

ANXIETY DISORDERS

Everyone suffers from anxiety from time to time. Anxiety is a feeling of uneasiness, nervousness, fear or worry, by real or perceived threats to our safety or well-being, along with physical symptoms discussed later on. Acting as an important survival mechanism for humans and animals, the anxiety response alerts us to impending danger and prepares us, both physically and mentally, to protect ourselves. Many situations in daily life can lead to an anxiety response and may not require treatment. But when the symptoms of anxiety become persistent and severe enough to compromise quality of life or functioning, or if anxiety feelings and physical symptoms occur when there is no apparent danger, a person may require treatment for anxiety disorder.

▼ What are the types and symptoms of anxiety disorders?

There are seven types of anxiety disorders:

- **Agoraphobia** is the fear of being alone or in public places. People with this disorder fear that escape might be difficult from such places in case of sudden incapacitation. They avoid crowds, tunnels, bridges, and public transportation. Normal activities gradually decrease until the fears of avoidance behavior dominates a person's life.
- **Social Phobia** is a persistent irrational fear of and compelling desire to avoid situations in which a person might be humiliated or embarrassed. Social Phobia, which causes people to avoid social engagements, causes significant distress because the person often realizes that his or her fear is excessive and unreasonable.
- **Simple Phobia** is persistent or irrational fear of, and compelling desire to avoid a particular object or situation other than being alone. Phobic objects often include animals, and phobic situations frequently involve heights or closed spaces.
- **Panic Disorder** is a period of apprehension or fear in which a person feels some or all of the following symptoms during each attack: 1) difficulty in breathing (dyspnea), 2) palpitations, 3) chest pain or discomfort, 4) a choking or smothering sensation, 5) dizziness, vertigo, or unsteady feelings, 6) feelings of unreality, 7) tingling in hands or feet (paresthesias), 8) hot and cold flashes, 9) sweating, 10) faintness, 11) trembling or shaking, 12) fear of dying, going crazy, or doing something uncontrolled during an attack.
- **Generalized Anxiety Disorder** is a generalized, persistent anxiety resulting in symptoms from at least three of these four categories: 1) motor tension, i.e., shakiness, jitteriness, jumpiness, trembling, tension, muscle aches, fatigue, inability to relax, eyelid twitch, furrowed brow, strained face, fidgeting, restlessness, easy startle, 2) autonomic hyperactivity: sweating, heart pounding or racing, cold clammy hands, dry mouth, dizziness, light-headedness, (tingling in hands or feet), upset stomach, hot or cold spells, frequent urination, diarrhea, discomfort in the pit of the stomach, lump in the throat, flushing, pallor, high resting pulse and respiration rate, 3) apprehensive expectation: anxiety, worry, fear, rumination, and anticipation of misfortune to self or others, and 4) vigilance and scanning: resulting in distractibility, difficulty concentrating, insomnia, feeling "on edge," irritability, impatience.
- **Obsessive Compulsive Disorder** may be characterized by either obsessions or compulsions: *Obsessions* are recurrent, persistent ideas, thoughts, images or impulses that are not voluntarily produced, but thoughts that invade a person's consciousness and are experienced as senseless or repugnant. Attempts are made to ignore or suppress these thoughts. *Compulsions* are repetitive and seemingly purposeful behaviors that are performed according to certain rules or in a stereotyped fashion. The behavior is not an end in itself, but is designed to produce or prevent some future event or situation. However, the activity either is not connected in a realistic way with the event or may be clearly excessive. The behavior is performed with a sense of subjective compulsion coupled with a desire to resist, at least initially. The act does not produce a sense of pleasure, but rather a release of tension. The behavior is a significant source of distress to the person or interferes with social or role functioning.

▼ Who is affected?

An estimated 14.6% of Americans suffer from phobias, panic attacks, and obsessive-compulsive disorders. Seventy-five percent do not seek treatment. However, many visit their internists or family physicians with concerns about symptoms that may be caused by an anxiety disorder. Recent studies indicate that 20 percent of the ailments for which Americans seek a doctor's care are related to anxiety symptoms.

▼ What are the causes of anxiety?

Today there are many situations or stressors that can lead to prolonged anxiety responses - the demands of a stressful career, financial woes, divorce, and family problems. Over time, symptoms such as irritability, edginess, depressed mood and varied physical complaints may result. However, anxiety is not always the result of current or past stress, and is not always a "mental" or "emotional" problem. Persistent anxiety can produce a variety of emotional and physical symptoms.

▼ How are anxiety disorders treated?

Following diagnosis by a physician or other mental health professional treatment can be undertaken through a variety of medical approaches, including behavioral therapy, psychotherapy, medication or a combination. With appropriate medical treatment, sufferers of anxiety disorders can improve, recover and return to normal activities. Today physicians and other mental health professionals have a number of medications and therapies they can use to treat anxiety disorders. Research indicates that 90 percent of phobic and obsessive-compulsive patients will recover with behavioral therapy. Other studies show that while they are taking appropriate medications, 70 percent of those who suffer panic disorders improve. Medications also have been shown to be effective for about half of those with obsessive-compulsive disorder.

▼ What else can a person do?

After consulting with a physician and or other mental health professional, the recommendations may include dietary changes (reduction of caffeine intake), increase exercise, and a course of therapy. To find better ways of coping with pressures and circumstances that may have contributed, a person may join a support group or seek individual counseling with a qualified therapist. A person should recognize that there are not "overnight cures" for persistent anxiety and that many methods used work gradually to relieve anxiety, but these treatments are highly effective and well worth the wait. If there is no apparent improvement after a visit to a family physician or a mental health professional, help should be sought from a psychiatrist.

For more information,
please contact the
Missouri Department of
Mental Health,
Division of Behavioral
Health (DBH)
P.O. Box 687
1706 East Elm, Jefferson
City, MO 65101.
573-751-8017
www.dmh.mo.gov

For further information on anxiety disorders, contact your community mental health center or one of the following agencies.

Missouri Institute of Mental Health in St. Louis – (314) 644-8838

Missouri Department of Mental Health – (800) 364-9897

Missouri Coalition of Alliances for the Mentally Ill – (314) 634-7727 or (800) 374-2138

Sources:

Profiles of Persistent Anxiety, Mead Johnson Pharmaceuticals, Bristol Laboratories 1992;

Anxiety and It's Disorders: The Nature and Treatment of Anxiety and Panic by David H. Barlow; and

Panic-Phobic Disorders Clinic and Depression Clinic, K.P.S. Kamath, MD