoms:

• sweating • heart palpitations • hot or cold flashes • trembling • feelings of unreality • choking or smothering sensations • shortness of breath • chest discomfort • faintness • unsteadiness • tingling • fear of losing control, dying or going crazy

Often, people suffering a panic attack for the first time rush to the hospital, convinced they are having a heart attack.

Sufferers *can't predict when the attacks will occur*, although certain situations, such as driving a car, can become associated with them if it was in those situations where the first attack occurred.

Obsessive-Compulsive Disorders

Obsessive-compulsive disorders (OCD) afflict 2.4 million Americans. Victims attempt to cope with their anxiety by associating it with obsessions, defined as repeated, unwanted thoughts, or compulsive behaviors, defined as rituals that themselves get out of control. People who suffer from obsessive

disorders do not automatically have compulsive behaviors. However, most people who go through compulsive, ritual behaviors also suffer from obsessions.

The key problem in OCD is the inability to feel certain about things, no matter how hard a person tries or how many times they may repeat actions to make sure. Victims of OCD are plagued with involuntary, persistent thoughts or impulses that are distasteful to them and that they feel will get out of control or cause harm to someone.

The most common obsessions focus on hurting others or violating socially acceptable behavior standards such as swearing or making sexual advances. They also can focus on religious or philosophical issues, which the patient never resolves.

People with compulsions go through senseless, repeated and ritualistic behaviors that are supposed to prevent or produce a future event. Sometimes the rituals themselves have nothing to do with that event. For example, patients may do things a certain number of times to get a desired result.

Examples of compulsive rituals include:

- *Cleaning*, which affects women more often than men. If victims come in contact with any dirt, they may spend hours washing and cleaning even to the point that their hands bleed. Often, people with this disorder also suffer from a complementary obsession such as worries over infection.
- *Repeating* a behavior, such as repeatedly saying a loved one's name several times whenever that person comes up in conversation.
- *Checking*, which tends to affect men more than women. For example, victims

check and recheck that doors are locked or electric switches, gas ovens and water taps are turned off. Other patients will retrace a route they have driven to check that they did not hit a pedestrian or cause an accident without knowing it.

Obsessive-compulsive disorders often begin during the teens or early adulthood. Generally they are chronic and *cause moderate to severe disability* in their victims.

Post-Traumatic Stress Disorder (PTSD)

Often associated with war veterans, post-traumatic stress disorder can occur in anyone who has survived a severe and unusual physical or mental trauma. People who have witnessed a midair collision or survived a life-threatening crime may develop this illness. The severity of the disorder increases if the trauma was unanticipated. For that reason, not all war veterans develop PTSD, despite prolonged and brutal combat. Soldiers expect a certain amount of violence. Rape victims, however, are unsuspecting of the attack on their lives.

People who suffer from PTSD reexperience the event that traumatized them through:

- Nightmares, night terrors or flashbacks of the event. In rare cases, the person falls into a temporary dislocation from reality in which he relives the trauma. This can last for seconds or days.
- "Psychic numbing," or emotional anesthesia. Victims have decreased interest in or involvement with people or activities they once enjoyed.
- Excessive alertness and highly sharpened startle reaction. A car backfiring may

cause people once subjected to gunfire to instinctively drop to their stomachs.

- General anxiety, depression, inability to sleep, poor memory, difficulty concentrating or completing tasks, survivor's guilt.

Theories About Causes

Probably no single situation or condition causes anxiety disorders. Rather, physical and environmental triggers may combine to create a particular anxiety illness.

Recent research suggests that biochemical imbalances are the culprits. Studies indicate, for instance, that infusions of certain chemicals can trigger panic attacks in some people. Scientists involved in this research believe that physicians treating anxiety disorders should work first to correct these biochemical imbalances. Though medication has a front-line role in this treatment, studies show that biochemical changes also come about as a result of the emotional, psychological or behavioral changes produced through psychotherapy.

The learning theory says that anxiety is a learned behavior that can be unlearned. People who feel uncomfortable in a given situation or near a certain object will begin to avoid it. However, such avoidance can limit a patient's ability to live a normal life. Patients learn that their anxiety is reduced by persistently confronting the feared situation or object.

Psychoanalytic theory suggests that anxiety stems from unconscious conflicts that arose from discomfort during infancy or childhood. For example, a person may carry the unconscious conflict of sexual feelings toward the parent of the opposite sex. Or the person may have developed problems from experiencing an illness, fright or other emotionally laden event as a child. By this theory, anxiety can be resolved by identifying and resolving the unconscious conflict. The symptoms that symbolize the conflict would then disappear.

No doubt each of these theories is true to some extent. A person may develop or inherit a biological susceptibility to anxiety disorders. Events in childhood may lead to certain fears that, over time, develop into a full-blown anxiety disorder.

Treatments

Generally psychiatrists treat anxiety disorders with a combination of psychotherapy and medication.

Psychiatrists use several types of medications to reduce the worst of their anxiety disorder patients' symptoms. The patient can then get the most benefit from a variety of psychotherapeutic techniques. Psychiatrists use three general classes of medication in their work with these patients: medications designed especially for anxiety disorders, antidepressants, and other medications.

The specially designed antianxiety medications include both benzodiazepines and nonbenzodiazepine antianxiety medicines. Psychiatrists also use antidepressants in treating anxiety disorders, including tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs) and other antidepressant medications. Lastly, psychiatrists treat anxiety disorders with medicines that do not fit into either of the preceding categories, such as the beta-blockers and several medications used to treat psychoses.

With their symptoms lessened, anxiety disorder sufferers are better able to profit from various psychotherapies. Those with phobias

and obsessive-compulsive disorders often are treated with behavior therapy. This involves exposing the patient to the feared object or situation under controlled circumstances, until fear lessens or disappears. After this treatment many phobia patients have long-term recovery.

Psychiatrists also use other psychotherapeutic techniques to help their patients deal with the consequences of their illness and any other problems that may exist side-by-side with and often hidden by it. Talking issues out and exploring their roots in psychodynamic psychotherapy can be crucial in some cases.

Before psychiatrists begin any form of treatment, they work carefully with their patients to custom tailor the treatment plan that includes the medications and psychotherapies that will answer the patient's needs. And there is good reason for optimism about treatment of even the most severe anxiety disorders. Medication helps about half of those suffering from obsessive-compulsive disorder. And research indicates that 90 percent of the phobic and obsessive-compulsive patients who can cooperate with the behavior therapist and conscientiously follow instructions will improve with that form of therapy. Studies have shown that while they are taking the medications, 60 to 80 percent of the patients who suffer from panic attacks do very well and up to 95 percent improve.

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Other Resources

National Alliance for the Mentally Ill, 1901 N. Fort Myer Drive, Suite 500, Arlington, VA, 22209-1604. (703) 524-7600.

National Institute of Mental Health, Division of Communications, 5600 Fishers Lane, Rockville, MD 20857. (301) 443-4536.