

# ANXIETY

## What is Anxiety?

Anxiety is the automatic physiological and physical changes that occur in response to perceived threat or danger. On awareness of danger, the involuntary nervous system sends immediate messages throughout our body, to either 'fight' (tackle the situation head on) or 'flight' (flee from the situation). This 'fight or flight' response is characterised by:

- Alert mind
- Increased heart rate and blood pressure
- Increased breathing rate
- A feeling of fear or apprehension
- Trembling, shaking or a feeling of restlessness
- Sensory changes (ie- feeling cold, clammy, chills or hot flushes)
- Feeling nauseous or butterflies in the stomach

The anxiety response can be very useful in the short term to deal with dangerous or stressful situations. However, if this reaction does not subside when the threat passes, or is exaggerated, it can be counterproductive and disabling to the individual.

The experience of an anxiety disorder has a significant impact on a person's thoughts, feelings and behaviours, including:

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

## Why learn about Anxiety?

Having a clear knowledge and understanding of:

- Anxiety Disorders;
- Treatments; and
- How to better manage anxiety symptoms.

can lead to greater personal control over the anxiety, thus reducing its impact on quality of life and life roles. This process of acquiring knowledge and increasing understanding of mental illness and related issues is referred to as **psychoeducation**.

## How common are Anxiety Disorders?

Anxiety disorders are one of the most common mental disorders, with one in four people experiencing some form of anxiety disorder over their lifetime. People can experience anxiety at any time in life, but it is more commonly diagnosed in early adulthood.

## What Causes an Anxiety Disorder?

Causes of an anxiety disorder vary, but are thought to include the following:

- **Environmental Factors**  
It is believed that high stress levels can exacerbate or sometimes cause anxiety. Contributory environmental factors may include social isolation, traumatic events, physical illness, excessive alcohol or illicit substance use.
- **Depression**  
There is a strong link between depression and anxiety. 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 and pains, physical agitation & restlessness).
- **Genetic Factors**  
Research indicates that genetics can influence the development of an anxiety disorder. 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 is associated with a chemical imbalance in the brain that can be minimised with the use of certain medications, in conjunction with behavioural treatment strategies.
- **Personality Factors**  
It is thought that people with specific personality types (eg- nervous, emotional, tend to worry excessively) may be more prone to developing an anxiety disorder under certain circumstances.

## What are the Different Anxiety Disorders?

- **Generalised Anxiety Disorder**  
The individual experiences excessive worry and anxiety about everyday situations and events. They are often apprehensive that bad things will happen to themselves and loved ones (eg – financial disasters, serious health problems, interpersonal conflict). The impact of this disorder is extensive, as the person is likely to worry about most situations and life roles.
- **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. Such circumstances may include supermarkets and shopping centres, crowds, confined spaces, public transport, lifts, motorways or tall buildings. The fear of encountering such a situation is so great that the person tends to avoid them altogether, leading to problems with isolation, employment, and activities such as shopping & driving.
- **Panic Disorder**  
The occurrence of panic attacks in ordinary, everyday situations. A panic attack is an extreme episode of anxiety where the person experiences racing heart, shaking, the sensation of shortness of breath and tightness in the chest, chills or hot flashes and light headedness. These symptoms may be mild or severe, and may last a short or long time. The individual may have an overwhelming feeling of fear with thoughts of loss of control or death during the attack. 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 and irrational fear about a specific object or situation (eg - heights, spiders, water and dust). The intense feelings of fear and 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 and the person more likely to avoid the object or situation.
- **Social Phobia**  
A persistent fear of inability to perform in social situations, leading to overwhelming anxiety and panic. The individual believes they are flawed and under constant scrutiny. In the company of others they feel they will act inappropriately, be judged negatively and cause ridicule to themselves. The person is often perfectionistic, has limited interaction in company (eg - eating, drinking or speaking in public) and will gradually withdraw from social activity.
- **Obsessive Compulsive Disorder (OCD)**  
A condition where the individual experiences constant, unabated and unwanted thoughts (obsessions). These obsessions create prolonged feelings of anxiety and panic. In an attempt to control the thoughts and reduce the anxiety, the person engages in elaborate and repetitive rituals (compulsions), which may consist of handwashing, checking or counting tasks. These compulsions are often very time consuming and impact significantly on daily functioning.
- **Post-Traumatic Stress Disorder (PTSD)**  
An anxiety condition where the person re-experiences the fear and terror of a traumatic life event after the situation has passed. The individual re-visits the traumatic event in experiencing symptoms of distressing thoughts, flashbacks (sensory hallucinations of the event), nightmares, acute anxiety and hyperarousal. Due to the extreme distress caused by these symptoms, the person is likely to avoid any situation or stimulus that could possibly act as a 'trigger' to these thoughts and feelings. This often results in extreme isolation and functional disability.

### **Recovery**

Recovery is described as a "journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness; and living well despite any limitations resulting from the illness, its treatment, and personal and environmental conditions". It is very important for you to be an active participant in your recovery journey working closely with the treating team (doctor, case manager and others) to develop your strengths assessment and goal plan which are tools that can guide your recovery. A Framework of recovery ensures that hope, respect and pathways to community participation are incorporated into the day to day activities of rehabilitation programmes.

### **Who is involved in my treatment?**

Case managers come from a range of backgrounds and qualifications. A case manager could be a psychologist, social worker, occupational therapist or mental health nurse.

A **case manager** will work collaboratively with you and your family to:

- Provide information about anxiety;
- Provide individual support and therapy that will help recovery. Eg. learning practical ways to prevent further episodes, such as stress management;
- Identify other goals that are important to you in recovery; and

- Identify and introduce services within and outside RBWH that may be able to help with your goals. For example, education, money matters, managing substance use, accommodation or employment.

You will also be seen by a **psychiatrist** (a doctor who is specifically qualified in treating mental illness). The doctor has an important role in:

- Clarifying the type of disorder that you are experiencing;
- Making sure that the disorder isn't caused by any physical illness; and
- Developing plans for treatment and monitoring recovery in conjunction with the case manager and yourself.

### **What Treatments are Available for Anxiety Disorders?**

The treatment plan is in line with the framework of recovery being a "journey toward a new and valued sense of identity, role and purpose outside the parameters of mental illness; and living well despite any limitations resulting from the illness, its treatment, and personal and environmental conditions". It is very important for you to be an active participant in your recovery journey working closely with the treating team (doctor, case manager and others).

#### **1. Medication**

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

The most commonly prescribed antidepressants to treat anxiety are the SSRI's (Selective Serotonin Re-uptake Inhibitors). These include sertraline (Zoloft), citalopram (Cipramil), paroxetine (Aropax) and fluoxetine (Prozac).

Benzodiazepines can be used to help relieve acute anxiety symptoms and to facilitate sleep. However, they are prescribed with care and for short term use only as they can have adverse effects including drowsiness, impaired memory and coordination, and addiction with prolonged use. Examples are – temazepam (Normison), diazepam (Valium), alprazolam (Xanax) and oxazepam (Serepax).

#### **2. Rehabilitation**

The aim of treatment is to provide practical support and guidance and may include assistance from case managers, as well as referral to community organisations or other programs.

##### **Cognitive Behavioural Therapy (CBT)**

CBT helps individuals to identify and correct negative, irrational thoughts that are unhelpful and may exacerbate symptoms of anxiety and depression. By learning to think about life situations in a more realistic and constructive manner, people are more able to cope with the day to day challenges they face, and learn to better control how they react to given circumstances. CBT may be taught in an individual or group environment, and can assist with overcoming specific anxieties through the use of problem solving, goal planning and the implementation of desensitization strategies.

##### **Education and Skills Training**

In order to reduce residual symptoms, and promote recovery, other rehabilitative services may be provided, including: stress management, graded exposure, employment programs, social skills training, structured activity, relaxation training, financial/ budgeting interventions, encouraging maintenance of physical health and social supports. Education and information is provided about a variety of issues, such as symptom management, relapse prevention, medical treatments or family education.

### What Helps a Person Better Manage Anxiety?

- Understanding the illness, taking medication and actively participating in therapy/interventions to improve coping strategies.
  - Learning how to recognise the onset of anxiety symptoms and utilising behavioural strategies to lessen the intensity.
  - Maintaining regular routines and activities including sleep, exercise and enjoyable activities.
  - Reducing alcohol and other drugs, as well as stimulants such as sugar and caffeine.
  - Support networks - friends, family, treating doctor and community services
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**Further Information**

<b>Association for Relatives &amp; Friends of the Mentally Ill (ARAFMI)</b>	(07) 3254 1881
<b>Mental Illness Fellowship</b> www.mifq.org.au	(07) 3358 4424
<b>Panic Anxiety Disorder Association Qld</b>	(07) 3353 4851
<b>Anxiety Disorders Foundation of Australia Inc</b>	(08) 8373 2258
<b>Mental Health Association of Queensland (MHAQ)</b>	(07) 3271 5544

<b>Relationships Australia</b>	1300 364 277
<b>Lifeline</b>	13 11 14

<b>Beyondblue</b> www.beyondblue.org.au Information on depression, anxiety & bipolar disorder. www.youthbeyondblue.com Beyondblue's website for young people	1300 22 4636
<b>SANE</b> www.sane.org Information on anxiety and other mental disorders	1800 187 263
<b>Clinical Research Unit for Anxiety &amp; Depression</b> www.crufad.unsw.edu.au Self help for those troubled by anxiety & depression and information for clinicians	
<b>Blue Pages</b> www.bluepages.anu.edu.au Scientific evidence on interventions for depression	
<b>Psych Central</b> www.psychcentral.com Online mental health network providing information and self-help support communities	
<b>Mental Health Matters</b> www.mental-health-matters.com Articles on anxiety and other mental disorders	
<b>Anxieties.com</b> www.anxieties.com Anxiety self-help website	
<b>Anxiety Network International</b> www.anxietynetwork.com Information and help for social anxiety, panic, and generalised anxiety	
<b>Mental Help Net</b> www.mentalhelp.net mental health education and provides scientifically accurate and up-to-date coverage of mental health and illness topics	