

Anxiety – Information Sheet

What Is Anxiety?

Anxiety is a term that describes a normal emotion that people experience when they face a ‘perceived’ or real threat. This threat can be physical (e.g. a car screeching to a stop behind ours at the traffic lights) or psychological (e.g. our colleague frowning while reading a project we have just finished). When problems with anxiety lead to major impacts on a person’s life, it may be diagnosed as an, ‘anxiety disorder’, which is a temporary condition and treatable. Anxiety can stop people from living their lives fully, making new changes, and asking for what they want or need.

How common are Anxiety Disorders?

Research findings show that:

- Almost 1 in 5 Australians (17.7 % of the population) experience a mental disorder and Anxiety Disorders are the most common
- Around 10% of adults are affected by anxiety disorders at some point in their life, and females are more likely than males to be affected
- Anxiety disorders represent the most common form of psychological distress in childhood and youth.

Why learn about anxiety?

Anxiety Disorders can have a significant impact on a person’s thoughts, feelings and behaviour such as:

- Feeling constantly wound up & ‘on edge’
- Feeling irritable
- Feeling physically unwell
- Difficulty concentrating & making decisions
- Difficulty with relaxing or sleep routine
- Constant worrying and unable to ‘switch off’ unpleasant thoughts
- Difficulty going out, mixing with people
- Having a negative outlook on yourself & the future.

Having a clear understanding of anxiety disorders and treatments, including how to better manage the symptoms, can reduce the impact of anxiety on your quality of life.

The role of the Fight or Flight Mechanism:

Irrespective of the type of threat we face, our automatic, protective survival instinct is activated and this produces the ‘fight or flight response’. The fight or flight response results in our involuntary nervous system releasing hormones such as adrenaline to send messages to our body about the need for urgent action. Once this physical response is activated we are ready to respond to the threat by ‘fight’ (tackling it head on) or ‘flight’ (fleeing from the threat). A third, less common, response termed ‘freeze’ occurs when we are so overwhelmed we are unable to respond (become indecisive).

Common signs of the body’s preparation to respond are displayed in Figure 1.

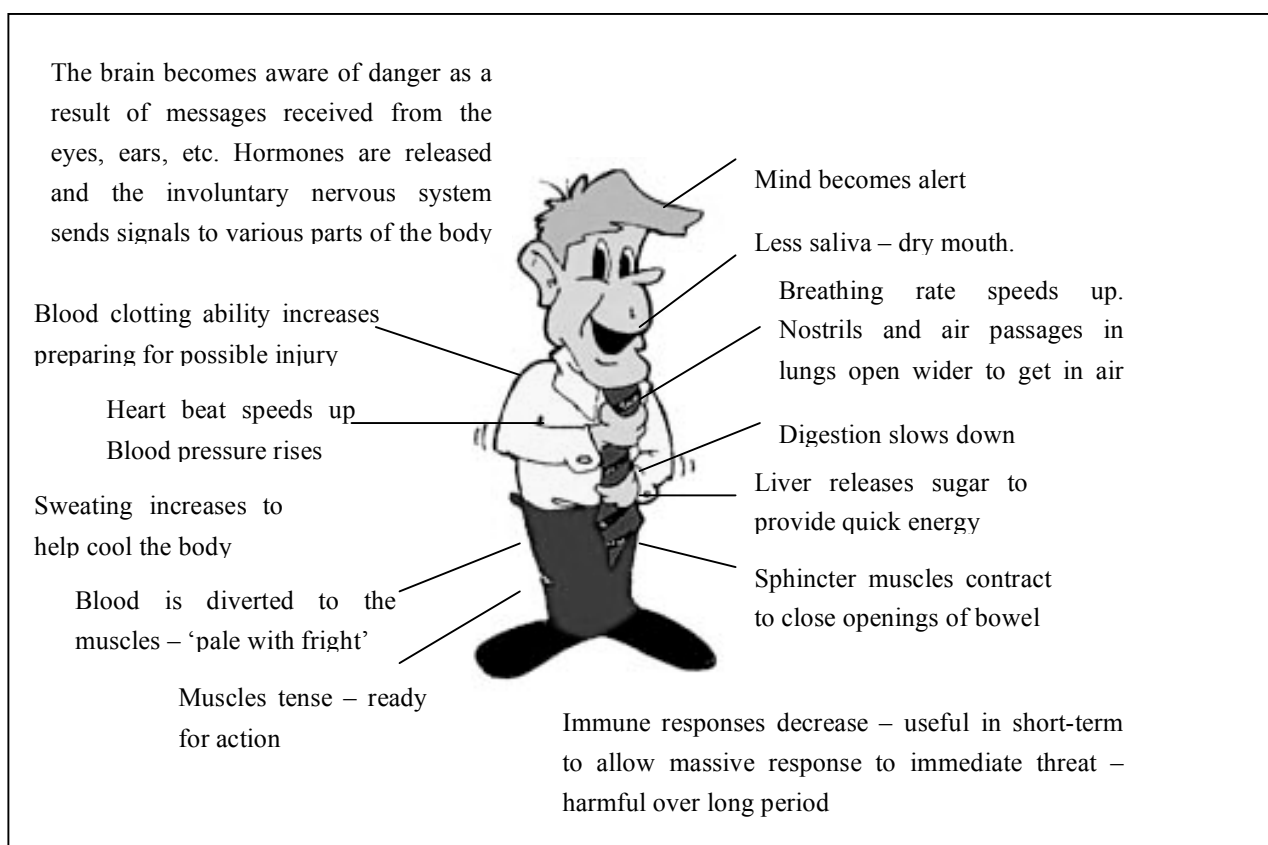


Figure 1: (Adapted from *Patient Treatment Manual* Clinical Research Unit for Anxiety Disorders St. Vincent’s Hospital, Sydney. 1999)

In primitive times this response helped us to survive against very present, very real physical threats (e.g. being eaten by a predator). However in the modern world we face fewer physical threats to our survival. In fact, most of the threats that we deal with on a day-to-day basis are psychological in nature. Our fight or flight mechanism is therefore activated by things such as: the perception of negative judgment or criticism from others; rejection; embarrassment; failure or loss of control. In these situations it is rarely appropriate to fight (e.g. punch the boss or be aggressive because they frowned while reading our project) or flight (e.g. run out of the office because the boss is frowning). As a result of the body’s physical response we are left with uncomfortable physical sensations (e.g. dizziness; heart palpitations; hyperventilation). For some people these are

so uncomfortable or scary that they end up finding ways to avoid being in situations that might lead to these feelings (e.g. call in sick on the day the boss is to review a project).

For those of us who are vulnerable to anxiety, continued avoidance can lead to an exaggeration of the perception, or thoughts, that the threat is real. This means that you may start to expect that the worst will happen e.g. you might believe that if your boss doesn't like your project you will be fired. In these situations, the fight or flight response can become too sensitive, like a car alarm that is triggered by the slightest brush against the car. You may find that you are becoming anxious in situations where other people would not feel anxious. This could indicate an Anxiety Disorder and might be worth you exploring further.

What causes an Anxiety Disorder?

For each person who experiences anxiety there may be different underlying causes or contributing factors. These can include:

Environmental Factors	High stress levels can exacerbate or sometimes cause anxiety. If we are always on alert and ready to respond to threats it increases the sensitivity of our fight/flight response. Contributory environmental factors may include social isolation, traumatic events, physical illness, excessive alcohol or illicit substance use.
Genetic Factors	People who have a close relative with an anxiety disorder have a greater chance of developing it compared to the general population.
Biochemical Factors	Anxiety can also be the result of a chemical imbalance in the brain i.e. not enough serotonin.
Personality Factors	Some people tend more towards worry and therefore may be more prone to developing an anxiety disorder.
Depression	A large proportion of people diagnosed with clinical depression also report symptoms of anxiety, and a number of symptoms of depression are similar to those of anxiety (eg. sleep disturbance; physical aches & pains; physical agitation; restlessness).

Types of Anxiety Disorders

The type of Anxiety Disorder depends on the underlying focus of the fear (e.g. social situations; contamination; worry about everything). It is possible to experience more than one Anxiety Disorder at the same time:

- ***Generalised Anxiety Disorder*** - The individual experiences excessive, uncontrolled worry & anxiety about everyday situations & events. They are often apprehensive that bad things will happen to themselves & loved ones (e.g. financial disasters; serious health problems; interpersonal conflict). The impact of this disorder is extensive, as the person is likely to worry about most situations. For this reason they can find it difficult

to get to sleep and physically it may manifest as headaches and stomach aches.

- ***Agoraphobia*** - The fear of being in places or situations from which it may be difficult or embarrassing to escape, or that help may be unavailable if required. This can result in avoidance of supermarkets & shopping centers, crowds, confined spaces, public transport, lifts, motorways or tall buildings. This can lead to problems with isolation, employment & activities such as shopping & driving.
- ***Panic Disorder*** - The occurrence of panic attacks in ordinary, everyday situations. A panic attack is a sudden onset of intense anxiety or terror where the person experiences heart palpitations, shaking, the sensation of shortness of breath & tightness in the chest, chills/hot flushes & light headedness. The individual may have an overwhelming feeling of fear with thoughts of loss of control or death during the attack. These symptoms may be mild or severe & may last a short or long time. The person will often avoid situations where they are afraid they may have another episode, leading to the development of panic disorder with agoraphobia.
- ***Specific Phobia*** - An overwhelming & irrational fear about a specific object or situation (e.g. heights; spiders; water; dust). The intense feelings of fear & anxiety are not experienced until the person encounters the object or situation, so the individual learns to avoid the 'triggers' of their anxiety in attempt to control their feelings. Unfortunately, this coping strategy only serves to cement the irrational fear, making it more difficult to confront & the person more likely to avoid the object or situation.
- ***Social Phobia*** - A persistent fear of being humiliated or embarrassed in social situations which can lead to panic. The individual believes that in the company of others they will act inappropriately, be judged negatively & cause ridicule to themselves. This can result in avoidance of situations where the person believes there is the potential for the fear to occur. For example some people stop eating, drinking or speaking in public and gradually isolate themselves.
- ***Obsessive Compulsive Disorder (OCD)*** - A condition where the individual experiences constant, unabated & unwanted thoughts (obsessions). These obsessions result in intense feelings of anxiety & panic. In an attempt to control the thoughts & reduce the anxiety, the person engages in elaborate & repetitive rituals (compulsions), which may consist of hand washing, checking or counting tasks. These compulsions are often very time consuming & impact significantly on daily functioning.
- ***Post-Traumatic Stress Disorder (PTSD)*** - An anxiety condition where the person re-experiences the fear & terror of a traumatic life event after the situation has passed. The individual re-experiences the traumatic event through distressing thoughts, flashbacks (sensory hallucinations of the event), nightmares, acute physical anxiety symptoms & hyper arousal (e.g. being excessively alert and jumpy to loud noises). The person is likely to avoid any situation or stimulus that could possibly act as a 'trigger' to these thoughts & feelings. This often results in extreme isolation and can impact on daily functioning.

What treatments are available for Anxiety Disorders?

(a) Medication

Antidepressant medication is often prescribed to help reduce the overwhelming feelings of anxiety & panic as well as to treat depression, which is commonly an underlying condition that exacerbates the anxiety symptoms.

The most commonly prescribed antidepressants to treat anxiety are the SSRI's (Selective Serotonin Re-uptake Inhibitors). The SSRI's are the newest of the antidepressants & examples include: sertraline (Zoloft); citalopram (Cipramil); paroxetine (Aropax); fluvoxamine (Prozac); fluvoxamine (Luvox).

Benzodiazepines can be used to help relieve acute anxiety symptoms & to facilitate sleep. However, they are prescribed with care & are for short-term use only as they can be highly addictive as well as having adverse effects such as drowsiness as well as impaired memory & coordination. Examples are diazepam (Valium), alprazolam (Xanax) & oxazepam (Serepax).

(b) Psychological support such as Cognitive Behavioral Therapy (CBT)

There is a common misperception that situations cause us to feel the way we do. CBT challenges this myth and instead operates on the premise that situations can contribute but they DO NOT cause us to feel and respond in a particular way. If that were true then everyone experiencing the same situation would feel and respond in exactly the same way, which doesn't happen. For example, a pass grade on a group assignment might elicit feelings of failure in one person (behaviour = withdrawal), relief in another (behaviour = celebration) and anger in another (behaviour = shouting/blaming others). According to CBT the differences in our emotional and behavioural reactions are a direct result of our perceptions or thoughts about the situation. CBT helps us to identify & correct any negative, irrational thoughts that are unhelpful & which can exacerbate symptoms of anxiety & depression. The aim is realistic thinking NOT positive thinking.

In anxiety unhelpful thoughts tend to be catastrophic i.e.

- (a) **exaggerate** the likelihood of the worst possible outcome.

"I'm not going to have enough time to prepare properly." "It'll be wrong." "I'll fail the test." "I'll develop a fatal illness."

- (b) **underestimate** their ability to cope:

"I'm just not good enough to succeed at this." "I'll just fall apart."

CBT is not just about changing your unhelpful thinking patterns. It also looks at changing those behaviours that can maintain or exacerbate anxiety such as avoidance. While avoidance seems to help in the short term, the drop in anxiety that it produces means it serves to reinforce or support fears in the long term. For example, if you call in sick to avoid seeing the frown you are convinced

you will see on your boss's face as he looks at your project, you will avoid the uncomfortable anxiety feeling. However, next time you are in the same situation you will probably feel and react the same way because you never found out that your boss thinks your effort is satisfactory, or that his frown actually means he is concentrating, or that you do not lose your job just because he is unhappy with one project.

Essentially the only way to overcome your fear is to face it. This is not just about going into situations you are scared of. This is also about recognizing all the small subtle ways you may be avoiding and therefore maintaining the anxiety when you are in the situation e.g. if you are invited to a party and would normally make an excuse not to attend because you have fearful thoughts (about looking like an idiot, or that you will stand alone in a corner while everyone else mingles), it might look like you are facing your fear if you actually go to the party. However, if you go but you don't change your avoidant behaviours and stand inconspicuously in a corner and only answer people who approach you with yes or no answers, your thoughts may actually come true. For this reason it is important to change not just your thinking, but also those behaviours that may be unhelpful.

These can be so ingrained that we can't identify them and therefore having the help of a psychologist who can help explore these with us is a good idea. The other important thing is that they can help set us up to gradually start facing our fears rather than the unhelpful situation of setting ourselves too big a challenge and finding we are overwhelmed and distressed.

(c) Reading and Learning about Anxiety

Books

- Living With IT: A Survivor's Guide To Panic Attacks – Bev Aisbett
- Living It Up: The Advanced Survivor's Guide To Anxiety-Free Living – Bev Aisbett
- Overcoming Shyness And Social Phobia- Ron Rapee

Websites

- www.beyondblue.org.au/
- www.anxieties.com
- <http://www.anxietyaustralia.com.au/>

Help/Information Lines

- Beyondblue info line (National) - 1300 22 4636
- Shyness & Social Anxiety Service (National) - 1300 760 072
- Panic and Anxiety Disorders Association Queensland Inc. (QLD) (07) 3353 4851
- GROW Support Groups (National) - 1800 558 268
- Association of Relatives and Friends of the Mentally Ill (ARAFMI): QLD - (07) 3254 1881