



## **Anxiety: What is it and what to do about it**

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***“There is nothing to fear but fear itself.”***

Franklin D. Roosevelt said this in his first inaugural address in 1933, speaking of The Depression and the country’s prospect of turning the U.S. economy around. It still seems fitting during current times, where fears of layoffs, bankruptcy, H1N1 flu, and terrorist attacks still abound. Everyone experiences worry related to the stressors of living everyday life in this complex world. But for some people, the worry becomes so severe and chronic that it progresses to an Anxiety Disorder requiring treatment.

### **Some thoughts about Fear and Anxiety?**

Fear is a reaction to a real, objective threat involving risk of life or physical harm. It is meant to protect us when there is real danger. Anxiety occurs when a danger “might be.” It is a state of feeling worried, uneasy, apprehensive or filled with dread about something that might happen. It is a false alarm of danger. And it feels very uncomfortable.

Though they may feel uncomfortable, anxiety and fear are very helpful responses. The human race might not even exist if it were not for these hard-wired responses to danger and threats. Anxiety and fear prepare us to act. Both produce a “fight or flight” response within our bodies. This reaction may include muscle tension, increased heart rate, and shortness of breath. This is how the body prepares to either fight off the danger or flee. However in today’s world we usually can’t run away or physically fight the perceived threats we experience.

Some people are at a higher risk to developing an anxiety disorder than others. Research has shown that heredity, brain chemistry, life experiences and personality can play a role in the development of an anxiety disorder. Anxiety disorders cause such distress that they disrupts a person’s functioning.

### **Common types of Anxiety Disorders:**

- Generalized Anxiety Disorder (GAD)
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Specific Phobias
- Social Phobia
- Post-Traumatic Stress Disorder (PTSD)
- Separation Anxiety (children)



### **Generalized Anxiety Disorder (GAD)**

Have you ever heard someone described as a “worry wart?” People with GAD worry excessively about numerous life areas such as work, health, money, family, school, etc. Their anxiety occurs nearly every day for a period of at least six months. Even though they may recognize that their worry is more intense than the situation seems to warrant, they have trouble controlling it. They have trouble relaxing, startle easily, and may have difficulty concentrating. Often their sleep is disturbed and they may have physical symptoms such as muscle tension, headaches, nausea, and fatigue.

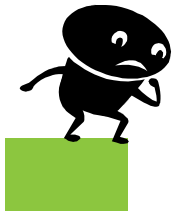
### **Obsessive-Compulsive Disorder (OCD)**

People with OCD struggle with persistent intrusive thoughts (obsessions) that they recognize are inappropriate but which create marked anxiety or distress. They attempt to ignore or suppress these obsessions or may use rituals (compulsions) to try to control the anxiety that these thoughts produce. For example, a person who is obsessed with germs may wash their hands constantly, or someone obsessed with keeping things in perfect order may repeatedly check things, touch things in a particular sequence or count things. Some even have frequent thoughts of violent behavior or harming loved ones. Hoarding unneeded items is also a form of OCD.



### **Panic Disorder**

Someone who suffers from Panic Disorder experiences intense fear or discomfort that seems to hit them out of nowhere. They may feel as if they are having a heart attack and end up in the Emergency Room of their local hospital. Physical signs include heart racing/pounding, sweating, trembling, shortness of breath, choking sensation, chest pain, nausea, dizziness, fear of going “crazy,” losing control or dying. Once someone has experienced one or more panic attacks, they may begin to avoid the places or situations where panic attacks have occurred. Without treatment, panic disorder can progress to agoraphobia, which is characterized by the fear of having a panic attack in a place where escape might be difficult or embarrassing. Agoraphobia can become so severe that the person may be unable to leave their home.



### **Specific Phobias**

A specific phobia is an intense irrational fear of something that actually poses little or no threat. Some of the more common phobias are fear of heights, flying, closed-in places, animals, highway driving, bridges, tunnels, or seeing blood. The phobic situation is either avoided or endured with intense anxiety and distress.

### **Social Phobia**

Individuals with social phobia become overwhelmingly anxious and self-conscious in social situations. They fear being watched and judged by others and worry that they will do something embarrassing or humiliating. When in the social situation, the person may experience physical symptoms such as blushing, sweating, trembling, nausea and difficulty talking. The anxiety may begin days or weeks before the dreaded event and interferes with their normal activities. Social phobia can be limited to one situation (i.e. speaking in front of others) or may be broad such that the person has trouble in almost all situations involving interacting with other people.

### **Post Traumatic Stress Disorder (PTSD)**

This disorder can develop after exposure to a traumatic event such as violence, physical or sexual abuse, war, natural disasters or any incident involving serious threat of physical harm to oneself or one’s loved ones. People with PTSD may repeatedly relive the trauma through flashbacks and nightmares. They also attempt to avoid reminders of the trauma and may feel detached from others. Other symptoms include startling easily, feeling emotionally numb, and having trouble sleeping and concentrating. Some have angry outbursts or feel hopeless about the future. While many individuals exposed to a trauma may experience some of these same symptoms, the symptoms must last more than one month to be considered PTSD.

### **Separation Anxiety**

Children with Separation Anxiety experience severe, persistent anxiety about being separated from home or their parents. The anxiety must be severe enough to interfere with normal activities. The child generally shows distress when separated from parents, and worries that the parents may suffer harm when away from the child. When separated, the child may have nightmares and sleep problems. Physical symptoms such as nausea, headaches and abdominal pain may occur before or during times of separation.

Children with this condition are often refuse or are very reluctant to go to school or elsewhere without their parents. They may also have trouble going to sleep alone or have nightmares about being separated from their parents.

### **Treatment for Anxiety Disorders**

Anxiety disorders are real, serious, and treatable. If symptoms of an anxiety disorder are present, it is important to rule out any other medical problems by having a thorough medical exam by your primary care physician. If no physical illness is found, you may be referred to a psychiatrist, psychologist, social worker or other mental health professional who is specially trained to diagnose and treat anxiety. Your Employee Assistance Program (EAP) can also help by conducting an assessment and referring you to a local practitioner who can provide treatment.



The vast majority of people with an anxiety disorder can be helped with professional care. Success of treatment varies among people. Some may respond to treatment after a few months, while others may need longer. Treatment is sometimes complicated by the fact that people may have more than one anxiety disorder or suffer from depression or substance abuse. This is why treatment must be tailored to the individual. Although treatment is individualized, several standard approaches have been proven effective. Therapists will generally use one or a combination of these therapies.

#### **Cognitive-Behavioral Therapy (CBT)**

Many therapists use a combination of cognitive and behavior therapies, often referred to as CBT. As the name suggests, cognitive-behavioral therapy focuses on thoughts—or cognitions—in addition to behaviors. When used in anxiety disorder treatment, cognitive-behavioral therapy helps you identify and challenge the negative thinking patterns and irrational beliefs that are fueling your anxiety. When a person changes thinking and behavior, emotional changes usually follow.

#### **Relaxation**

Relaxation techniques help people cope more effectively with the stresses and physical symptoms that contribute to anxiety. Common techniques are deep breathing, progressive muscle relaxation, and guided imagery. Practicing meditation and getting regular physical exercise can also be very helpful.

#### **Medication**

Medicines can be very useful in the treatment of anxiety disorders, and are often used in conjunction with one or more of the above therapies. Sometimes anti-anxiety medications, antidepressants, or beta-blockers are prescribed to alleviate severe symptoms so that other forms of therapy can be effective.

#### **Before taking medication for an anxiety disorder:**

- ✓ Ask your doctor to tell you about the effects and side effects of the drug.
- ✓ Tell your doctor about any over-the-counter medications you are using.
- ✓ Ask your doctor when and how the medication should be stopped. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.
- ✓ Work with your doctor to determine which medication and dosage is right for you.
- ✓ Be aware that some medications are effective only if they are taken regularly and that symptoms may recur if the medication is stopped.

### **Resources for Anxiety Disorders**

The following organizations and websites provide additional information about anxiety disorders and treatment.

**Anxiety Disorders Association of America** [www.adaa.org](http://www.adaa.org)

Information, resources and professional education about anxiety disorders.

**Freedom From Fear** <http://freedomfromfear.com>

A national mental health advocacy organization providing education and resources on anxiety disorders.

**MedlinePlus: Anxiety** <http://www.nlm.nih.gov/medlineplus/anxiety.html>

Links and resources on anxiety from the U.S. National Library of Medicine.

**National Institute of Mental Health** [www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml](http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml)

Thorough discussion of symptoms and treatment of Generalized Anxiety Disorder; Obsessive-Compulsive Disorder; Panic Disorder; Post-Traumatic Stress Disorder; and Social Phobia.

**Panic Anxiety Education Management Services** <http://www.healthyplace.com/anxiety-panic/insights-into-anxiety/insights-into-anxiety-homepage/menu-id-1233/>

Comprehensive website providing information on anxiety disorders, panic, and effective treatments.

**Children and Anxiety** <http://www.kidshealth.org/parent/emotions/feelings/anxiety.html>

From the Nemours Foundation, KidsHealth provides families with perspective, advice, and comfort about a wide range of physical, emotional, and behavioral issues that affect children and teens.

### **Books on Anxiety**

Barlow, David [Mastery of your Anxiety and Panic Workbook](#)

Bourne, Edmund [The Anxiety and Phobia Workbook](#)

Burns, David [When Panic Attacks](#)

Hallowell, Ed [Worry: Controlling it and Using it Wisely](#)

Leahy, Robert [The Worry Cure: 7 Steps to Stop Worry from Stopping You](#)

Sheehan, David [The Anxiety Disease](#)

Spencer, Elizabeth DuPont [The Anxiety Cure for Kids: A Guide for Parents](#)

Stein, Murray and Walker, John [Triumph over Shyness](#)

Weeks, Claire [Peace from Nervous Suffering and Hope and Help for your Nerves](#)

Wilson, Reid [Don't Panic: Taking Control of Anxiety Attacks](#)

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Call Solutions Employee Assistance Program  
1-800-526-3485  
[www.solutions-eap.com](http://www.solutions-eap.com)**