

Guide to Understanding and Managing Anxiety

Most people are familiar with feelings of anxiety.

Anxiety is a normal part of life. Anxiety is our body's way of responding to a physical, emotional, or intellectual challenge. What student has *not* felt a bit anxious before a final exam or oral presentation? In fact, moderate anxiety during these situations can be mobilizing, resulting in better performance. However, if your test anxiety is at the point where you are too anxious to go to the exam, or your mind consistently goes blank during the exam and you cannot recover, you are probably not experiencing ordinary, everyday anxiety.

Anxiety is a medical problem when it is persistent, overwhelming, and interferes with your day-to-day functioning. Symptoms of anxiety commonly include unrealistic fears and worries, physical complaints, such as upset stomach or rapid heart rate, and the avoidance of anxiety producing situations. Over 19 million American adults struggle with anxiety. While the exact cause of anxiety disorders is uncertain, the problems probably result from a combination of factors including genetics, brain chemistry, personality, and life events.

Anxiety can be successfully treated. The goal is not to eliminate anxiety, but to reduce it to a manageable level. With the right treatment, many people begin to feel better immediately or in just a few weeks.

What are the different types of anxiety?

- **Generalized Anxiety Disorder (GAD)**

"I can't stop worrying, I feel keyed up and unable to relax. At times it comes and goes, and at times it seems constant. I worry about everything from making enough to send home to my family to what to give my best friend for her birthday. Now that I'm about to graduate, there's even more things to worry about."

"I have trouble sleeping or concentrating when studying. Sometimes I feel a little lightheaded. My heart races or pounds. And that makes me worry more. I'm always imagining things are worse than they really are: when I get a stomach ache, I think it's an ulcer. I can't turn off the worry- I'm miserable."

Generalized anxiety disorder (GAD) is much more than the normal anxiety people experience day to day. It's chronic and fills a person's day with exaggerated worry and tension, even though there is little or nothing to provoke it. Having this disorder can mean always anticipating disaster, often worrying excessively about health, money, family, school, or work. Sometimes, though, the source of the worry is hard to pinpoint.

Worries are usually accompanied by physical symptoms, such as fatigue, headaches, muscle tension and aches, difficulty swallowing, trembling, twitching, irritability, sweating, and hot flashes. People with GAD may feel lightheaded, out of breath, nauseated, and easily startled. Concentration and sleep problems are also common.

- **Social Phobia**

"In any social situation, I felt fear. I would be anxious before I even left the house, and it would escalate as I got closer to class, a party, or whatever. My heart would pound, my palms would be sweaty, and I would get this feeling of being removed from myself and from everybody else."

"It happened again last year. I had to give a report in front of my class and I got so nervous and tongue-tied. I think I stammered something, sat down, and stared at my right shoe the rest of the class. I was so humiliated. My friends tell me they feel nervous before presentations too, but at least they can talk. I just go blank and stare."

Social phobia is characterized by an intense fear of situations, usually social or performance situations, where the risk of embarrassment is present. It can disrupt normal life, interfering with school, work, or social relationships. It's not uncommon for people with social phobia to worry for days or weeks in advance of a social or performance situation. Physical symptoms often accompany the anxious feelings and include blushing, profuse sweating, trembling, nausea, shortness of breath, racing heart, and difficulty talking.

- **Specific Phobias**

"I'm scared to death of flying, and I never do it anymore. It was an awful feeling when that airplane door closed and I felt trapped. My heart would pound and I would sweat bullets. These days I only go places where I can drive or take a train. My friends always point out that I couldn't get off a train traveling at high speeds either, so why don't trains bother me? I just tell them it isn't a rational fear."

A specific phobia is an intense fear of something that poses little or no actual danger. Some of the more common specific phobias are centered on closed-in places, heights, escalators, tunnels, highway driving, water, flying, dogs, and injuries involving blood. Facing, or even thinking about facing, the feared object or situation can bring on a panic attack or considerable anxiety, even when the person recognizes how irrational the fear is.

- **Panic Disorder**

"It started 2 years ago, when I was sitting in a seminar and this thing came out of the blue. I felt like I was dying. In between attacks there is this dread and anxiety that it's going to happen again. I'm afraid to go back to places where I've had an attack."

People with panic disorder experience sudden episodes of intense fear that occur without any warning or apparent reason. They can't predict when an attack will occur, and many develop intense anxiety between episodes, worrying when and where the next one will occur.

A panic attack is marked by a group of symptoms that can include dizziness, racing heart, perspiring, shortness of breath, tingling hands, fears of dying or "going crazy." Attacks usually last no more than about 10 minutes.

- **Post-Traumatic Stress Disorder**

"I was assaulted when I was 22 years old. For a long time, I spoke about the attack as though it was something that happened to someone else. Then I started having flashbacks. They kind of came over me like a splash of water. I would be terrified. Suddenly I was reliving it. Every instant was startling. I wasn't aware of anything around me; I was in a bubble, just kind of floating. Having a flashback can wring you out."

Post-traumatic stress disorder (PTSD) can develop following a terrifying event that a person experienced or witnessed. Whatever the source of the problem, some people with PTSD repeatedly relive the trauma in the form of nightmares and disturbing memories during the day. Other symptoms may include sleep problems, feelings of detachment or numbness, hyper vigilance, irritability and aggressiveness. Some people avoid certain places or situations that are reminders of the trauma and anniversaries of the event are often especially difficult.

Ordinary events can trigger flashbacks or intrusive images. A person having a flashback, which can come in the form of images, sounds, smells, or feelings, may lose touch with reality and believe that the traumatic event is happening all over again.

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

"I couldn't do anything without rituals. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. I knew the rituals didn't make sense, but I couldn't seem to overcome them until I had therapy."

Obsessive-compulsive disorder, or OCD, involves having distressing thoughts or rituals that are time consuming and excessive.

Distressing thoughts or images, such as worries about germs or dirt are called obsessions, and the rituals that are performed to try to prevent or get rid of these anxious thoughts, such as washing the hands over and over are called compulsions. The more common compulsions involve washing and cleaning, counting, repeating or checking actions.

A lot of healthy people can identify with some of these symptoms of OCD, such as checking to see if the stove is turned off before leaving the house. But for people with OCD, such activities consume at least an hour a day, are very upsetting, and interfere with daily life.

- **Depression**

Depression often accompanies anxiety and, when it does, it needs to be treated as well. Symptoms of depression include feelings of sadness, hopelessness, changes in appetite or sleep, low energy, and difficulty concentrating. There are effective treatments for depression.

Treatment of Anxiety Disorders

- **Getting Help: Treatment works**

Some individuals are able to manage their anxiety on their own through self-help techniques. Others benefit greatly from professional attention. If you think you have an anxiety problem, please don't hesitate to discuss this with a health care professional who can evaluate your concerns.

A number of effective treatments for anxiety are available and can provide relief from symptoms immediately or in just weeks. The most common treatments are psychotherapy, medications, or a combination of the two. A specific type of psychotherapy, cognitive behavioral therapy, is particularly effective in managing symptoms of anxiety.

Individuals respond differently to treatment, and you may need to try more than one type before you find the right one. However, before considering other options, give the treatment plan a fair chance. It's important not to get discouraged and stop attending psychotherapy sessions and/or taking the medications before they have had a chance to be effective.

- **Cognitive Behavioral Therapy**

Research has shown that a form of psychotherapy that is effective for several anxiety disorders is cognitive-behavioral therapy (CBT). A major aim of CBT is to reduce anxiety by eliminating beliefs or behaviors that help to maintain the anxiety disorder.

The **cognitive** component helps people change thinking patterns that keep them from overcoming their fears. Specifically, this therapy identifies unrealistic beliefs and helps individuals develop more objective ways of thinking that make stress and anxiety more manageable. For example, a person with panic disorder can learn that the panic attacks are not really heart attacks as previously feared. The **behavioral** component seeks to change people's reactions to anxiety-provoking situations. A key element of this component is **exposure**, in which people confront the things they fear. A person with social phobia, for example, may be encouraged to spend gradually increasing time in feared social situations without giving in to the temptation to flee. In some cases the individual will be asked to deliberately make what appear to be slight social blunders and observe other people's reactions. Generally through the use of exposure techniques, real-life outcomes are not nearly as harsh as feared, and the person's social anxiety diminishes.

- **Antidepressants for anxiety**

A number of medications that were originally approved for treating depression have been found to be effective for anxiety disorders as well. If your health care professional prescribes an anti-depressant, you will need to take it for at least a few weeks before symptoms begin to fade. Some of the newest of these antidepressants are called selective serotonin reuptake inhibitors (SSRIs). These medications act in the brain on a chemical messenger called serotonin. Some people report feeling mildly nauseated or jittery when they first begin taking SSRIs, but those symptoms usually disappear over time and are lessened by gradual increases in dosage. Others may experience sexual or other side effects on these medications. Adjusting the dosage or switching to another SSRI is usually helpful in these circumstances.

Tricyclics and monoamine oxidase inhibitors (MAOIs) are two other groups of antidepressant medications that have been around longer than SSRIs, and may be prescribed for various anxiety disorders, though side-effects are more frequent in general. Other newer antidepressants, for example venlafaxine (Effexor), with similar side effects to the SSRIs may be effective as well.

- **Anti-Anxiety Medications**

Benzodiazepines can relieve anxiety symptoms relatively quickly and have few side effects, although drowsiness can be a problem. They are sometimes used to treat generalized anxiety disorder, panic disorder, and social phobia. Benzodiazepines may be useful for short term treatment, but because of the potential for decreased effectiveness over time and the risk of physical dependence, they are not generally appropriate for ongoing use.

Buspirone (BuSpar), a member of a class of drugs called **azapirones**, is a newer anti-anxiety medication that is used to treat generalized anxiety disorder. Possible side effects include dizziness, headaches, and nausea. Unlike the benzodiazepines, bupirone must be taken consistently for at least two weeks to achieve an anti-anxiety effect.

- **Other medications**

Beta-blockers, such as propranolol, are often used to treat heart conditions but have also been found to be helpful in certain anxiety disorders, mainly social phobia or performance anxiety. When a feared situation, such as giving an oral presentation, is known in advance, a beta-blocker may be taken beforehand to help keep your heart from pounding, your hands from shaking, and other physical symptoms from developing. Regular, daily doses of beta-blockers are not recommended due to the risk of side effects. Also, they don't address the psychological components of anxiety.

- **Working together**

When you undergo treatment for an anxiety disorder, you and your health care professionals will be working as a team. Together, the team will find the approach that is best for you. If one treatment doesn't work, the odds are good that another one will.

A First Step: learning About Anxiety

Here are a few books and a website we recommend:

- Bourne, Edmund. *The Anxiety and Phobia Workbook*
- Burns, David. *Feeling Good: The New Mood Therapy*
- Davis, Martha, Elizabeth E. Robbins, and Matthew McKay: *The Relaxation and Stress Reduction Workbook*
- Hauri, Peter and Shirley Linde. *No More Sleepless Nights*
- Website: **National Institute of Mental Health:** www.nih.gov/anxiety/anxietymenu.cfm

Help Yourself: Manage your Stress

You can increase your ability to cope with stresses that contribute to anxiety. If you are prone to anxiety, it's important to keep your baseline stress level as low as possible. Here are some self-care tips:

- **Make wise lifestyle choices:** There's no substitute for eating well, exercising regularly, and getting enough sleep. They help boost your energy level and increase your overall sense of well-being. Keep in mind that caffeine, tobacco, alcohol, marijuana, cocaine, and other "recreational" drugs can contribute to sensations of anxiety.
Be good to yourself: Schedule in fun with friends, family, classmates. The benefits of spending time with other people- and helping others- are immeasurable. Also, set aside regular time to enjoy some quiet relaxation. Relaxation techniques such as deep breathing exercises (taking slow, deep abdominal breaths) or progressive relaxation (tensing and relaxing muscles) can relieve the physical symptoms of stress, and can help when anxiety "hits."
- **Engage in constructive thinking:** When you notice you are thinking in a negative way, pause a moment and tell these thoughts to STOP! Then, refocus your thoughts on something positive and constructive. For example, if you find yourself thinking, "I got a lousy 'B', everyone is smarter than I am," say to yourself, "STOP!" followed by "I'm doing my best; I'm learning and I'll do fine in this class."
- **Seek meaning from different sources:** Having a positive outlook, accepting what you can't control, and trusting that things will work out go a long way in helping to keep stress levels low. In addition, many people find meaning, comfort and support in spiritual beliefs and in being a part of a spiritual community.

Spiritual practices such as prayer (using words, chanting, meditation, silence, etc.) can add to some people's sense of inner strength and satisfaction.

Helpful and Affordable Resources

There are many people on and around campus who can offer help and support. In addition to the resources listed below, the staff at your living center, your family health care provider, and your clergy can be helpful resources for getting help. If you are not eligible, or don't know whether you are eligible for the services listed below, contact University Health Services (UHS) anyway. People are sometimes reluctant to seek help because they are concerned about the cost of treatment. If you are a Cal student, contact UHS to discuss the coverage provided by your student registration fees and your insurance plan.

- **Resources for Cal Students**

- *University Health Services (UHS) Tang Center*
2222 Bancroft Way
(510) 642-2000
- **Emergency consultations**
 - Counseling and Psych Services (M,T,W,F: 8-5; Th: 9-5): 642-9294
 - Advice Nurse, UHS (during Fall and Spring Semester, M-F: 8-4:30): 643-7197
 - After Hours Assistance Line (when UHS is closed): 643-7197
 - 24 hour crisis line: Alameda County Suicide Crisis Line: 510-849-2212
- **Appointments**
 - Counseling, mental health, and medication evaluation appointments. CPS 642-9494
 - Medical appointments, including medication evaluations: 642-2000
 - Health education appoints to discuss diet, exercise, and stress management: 642-2000
- **Workshops**
 - Counseling and Psychological Services (642-9494) has a variety of informational workshops and support groups. Check the UHS website for updates and schedules: www.uhs.berkeley.edu
- **Online**
 - Helping Health Anxiety; Overcoming Health Anxiety
http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=53
 - Panic Stations: Coping with Panic Attacks
http://www.cci.health.wa.gov.au/resources/infopax.cfm?Info_ID=44

Check our **Website:** uhs.berkeley.edu to learn more about this and other medical concerns.
For **Appointments:** etang.berkeley.edu or call 510-642-2000 For **Advice:** call 510-643-7197