

Anxiety Disorders

Anxiety disorders are the most common mental illness in America. More than 19 million Americans suffer from anxiety disorders, which include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias, and generalized anxiety disorder. Because of widespread lack of understanding and the stigma associated with these disorders, many people with anxiety disorders are not diagnosed and are not receiving treatments that have been proven effective through research.

Most people experience feelings of anxiety before an important event such as a big exam, business presentation, or first date. Anxiety disorders, however, are illnesses that fill people's lives with overwhelming anxiety and fear that are chronic, unremitting, and can grow progressively worse. Tormented by panic attacks, obsessive thoughts, flashbacks, nightmares, or countless frightening physical symptoms, some people with anxiety disorders even become housebound.

Panic Disorder

Panic attacks and panic disorder are actually two separate things. Up to 10 percent of healthy people experience one isolated panic attack per year. Panic attacks also commonly occur to individuals suffering from other anxiety disorders.

A panic attack consists of a discrete period of intense fear or discomfort that is associated to several physical and cognitive symptoms. A panic attack can be an experience of increased heart rate and feelings of being sweaty, weak, faint, or dizzy. The hands may tingle or feel numb and be accompanied by flushed or chilled feelings. Panic attacks can cause nausea, chest pain or smothering sensations, a sense of unreality, or fear of impending doom or loss of control. They can genuinely make a person feel as if they are having a heart attack or losing their mind, or on the verge of death. Attacks generally provoke a strong urge to escape or flee the place where the attack begins and, when associated with chest pain or shortness of breath, frequently results in seeking aid from some type of urgent care facility.

Attacks have a rapid onset, reaching maximum intensity within 10 to 15 minutes. But the attacks rarely last more than 30 minutes. They can occur at any time including during sleep and in some cases can be associated with specific situations or factors. Specific situations or factors are what can lead a person to develop panic disorder.

Panic disorder is diagnosed when a person has experienced at least two unexpected panic attacks and develops persistent concern or worry about having further attacks or changes his or her behavior to avoid or minimize such attacks. A person suffering from panic disorder will slowly restrict his environment to try to protect himself from having future panic attacks. For example, a person who has a panic attack while driving may either avoid driving on that street again or stop driving his car completely. About one-third of people who suffer panic disorder actually develop agoraphobia. This phobia causes people to be afraid of open spaces and/or public places. The individual becomes terrified to leave his home.

Panic disorder affects twice as many women as men. The age of onset is most common between late adolescence and mid-adult life, with onset relatively uncommon past age 50. Children who suffer anxiety syndromes, such as separation anxiety, tend to develop into panic disorder if not treated. The earlier the onset of this disorder, the higher the risk of social impairment and chronic attacks. Panic disorder has been shown to have a familial connection.

Fortunately, panic disorder is one of the most treatable anxiety disorders. The illness can be controlled with medication and focused psychotherapy.

Separation Anxiety Disorder

Some separation anxiety is normal for infants and toddlers to experience. But separation anxiety is not normal for older children and adolescents. If an older child experiences separation anxiety, the child may be developing separation anxiety disorder.

For a separation anxiety to be considered a disorder, it must last at least one month and affect one or more aspects of the child's life. The child can suffer insomnia, dizziness, depression, lack of concentration, nausea, heart palpitations, and may even have nightmares. Separation anxiety causes a child to cling to his parents. The child can actually feel that the parent will be injured, die, or some how removed from the child permanently. This can result in the child shunning school, friends, and any activities that take place outside of the home. The disorder can be over diagnosed in children and adolescents who live in dangerous neighborhoods.

The exact cause of separation anxiety disorder is not known. There are some risk factors that have been associated to separation anxiety in children. Children who suffer from this disorder tend to come from close-knit families. The disorder can develop after an illness, move, or death in the family. The disorder may also have a genetic trait similar to panic disorder, but the precise factors have not been isolated.

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a combination of two issues that can greatly hinder a person's life.

Obsessions are persistent, intrusive thoughts or impulses that are perceived to be inappropriate or forbidden. The obsessions are not like the thoughts that the person normally has and cause the individual a great deal of anxiety. The person's fear lies in the thought that he may lose control and actually act upon his thoughts or impulses. Common themes include contamination with germs, personal doubts, symmetry, or loss of control of sexual or violent impulses.

The acts performed to try to get rid of the obsessions are called the compulsions. The compulsions do not give the person pleasure; instead, they are only a tool the person uses to relieve the anxiety caused by the obsessions. Compulsions are repetitive behaviors or mental acts the person uses to keep the dreaded event from occurring. OCD is equally common in both men and women.

OCD typically begins between adolescence and adulthood for men and in young adulthood for women. The severity fluctuates, but behavior tends to worsen as stress in life increases. Obsessive-compulsive disorder has been shown to have a familial pattern. In studies of identical twins, if one twin has OCD, the other twin is more likely to also have OCD than in cases involving fraternal twins.

OCD can be treated successfully with medication and personalized psychotherapy.

Post-Traumatic Stress Disorder

There are three different types of Post-Traumatic Stress Disorder (PTSD). Each type is defined by its individual timeline. Acute PTSD symptoms last less than three months. Chronic PTSD symptoms last for three months or more. Delayed onset PTSD does not produce any symptoms until at least 6 months after the traumatic event occurred.

Post-traumatic stress disorder is a debilitating condition that develops after a terrifying experience or event. Such extreme traumatic events include rape or other severe physical assault, near-death experiences in accidents, witnessing a murder or violent attack, combat, and even natural disasters. People suffering from PTSD have persistent frightening thoughts and memories of their ordeal. The victim can also suffer sleeping disorders and persistent nightmares. They experience dissociation, which is characterized by a sense of the world as a dreamlike or unreal place and may be accompanied by poor memory of the specific events. In severe form, this dissociation is known as dissociative amnesia. Other symptoms of PTSD include generalized anxiety and hyper arousal; avoidance of situations or stimuli that

elicit memories of the trauma; and persistent, intrusive recollections of the event via flashbacks, dreams, or recurrent thoughts or visual images. The flashbacks can even include sounds, smells, or feelings of the event, and make the sufferer feel that he is reliving the traumatic event regardless of his surroundings.

In the general population, women suffer from PTSD at rates about twice as high as men. When exposed to extreme trauma, about 1 person in 10 will develop some form of post-traumatic stress disorder. About 50 percent of the victims will recover from PTSD within the first six months, but in others the disorder can last much longer. Without treatment PTSD may become chronic and dominate the person's life.

Social Anxiety Disorder and Specific Phobias

Social phobia (social anxiety disorder) describes people with marked and persistent anxiety in social situations, including performances and public speaking. A person with social phobia has a persistent, intense, and chronic fear of being watched and judged by others, and being embarrassed or humiliated by their own actions. Adults will recognize that their fear is unreasonable, but they experience great discomfort and even dread if they are exposed to such social situations. The external symptoms will appear to others as just anxiety (jittery, sweating, speech problems, etc.), but these do not indicate the terror and internal turmoil the person is going through. The anxiety will actually begin weeks or even months before the social event is to take place. Social phobia can be very debilitating. It may even keep people from going to work or school on some days. Many people with this illness have a hard time making and keeping friends. Once a person develops a social phobia, complete recovery is very unlikely without professional treatment.

Specific phobias are characterized by marked fear of specific objects or situations that poses little or no actual danger. Phobias are not just extreme fear, they are irrational fear. Experiencing, viewing an image, or even just thinking about a feared object can cause panic attacks and extreme anxiety. Phobias usually appear during childhood and persist into adulthood. Most people with phobias will tend to avoid any situation that confronts their fear; and for some people, such avoidance can alter their lifestyles, careers, or even be disabling.

Women tend to suffer phobias at twice the rate as men, with approximately eight percent of all adults having at least one phobia. While the exact causes of phobias are not known, studies have shown that they are not induced by just one traumatic event. Evidence also suggests that phobias may run in families and are then socially or vicariously learned. Specific phobias are highly treatable with therapy.

Generalized Anxiety Disorder

Generalized Anxiety Disorder (GAD) is defined by an extended period of anxiety and worry, accompanied by multiple associated symptoms. The period of time must be at least 6 months. Associated symptoms can be fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, insomnia, and dizziness. People afflicted with GAD have problems relaxing and are not able to concentrate. Unlike other types of anxiety disorder, generalized anxiety has no defined focus. The anxiety is the result of worries and fears touching on several aspects of the person's life including work, relationships, finances, family, even the person's own health.

Generalized Anxiety Disorder occurs twice as often in women as men, and does seem to have a genetic component. GAD can be treated with medication, but rarely occurs alone. Generalized Anxiety Disorder is usually accompanied by another type of anxiety, drug or alcohol abuse, or depression.

Treatment

All of the anxiety disorders covered in this module can be successfully treated with current methods. Whether combined or used separately, drug therapy and psychotherapy have been shown to help people dealing with anxiety disorders. No one method works with everybody, so doctors and patients can select specific methods suited to the individual. Prior to beginning a treatment plan, the patient should undergo a thorough diagnostic evaluation. The evaluation should verify the type of anxiety disorder that the patient is suffering from, identify any other disorders the patient has, and determine if there have been any prior treatments for the disorders.

Psychotherapy

Psychotherapy has evolved in the past several decades from merely exploring a person's unconscious thoughts into addressing ways of actually coping with anxieties. These newer therapies emphasize cognitive and behavioral assessment and interventions. The focus of cognitive behavioral therapies (CBT) evaluate the cause-and-effect relationships between thoughts, feelings, and behaviors. The therapy gives and works through strategies to lessen symptoms, as well as increasing exposure to the anxiety-provoking situations. With the therapist's guidance, the patient can be shown that the feared situations are not so life-threatening and can develop coping skills. The process gradually increases exposure to a set of stimuli as the patient's coping skills increase and the patient learns how to address the situations.

An example of a therapy for panic disorder is teaching a person to recognize the early signs of a panic attack and instructing the person how to use breathing exercises to help remain calm. The effectiveness of CBT depends on how well the patient follows what is learned and how experienced the therapist is at working with the patient's type of disorder. If one approach of CBT does not work for a patient, the odds are that another approach will. The methods will need to be targeted to address the patient's particular set of anxieties. Psychotherapy and drug therapy may be also used together.

Drug Therapy

Medications alone will not cure an anxiety disorder. Their purpose is to alleviate or control the symptoms associated with a disorder so the sufferer can lead a normal life. This page will give a small overview of the different classes of medications available for treating anxiety disorders.

Benzodiazepines - This class of drugs react quickly in the body and are good anti-anxiety medicines. Different drugs in this class work well for treating social phobia, panic disorder, and generalized anxiety disorder (GAD). This class of drugs does not work well for treating obsessive-compulsive disorder (OCD) or post-traumatic stress disorder (PTSD). The drugs cannot eliminate the symptoms of these two disorders. Benzodiazepines can be prescribed at different strengths to allow a longer duration of their effects. Problems associated with benzodiazepines are that they are habit-forming and patients can develop a tolerance to them. Due to the addictive nature of the drugs, they are not recommended for patients with other drug abuse issues.

Azipirones - Azipirones are a newer class of anti-anxiety drugs. They work very well at treating GAD but do not function well for treating panic disorders, OCD, or PTSD. Azipirones are less habit-forming than Benzodiazepines but require several weeks of consistent medication to function therapeutically. Possible side effects are dizziness, nausea, and headaches.

Antidepressants - Most antidepressant medications have substantial anti-anxiety and anti-panic effects in addition to their antidepressant action. A large number of antidepressants also have anti-obsession effects. Tricyclic antidepressants (TCAs) have been used for a long time as antidepressants and actually helped doctors to differentiate between different types of anxiety disorders. TCAs have side effects such as drowsiness, nausea, weight gain, and dizziness. Due to these effects most doctors now prescribe selective serotonin reuptake inhibitors (SSRIs) to their patients. SSRIs have been shown effective against all types of anxiety disorders. Their dosage also starts out low and can be increased until the patient's individual level is determined. SSRIs have some possible side effects but these tend to be fewer than TCAs. TCAs are still in use because some patients who do not respond to SSRIs will respond well to TCAs.

It is important to note that if a patient is suffering from side effects of their medication, they need to discuss the effects with the doctor. The doctor can try switching the patient to a different medication. Individual patients will respond differently to the various medications available.

Beta-blockers - Beta-blockers are used to treat heart conditions but they have also been found to be helpful in treating some forms of anxiety disorder, particularly social phobia. Prior to a patient encountering a known anxious situation, a beta-blocker can be taken to alleviate some of the physical

symptoms that would occur. Beta-blockers can help prevent the heart from racing, the resulting trembling in the limbs, and other associated affects.

© 2012 Arizona Supreme Court. All Rights Reserved.
For permission to reprint/republish this article, please email casa@courts.az.gov