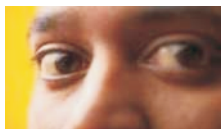


Welcome to our information brochure about Anxiety Disorders compiled by SADAG. The following Anxiety Disorders are discussed inside this brochure in more detail:



Panic Disorder (PD) can cause people to feel terror suddenly and unpredictably. PD can become disabling when people avoid situations they fear may bring on an attack. Panic attack symptoms include rapid pulse, chest pains, shortness of breath, dizziness, nausea, numbness, trembling, and a fear of going crazy or dying. Depression or alcoholism often accompanies PD. Panic Disorder is probably the most common, studied and understood of the anxiety disorders.

Agoraphobia is one of the most disabling anxiety disorders. It is diagnosed when panic attacks cause people to increasingly refrain from normal activities. As such people avoid situations where they fear an attack may occur - in crowds and stores and on bridges and public transportation. They become so restricted, they may not leave their homes.

Social Phobia (SP) is an intense fear of humiliation in social settings, and may cause sufferers to avoid parties, public speaking, eating out, or even signing a cheque in public. Unlike shyness, those with SP can feel at ease around others, yet particular situations, like walking down an aisle, cause intense anxiety.

Obsessive-Compulsive Disorder (OCD) is characterized by rituals, such as washing hands or checking things repeatedly (compulsions), or persistent, unwelcome thoughts, such as fears of committing violent acts, of performing sexual acts repugnant to the person, or of thoughts contrary to the person's religious beliefs (obsessions). Compulsive activities can take an hour or more each day and will interfere with daily life.

Post-Traumatic Stress Disorder (PTSD) can occur after a terrifying event, causing sufferers to have frightening thoughts and memories. Anniversaries of the incident can be difficult and ordinary events can trigger flashbacks or intrusive images. Sufferers may become easily irritated or have violent outbursts. Depression, substance abuse, or anxiety may accompany PTSD.

Generalised Anxiety Disorder (GAD) is exaggerated tension and worry without apparent cause. People with GAD often seem unable to relax or fall asleep and may experience lightheadedness, shortness of breath, nausea, trembling, muscle tension, headaches, irritability, or sweating.



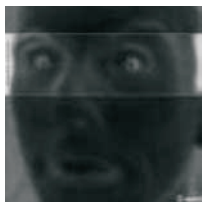
Could it be PANIC DISORDER?

In panic disorder, brief episodes of intense fear are accompanied by multiple physical symptoms such as heart palpitations, dizziness, nausea, tingling, feeling out of breath and chest pains. They can occur repeatedly and unexpectedly in the absence of any external threat. These “panic attacks” are believed to occur when the brain's normal mechanism for reacting to a threat- the so called “fight or flight” response becomes faulty. Most people with panic disorder also feel anxious about the possibility of having other panic attacks and avoid situations in which they believe these attacks are likely to occur. Anxiety about another attack, and the avoidance it causes, makes the condition that much worse.

What are the symptoms of Panic Disorder?

Panic Attacks

Typically, the first panic attack seems to come “out of the blue”, often occurring while a person is engaged in some ordinary activity like driving a car or walking to work. Suddenly, the person is struck by severe frightening and uncomfortable symptoms. These symptoms often include terror, a sense of unreality, and the fear of losing control.



These symptoms usually last several seconds, but may continue for several minutes. The symptoms gradually fade over the course of about an hour. People who have experienced a panic attack can attest to the extreme discomfort they felt and to the fear that they have some terrible, life-threatening disease or are “going crazy”. Often, people who are having a panic attack seek help at a hospital casualty department.

Initial panic attacks may occur when people are under considerable stress, from an overload of work, for example, or from the loss of a family member or close friend. The attacks may also follow surgery, a serious accident, illness or childbirth. Excessive consumption of caffeine or the use of cocaine or other stimulant drugs can also trigger panic attacks. Nevertheless, panic attacks usually take a person by complete surprise. This unpredictability is one of the reasons as to why they are so devastating.

Even though people who have panic attacks may not show outward signs of discomfort, the feelings they experience are so overwhelming and terrifying that they really believe that they are going to die, lose their minds or be totally humiliated.

These disastrous consequences don't occur, but they seem inevitable to the person who is suffering from the panic attack.

Panic Disorder

In panic disorder, panic attacks recur and the person develops an intense apprehension of having another attack. As noted earlier, this fear or fear of a fear can be present most of the time and may seriously interfere with the person's life even when the panic attack is not in progress. In addition, the person may develop intense irrational fears called phobias about situations where a panic attack has occurred. For example, someone who has had a panic attack while driving may be afraid to get behind the wheel again, even to drive to the local supermarket.

People who develop these panic induced phobias will tend to avoid situations they fear will trigger a panic attack, and their lives may become increasingly limited as a result.

Panic Attack Symptoms

During a panic attack, some or all of the following symptoms occur:

- Sense of being overwhelmed by fright and terror, with accompanying physical distress for between four and six minutes.
- Racing or pounding heartbeat
- Chest pains
- Dizziness
- Light-headedness
- Nausea
- Difficulty breathing
- Tingling or numbness in the hands
- Flushes or chills
- Sense of unreality
- Fear of losing control, going "crazy", or doing something embarrassing
- Fear of dying



Who Suffers from Panic Disorder?

The disorder typically begins in young adulthood, but older people and children can be affected. Women are affected twice as frequently as men. While people of all races and social classes can have panic disorder, there appears to be cultural

differences in how individual symptoms are expressed. The disorder can also be passed down genetically.

Strategies for Coping with Panic

- Remember that although your feelings and symptoms are very frightening, they are not dangerous or harmful.
- Understand that what you are experiencing is only an exaggeration of your body's normal reaction to stress.
- Do not fight your feelings or try to wish them away. The more you are willing to face them, the less intense they will become.
- Do not add to your panic by thinking about what "might" happen. If you find yourself asking "What if?" tell yourself "So what!"
- Remain focused on the present. Notice what is really happening to you as opposed to what you think might happen.
- Label your fear level from zero to ten and watch it fluctuate. Notice that it does not stay at a very high level for more than a few seconds
- When you find yourself thinking about the fear, change your "what if" thinking. Focus on and carry out a simple and manageable task such as counting backwards from 100 in 3's or snapping a rubber band on your wrist.
- Notice that when you stop adding frightening thoughts to your fear, it begins to fade.
- When the fear comes, expect and accept it. Wait and give it time to pass without running away from it.

HOW CAN I TELL IF IT'S PANIC DISORDER?

Yes or no?

Are you troubled by:

Yes

No

Repeated, unexpected "attacks" during which you suddenly are overcome by intense fear or discomfort, for no apparent reason?

During this attack, did you experience any of these symptoms?

Yes

No

Pounding heart

Yes

No

Sweating

Yes

No

Trembling or shaking

Yes

No

Shortness of breath

Yes

No

Choking

Yes

No

Chest pain

Yes

No

Nausea or abdominal discomfort

Yes

No

"Jelly" legs

Yes

No

Dizziness

Yes	No	Feelings of unreality or being detached from yourself
Yes	No	Fear of dying
Yes	No	Numbness or tingling sensations
Yes	No	Chills or hot flashes
Yes	No	Do you experience a fear of places or situations where getting help or escape might be difficult, such as in a crowd or on a bridge?
Yes	No	Does being unable to travel without a companion trouble you?

For at least one month following an attack, have you:

Yes	No	Felt persistent concern about having another one?
Yes	No	Worried about having a heart attack or going "crazy"?
Yes	No	Changed your behavior to accommodate the attack?

If you have answered yes to at least 8 of the above questions take the results to your Doctor.

Treatment for panic disorder is usually psychotherapy or a combination of therapy and medication. For more information on medication please turn to the end of the brochure.

Could it be AGORAPHOBIA?

The term agoraphobia has been widely misunderstood. Its literal definition suggests a fear of "open spaces". However, this is an incomplete and misleading view. Agoraphobics are not necessarily afraid of open spaces.

Rather, they are afraid of having panicky feelings, anywhere these fearful feelings may occur. For many, they happen at home, in houses of worship, or in crowded supermarkets, places that are certainly not "open".



In fact, agoraphobia is a condition which develops when a person begins to avoid spaces or situations associated with anxiety. Typical "phobic situations" might include driving, shopping, crowded places, traveling, standing in queues, restaurants, being alone, meetings and social gatherings.

Agoraphobia arises from an internal anxiety condition (often Panic Disorder) that has become so intense that the suffering individual fears going anywhere or doing anything where these feelings of panic have repeatedly occurred before. Once the panic attacks have started, these episodes become the ongoing stress, even when other more obvious pressures have diminished. This sets up a "feedback condition" which generally leads to increased numbers of panic attacks and, for some people, an increase in the situations or events which can produce panicky feelings. Others experience fearful feelings continuously, more a feeling of overall discomfort, rather than panic.

A person may fear having anxiety attacks, "losing control", or embarrassing him/herself in such situations. Many people remain in a painful state of anxious anticipation because of these fears. Some become restricted or "housebound" for years while others function "normally" but with great difficulty, often attempting to hide their discomfort.

Agoraphobia is both a severe anxiety condition and a phobia, as well as a pattern of avoiding behaviour

Real - life Desensitisation or Treatment for Agoraphobia

Real-life desensitisation is the single most effective treatment available for phobias. Also called exposure or in vivo desensitisation, real-life desensitisation involves overcoming fears and phobias through direct exposure. Improvement resulting from real-life exposure means once people have fully desensitised themselves, they can remain free of fear. Real-life desensitisation does however involve the uncomfortable prospect of having to tolerate the unpleasantness of facing phobic situations, and of having to persist with the practicing of real-life desensitisation on a regular basis. Working with a therapist experienced in Cognitive Behavioural Therapy can also help in this process.

The basic procedure of real-life desensitisation involves the use of a basic hierarchy of phobic scenes that have been constructed to bring about desensitisation. Goals must be clearly defined, with careful consideration given to what constitutes full recovery, and a timeframe should be decided on during which goals should be realised. Broad goals, such as shopping in a mall for example, are fragmented into smaller intermediary goals, such as travelling to the mall, walking around outside the mall and then eventually shopping in the mall.

Could it be **Generalised Anxiety Disorder (GAD)**?

Everyone experiences anxiety as a normal reaction to threatening, dangerous, uncertain, or important situations. Some anxiety can enhance people's function, motivation, and productivity, such as the person who works well under pressure. People with Generalised Anxiety Disorder (GAD) experience severe anxiety, which is excessive, chronic, and typically interferes with their ability to function in normal daily activities. Generalised Anxiety is distinguished from phobia because it is not triggered by a specific object or situation.

Symptoms of GAD

- Excessive anxiety and worry for a large portion of the day
- Difficulty controlling worry
- Restlessness or feeling on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
- The anxiety, worry, or physical symptoms cause significant distress or impairment in social, work, or other important areas of functioning

What can I do to help myself if I have GAD?

Speak to your mental health provider, clinic or GP first. They will help you and refer you for the appropriate treatment. Many people find it helps to join a support group because they can share their problems and successes with others who are going through the same thing. While it doesn't take the place of mental health care, talking with trusted friends or a member of your faith community can also be very helpful. Family members can play an important role in a person's treatment by offering support. Learning how to manage stress will help you to stay calm and focused. Research suggests that aerobic exercise (like jogging, bicycling and swimming) may be of value as well. Other studies have found that caffeine, illegal drugs, and some over-the-counter cold medicines can worsen the symptoms of these disorders. Check with your doctor or pharmacist before taking any over-the-counter medicines.

How can I tell if it is GAD?

Yes or No?

Are you troubled by:

- | | | |
|------------|-----------|--|
| Yes | No | Excessive worry, occurring more days than not, for at least six months? |
| Yes | No | Unreasonable worry about a number of events or activities, such as work or school and/or health? |
| Yes | No | The inability to control the worry? |

Are you bothered by at least three of the following?

- | | | |
|------------|-----------|---|
| Yes | No | Restlessness, feeling keyed-up or on edge? |
| Yes | No | Being easily tired? |
| Yes | No | Problems concentrating? |
| Yes | No | Irritability? |
| Yes | No | Muscle tension? |
| Yes | No | Trouble falling asleep or staying asleep, or restless and unsatisfying sleep? |
| Yes | No | Does your anxiety interfere with your daily life? |

If you have answered yes to 5 of the above questions take the results to your Doctor.

Could it be Obsessive-Compulsive Disorder (OCD)?

OCD is a psychiatric disorder, more specifically, an anxiety disorder. OCD is manifested in a variety of forms, but is most commonly characterised by a subject's obsessive (repetitive, distressing, intrusive) thoughts and related compulsions (tasks or rituals) which attempt to overcome the obsessions.

Typically the individual with OCD realises the ritual or "compulsion" makes no sense, but continues, nonetheless to carry out the compulsion. An OCD sufferer had the following to say;

"I know it sounds silly, but I feel like something terrible is going to happen if I don't wash my hands."

In order to be diagnosed with Obsessive-Compulsive Disorder, one must have either obsessions alone or obsessions and compulsions.

Obsessions are defined by:

1. Recurrent and persistent thoughts, impulses, or images that are experienced at some time during the disturbance. They are intrusive and inappropriate and cause extreme anxiety or distress.
2. The thoughts, impulses, or images are not simply

excessive worries about real-life problems.

3. The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralise them with some other thought or action.
4. The person recognises that the obsessional thoughts, impulses, or images are a product of their own mind.



Compulsions are defined by:

1. Repetitive behaviors or mental acts that the person feels driven to perform in response to an obsession, or according to rules that must be applied rigidly.
2. The behaviours, like handwashing, excessive cleaning or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors are not always connected in a realistic way with what they are designed to neutralise or prevent and are clearly excessive.



In addition to these criteria, at some point during the course of the disorder, the sufferer must realize that his/her obsessions or compulsions are unreasonable or excessive. Moreover, the obsessions or compulsions must be time consuming (taking up more than one hour per day), cause distress, or cause impairment in social, work, or school functioning.

Can OCD be Treated?

There have been great strides in the treatment of OCD in recent years, and many people with the disorder report that their symptoms have been brought under control or eliminated. Even without treatment, OCD symptoms vary with intensity and may vanish for a time. But the symptoms can return, and treatment almost always is advisable. Individuals who get professional help are often able to resist their compulsions and are able to regain control of their lives.

There are different treatment options available for OCD, including medication, behaviour therapy or a combination of both. Research has shown that both medication and behaviour therapy are very effective in treating OCD. The optimal combination requires both medication and behaviour therapy.

A family doctor can help by prescribing medication or providing a referral to a qualified specialist who has experience treating OCD. A psychiatrist will be able to prescribe an appropriate medication and also provide behavior therapy. Some psychologists are trained in behavior therapy, but are not licensed to prescribe medication.

How can I tell if it is OCD?

Yes or No?

- | | | |
|------------|-----------|--|
| Yes | No | Do you have unwanted ideas, images, or impulses that seem silly, nasty, or horrible? |
| Yes | No | Do you worry excessively about dirt, germs, or chemicals? |
| Yes | No | Are you constantly worried that something bad will happen because you forgot something important, like locking the door or turning off appliances? |
| Yes | No | Do you have shortness of breath? |
| Yes | No | Are you afraid you will act or speak aggressively when you really don't want to? |
| Yes | No | Are you always afraid you will lose something important? |
| Yes | No | Are there things you feel you must do excessively or thoughts you must think repeatedly in order to feel comfortable? |
| Yes | No | Do you have "Jelly" legs? |
| Yes | No | Do you wash yourself or things around you excessively? |
| Yes | No | Do you have to check things or count things over and over again or repeat them many times to be sure they are done properly? |
| Yes | No | Do you avoid situations or people you worry about hurting by aggressive words or deeds? |
| Yes | No | Do you keep many useless things because you feel that you can't throw them away? |

If you have answered yes to 6 or more of the above questions take this brochure and discuss it with your mental healthcare provider.

Could it be Social Phobia?

Signs and Symptoms

Social anxiety disorder, sometimes called Social Phobia, isn't the same as shyness or stage fright. In fact, it's perfectly reasonable to be anxious in some situations. What sets social anxiety disorder apart from everyday nervousness is the severity and persistence of its signs and symptoms. Social Phobia can have both emotional and physical signs and symptoms.

Emotional signs and symptoms of Social Phobia can include

- Intense fear of situations in which you don't know people
- Fear of situations in which you may be judged
- Anxiety about being embarrassed or humiliated
- Fear that others will notice you showing physical signs of anxiety
- Anxiety that disrupts your daily routine, work, school or other activities

Physical signs and symptoms of social anxiety disorder include:

- Blushing
- Profuse sweating
- Trembling
- Nausea
- Stomach upset
- Difficulty talking
- Muscle tension
- Confusion
- Palpitations
- Diarrhea



When you have Social Phobia, you know that your anxiety or fear is out of proportion to the situation. Yet you're so worried about developing these signs and symptoms that you avoid social situations that may trigger them. Indeed, simply worrying about having any of these signs and symptoms can cause them or make them worse.

Signs and symptoms of social anxiety disorder can fluctuate over time. They may flare up if you're facing a lot of stress or demands. Or if you avoid situations that would usually make you anxious, you may not have signs or symptoms. Although such avoidance may allow you to feel better in the short term, your anxiety is likely to persist over the long term.

In addition, you may have signs and symptoms in only one type of situation, such as eating in front of others. In more severe cases, you may have signs and symptoms any time you're around another person at all.

It is a real and serious health problem that responds to treatment. The first step is seeking help. If you suspect that you might suffer from social phobia, complete the following self-test by ticking the "yes" or "no" boxes next to each question and show the results to your health care professional.

Phobias - illogical yet powerful fears - affect more than one in eight Americans at some time. Phobias are the most common kind of anxiety disorder.

HOW CAN I TELL IF IT'S SOCIAL PHOBIA?

Yes or no?

Are you troubled by:

- | | | |
|------------|-----------|--|
| Yes | No | Powerful and ongoing fear of social situations involving unfamiliar people? |
| Yes | No | Public Speaking
Talking in your school or college class, signing a cheque in front of others, using public toilets. |
| Yes | No | Fear of places or situations where getting help or escape might be difficult, such as in a crowd or on a bridge? |
| Yes | No | Shortness of breath or a racing heart for no apparent reason? |
| Yes | No | Persistent and unreasonable fear of an object or situation, such as flying, heights, animals, blood, etc.? |
| Yes | No | Being unable to travel alone, without a companion? |

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Illnesses that sometimes complicate anxiety disorders include depression and substance abuse. With this in mind, please take a minute to answer the following questions:

- | | | |
|------------|-----------|--|
| Yes | No | Have you experienced changes in sleeping or eating habits? |
|------------|-----------|--|

More days than not, do you feel:

- | | | |
|------------|-----------|-----------------------|
| Yes | No | Sad or depressed? |
| Yes | No | Uninterested in life? |
| Yes | No | Worthless or guilty? |

During the last year, has the use of alcohol or drugs:

- | | | |
|------------|-----------|--|
| Yes | No | Resulted in your failure to fulfill responsibilities with work, school, or family? |
| Yes | No | Placed you in a dangerous situation, such as driving a car under the influence? |
| Yes | No | Lead to your arrested? |
| Yes | No | Continued despite causing problems for you and/or your loved ones? |

If you have answered yes to most of the above questions take this brochure and discuss it with your mental healthcare provider.

What is Post-Traumatic Stress Disorder (PTSD)?

Also called shell shock, battle fatigue, accident neurosis and post-rape syndrome, Post-Traumatic Stress Disorder (PTSD) is often misunderstood and misdiagnosed, even though the condition presents with very specific symptoms that comprise a definite psychiatric disorder



A diagnosis of Post-Traumatic Stress Disorder is made when symptoms cause distress and interference in daily life. PTSD is a debilitating condition which follows a traumatic event. Often, people with PTSD are plagued by persistent frightening memories of the traumatic event which set off the condition, and they feel emotionally numbed by the ordeal.

This disorder was first brought to the public's attention by war veterans following the Korean and Vietnam wars, but can result from any number of traumatic incidents, including earthquakes, aircraft crashes, hijackings, domestic violence or violent attacks. The disease can be triggered not only by experiencing a traumatic event, but also through the witnessing of a traumatic event such as the mass destruction of an aircraft crash.

PTSD can be described as a response to a major trauma.

The traumatic event may be re-experienced in several ways:

- Recurrent and intrusive reminders of the event. In young children repetitive play may occur in which themes or aspects of the trauma are expressed.
- Recurrent dreams of the event.
- Acting or feeling as if the traumatic event was happening again. This includes a sense of reliving the experience, illusions, hallucinations and flashbacks. These can occur when you wake up or when you are intoxicated. Intense distress at exposure to internal or external reminders that symbolise or resemble an aspect of the traumatic event, including anniversary of the trauma.
- Psychological reactivity upon exposure to internal or external cues that symbolise or resemble an aspect of the traumatic event.

Indicators of avoiding behaviour or numbing are:

- Efforts to avoid thoughts or feelings associated with the trauma.
- Efforts to avoid activities, situations or play that remind you of the trauma.
- Inability to recall an important aspect of the trauma.
- Less interest in significant activities (in young children, loss of recently acquired developmental skills such as toilet training or language skills).
- Feeling of detachment or isolation from others.
- Restricted range of affect, for example unable to have loving feelings.
- Sense of a foreshortened future, for example does not expect to have a career, marriage or children or a normal life span.

Other examples of problems could include:

- Difficulty falling asleep
- Irritability or outbursts of anger
- Difficulty concentrating vigilantly
- Overly cautious
- Easily startled or surprised easily.

HOW CAN I TELL IF IT IS PTSD?

Yes or No?

Yes

No

Have you experienced or witnessed a life-threatening event that caused intense fear, helplessness or horror?

Do you re-experience the event in at least one of the following ways?

- | | | |
|------------|-----------|---|
| Yes | No | Repeated, distressing memories and/or dreams? |
| Yes | No | Acting or feeling as if the event were happening again (flashbacks or a sense of reliving it)? |
| Yes | No | Intense physical and/or emotional distress when you are exposed to things that remind you of the event? |

Do you avoid reminders of the event and feel numb, compared to the way you felt before, in three or more of the following ways:

- | | | |
|------------|-----------|--|
| Yes | No | Avoiding thoughts, feelings, or conversations about it? |
| Yes | No | Avoiding activities, places, or people who remind you of it? |
| Yes | No | Becoming blank on important parts of it? |
| Yes | No | Losing interest in significant activities of your life? |
| Yes | No | Feeling detached from other people? |
| Yes | No | Feeling your range of emotions is restricted? |
| Yes | No | Sensing that your future has shrunk (for example, you don't expect to have a career, marriage, children, or a normal life span)? |

Are you troubled by two or more of the following:

- | | | |
|------------|-----------|-------------------------------------|
| Yes | No | Problems sleeping? |
| Yes | No | Irritability or outbursts of anger? |
| Yes | No | Problems concentrating? |
| Yes | No | Feeling "on guard"? |
| Yes | No | An exaggerated startle response? |

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Illnesses that sometimes complicate an anxiety disorder include depression and substance abuse. With this in mind, please take a minute to answer the following questions:

- | | | |
|------------|-----------|--|
| Yes | No | Have you experienced changes in sleeping or eating habits? |
|------------|-----------|--|

More days than not, do you feel:

Yes	No	Sad or depressed?
Yes	No	Disinterested in life?
Yes	No	Worthless or guilty?

Causes Common to ALL Anxiety Disorders

Probably no single situation or condition causes anxiety disorders. Rather, physical and environmental triggers may combine to create a particular anxiety illness. Experts believe that anxiety is a learned behavior that can be unlearned. Recently, many scientists and researchers have found that biochemical imbalances are anxiety-causing. Each of these theories is most likely true to some extent. It's also possible that a person may develop or inherit a genetic vulnerability to anxiety disorders. Events in childhood may lead to certain fears that, over time, develop into a full-blown anxiety disorder



New technologies are enabling scientists to learn more about the biological, psychological, and social factors that may cause anxiety disorders. With a better understanding of underlying causes, even better treatment and prevention of anxiety disorders will be closer at hand. For now, heredity, brain chemistry, personality, and life experiences are all believed to play roles in the occurrence of anxiety disorders.

Heredity

There is clear evidence that anxiety disorders run in families. Studies show that if one identical twin has an anxiety disorder, the second twin is more likely to have an anxiety disorder than non-identical (fraternal) twins. These findings suggest that a genetic factor, possibly activated by certain stressful life experiences, affects an individual's vulnerability to these illnesses.

Brain Chemistry

Because symptoms of anxiety disorders are often relieved by medications that alter levels of chemicals in the brain, scientists believe that brain chemistry appears to play a role in the onset of anxiety disorders.

Personality

Researchers believe that personality may play a role, noting that people who have low self-esteem and poor coping skills

may be prone to anxiety disorders. Conversely, an anxiety disorder that begins in childhood may itself contribute to the development of low self-esteem.

Life Experiences

Researchers believe that the relationship between anxiety disorders and long-term exposure to abuse, violence, or poverty is an important area for further study because life experiences may affect individuals' susceptibility to these illnesses.

What are the Risk Factors for Anxiety Disorders?

There are biological and environmental risk factors for anxiety, which include the following:

- Environmental stressors (e.g., work, school, relationships)
- Genetics
- Too little sleep or poor sleep
- Financial worries
- Health
- Relationship problems
- School problems
- Work problems

Psychologist versus Psychiatrist

While a psychiatrist has a medical background and tends to concentrate more on the more medication side of mental illness, a psychologist uses 'talking' therapy to help with underlying unresolved problems and to change thoughts and behaviour. A psychologist does not prescribe medication like a psychiatrist, but can recommend it if they feel it is necessary, in which case they will refer the client to a GP or psychiatrist.



In the majority of cases, a combination of these two types of treatment is the most successful way to treat most anxiety disorders. Often drugs alone cannot do the work that psychologists do. Due to the complexity of most of these disorders and the fact that their cause is often a combination of factors, without having an understanding of the person and their history, it is difficult to help them get better

Medication and psychotherapy often complement one another. For example, sometimes people are too depressed to undertake psychotherapy, in which case medication is needed first. A good response to a drug will make them more amenable to searching for causes and trying to change their

behaviour. Another example is that sometimes there are people who are very sensitive to medication and who experience terrible side effects. They may have difficulty in finding a medication that works for them and which they are comfortable on. In cases like these, psychotherapy is another alternative.

Treatment

Anxiety Disorders **can** persist for an extended amount of time, often improving then deteriorating, but with treatment you can get help to control your anxiety. The two most effective types of treatment are medications and a form of psychotherapy called Cognitive Behavioral Therapy. The two are often used in combination

Cognitive Behavioural Therapy

Cognitive behavioral therapy is the only type of therapy that has been shown to be effective in treating Anxiety Disorders. This type of therapy is based on the premise that your own thoughts not other people or situations determine how you behave or react. Even if an unwanted situation won't change you still have to give that presentation to management, for instance you can change the way you think and behave in a positive way.

Cognitive Behavioral Therapy may also include exposure therapy. In this type of therapy, you gradually work up to facing the situations you fear most. This allows you to become better skilled at coping with these anxiety-inducing situations and to develop the confidence to face them. You may also participate in skills training or role-playing to practice your social skills and gain comfort and confidence relating to others.

Joining a support group to share your fears and talk in a non judgmental setting can often be of great help. SADAG can show you how to run a group very easily in your area. Contact +27 11 262 6396, Fax: +27 11 262 6350.

Medications

Drug choice is determined by the psychiatrist or GP who will choose the most appropriate one for you. It will also depend on whether the patient has side effects and by the drug's effectiveness in reducing symptoms.



These medications have effects on brain chemistry and can therefore help to alleviate anxiety:

- Paroxetine (Aropax® and their generics)
- Sertraline (Zoloft® and their generics)
- Venlafaxine (Efexor®)
- Duloxetine (Cymbalta®)
- Fluoxetine (Prozac®, Nuzak®, Lorien® and their generics)
- Fluvoxamine (Luvox® and their generics)
- Citalopram (Cipramil®, Cilift®, Ciprallex®)

Benzodiazepines

Benzodiazepines which are also commonly used in the treatment of anxiety but can often be addictive and should be used in short periods of two weeks or less. They include the following medications:

- Alprazolam (Xanor®, Alzam® and their generics)
- Diazepam (Valium®, Pax® and their generics)
- Lorazepam (Ativan® and their generics)

Benzodiazepines increase the effectiveness of the neurotransmitter GABA, which reduces anxiety and stress. and improves the ability to manage an otherwise debilitating situation. They are generally thought of as calming drugs.

Side effects are often temporary but may include the following:

- Memory loss
- Blurred vision
- Confusion
- Depression
- Dizziness
- Drowsiness
- Light-headedness
- Muscle tremor
- Withdrawal effects

Beta-blockers

Beta-blockers that are used to treat high blood pressure, may also be used in Anxiety Disorders to stop the physical symptoms of anxiety. The drugs reduce nervous tension, sweating, panic, high blood pressure, and shakiness. Their efficacy is limited to reducing these types of symptoms. Beta-blockers are not typically considered a first-line treatment.

Beta-blockers also have side effects which can include some of the following:

- Body aches
- Confusion
- Depression
- Dizziness
- Dry eyes
- Erectile dysfunction
- Insomnia
- Low blood pressure and slowed pulse rate
- Memory loss
- Nausea, vomiting
- Rash

Medication may be used long-term or may be tapered and discontinued once severe anxiety is controlled or eliminated through psychotherapy.

Panic Disorder (PD) can cause people to feel terror suddenly and unpredictably. PD can become disabling when people avoid situations they fear may bring on an attack. Panic attack symptoms include rapid pulse, chest pains, shortness of breath, dizziness, nausea, numbness, trembling, and a fear of going crazy or dying. Depression or alcoholism often accompanies PD. Panic disorder is probably the most common, studied and understood of the Anxiety Disorders.

