

Anxiety Disorders

Anxiety is an emotion that can signal just the right response to a situation. It can spur you on, for example, to add the finishing touches that elevate an essay, painting, or important work document from good to excellent. But if you have an anxiety disorder, exaggerated anxiety can stop you cold and disrupt your life. Like many other illnesses, anxiety disorders often have an underlying biological cause and frequently run in families. These disorders can be treated by several methods.

Anxiety disorders range from feelings of uneasiness most of the time to immobilizing bouts of terror. This fact sheet briefly describes generalized anxiety disorder, panic disorder, phobias, and post-traumatic stress disorder. It is intended only as a starting point for gaining an understanding of anxiety disorders. This fact sheet is not exhaustive, nor does it include the full range of symptoms and treatments. Keep in mind that new research can yield rapid and dramatic changes in our understanding of and approaches to mental disorders.

If you believe you or a loved one has an anxiety disorder, seek competent professional advice or other forms of support.

Generalized Anxiety Disorder

Most people experience anxiety—that knot in the stomach over a backlog of bills or just before a job interview—at some point in their lives. Such nervousness in anticipation of a real situation is normal. But if a person cannot shake unwarranted worries, or the feelings are jarring to the point of avoiding everyday activities, he or she most likely has an anxiety disorder.

Symptoms: Chronic, exaggerated worry, tension, and irritability that appear to have no cause or are more intense than the situation warrants. These psychological symptoms often are accompanied by physical signs such as restlessness, trouble falling or staying asleep, headaches, trembling, twitching, muscle tension, or sweating.

Formal Diagnosis: When someone spends at least 6 months worried excessively about everyday problems. However, incapacitating or troublesome symptoms warranting treatment may exist for shorter periods of time.

Treatment: Anxiety is among the most common, most treatable mental disorders. Effective treatments include cognitive behavioral therapy, relaxation techniques, and biofeedback to control muscle tension. Medication, most commonly antianxiety drugs, such as benzodiazepines and its derivatives, also may be required in some cases. Some commonly prescribed antianxiety medications are diazepam, alprazolam, and lorazepam. The nonbenzodiazepine antianxiety medication buspirone can be helpful for some individuals.

Panic Disorder

People with panic disorder experience white-knuckled, heart-pounding terror that strikes with the force of a lightning bolt—suddenly and without warning. Some people feel like they are being devoured by fear, going crazy, or that they are surely dying of a heart attack. And because they can not predict when a panic attack will seize them, many people live in persistent worry that another one could overcome them at any minute.



U.S. DEPARTMENT
OF HEALTH AND
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For information, contact the Knowledge Exchange Network

Substance Abuse and Mental
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Most panic attacks last only a few minutes, but they occasionally go on for 10 minutes and, in rare cases, have been known to last for as long as an hour. They can occur at any time, even during sleep. The good news is that proper treatment helps 70 to 90 percent of people with panic disorder, usually within 6 to 8 weeks.

Symptoms: Pounding heart, chest pains, lightheadedness or dizziness, nausea, shortness of breath, shaking or trembling, choking, fear of dying, sweating, feelings of unreality, numbness or tingling, hot flashes or chills, and a feeling of going out of control or going crazy.

Formal Diagnosis: Either four attacks within 4 weeks or one or more attacks followed by at least a month of persistent fear of having another attack. A minimum of four of the symptoms listed above developed during at least one of the attacks.

Treatment: Cognitive behavioral therapy and medications such as high-potency antianxiety drugs, for example, alprazolam. Several classes of antidepressants [such as paroxetine one of the newer selective serotonin reuptake inhibitors (SSRIs)] and the older tricyclics and monoamine oxidase inhibitors (MAO inhibitors) are considered “gold standards” for treating panic disorder. Sometimes a combination of therapy and medication is the most effective approach to helping people manage their symptoms.

Phobias

Most of us steer clear of certain things—for instance, stinging insects or hazardous situations. But phobias are irrational fears that lead people to avoid altogether specific things or situations that trigger intense anxiety.

Symptoms: Phobias occur in several forms. *Specific phobia* is an unfounded fear of a particular object or situation—such as being afraid of dogs yet loving to ride horses or avoiding highway driving yet being able to drive on city and country roads. Virtually an unlimited number of objects or situations—such as being afraid of flying, heights, or spiders—can be the target of a specific phobia. *Agoraphobia* is the fear of being in any situation that might trigger a panic attack and from which escape might be difficult. Many people who have agoraphobia become housebound. Others avoid open spaces, standing in line, or being in a crowd. Many of the physical symptoms that accompany panic attacks—such as sweating, racing heart, and trembling—also occur with phobias. *Social phobia* is a fear of being extremely embarrassed in front of other people. The most common social phobia is fear of public speaking.

Formal Diagnosis: The person experiences extreme anxiety with exposure to the object or situation; recognizes that his or her fear is excessive or unreasonable; and finds that normal routines, social activities, or relationships are significantly impaired as a result of these fears.

Treatment: Cognitive behavioral therapy has the best track record for helping people overcome most phobic disorders. The goals of this therapy are to desensitize a person to feared situations or to teach a person how to recognize, relax, and cope with anxious thoughts and feelings. Medications, such as antianxiety agents or antidepressants, can also help relieve symptoms. Sometimes therapy and medication are combined to treat phobias.

Post-Traumatic Stress Disorder

In the past, post-traumatic stress disorder (PTSD) was thought to affect only war veterans with heavy combat experience. Researchers now know that anyone, even children, can develop PTSD if they have experienced, witnessed, or participated in a traumatic occurrence—especially if the event was life-threatening. PTSD can result from terrifying experiences such as rape, kidnapping, natural disasters, war, or serious accidents such as airplane crashes. The psychological damage such incidents cause can interfere with a person's ability to hold a job or develop intimate relationships with others.

Symptoms: The symptoms of PTSD can range from constantly reliving the event to a general emotional numbing. Persistent anxiety, exaggerated startle reactions, difficulty concentrating, nightmares, and insomnia are common. In addition, people with PTSD typically avoid situations that remind them of the traumatic event because they provoke intense distress or even panic attacks. A rape victim with PTSD, for example, might avoid all contact with men and refuse to go out alone at night. Many people with PTSD also develop depression and may at times abuse alcohol or other drugs as “self-medication” to dull their emotional pain and to forget about the trauma.

Formal Diagnosis: Although the symptoms of PTSD may be an appropriate initial response to a traumatic event, they are considered part of a disorder when they persist beyond 3 months.

Treatment: Psychotherapy can help people who have PTSD regain a sense of control over their lives. Many people who have this disorder need to confront what has happened to them and, by repeating this confrontation, learn to accept the trauma as part of their past. They also may need cognitive behavior therapy to change painful and intrusive patterns of behavior and thought and to learn relaxation techniques. Another focus of psychotherapy is to help people who have PTSD resolve any conflicts that may have occurred as a result of the difference between their personal values and how behavior and experience during the traumatic event violated them. Support from family and friends can help speed recovery and healing. Medications, such as antidepressants and anti-anxiety agents to reduce anxiety, can ease the symptoms of depression and sleep problems. Treatment for PTSD often includes both psychotherapy and medication.

For more information, as well as referrals to specialists and self-help groups in your State, contact:

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The National Institute of Mental Health's toll-free information line is 1-88-88-ANXIETY.

Note: These are suggested resources. It is not meant to be a complete list.

KEN 98-0045