



# LIFE MENTAL HEALTH

## ANXIETY DISORDERS TREATMENT GUIDE

## Anxiety disorders – treatment guide

- What is panic disorder?
- What is agoraphobia?
- What is generalised anxiety disorder?
- What is social phobia?
- What is obsessive-compulsive disorder?
- Causes of anxiety
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### ANXIETY DISORDERS

We have all felt nervous and anxious: butterflies in your stomach before a date, anxiety when your boss is angry, and the way your heart beats fast when you get a fright.

Many people of all ethnicities suffer from anxiety. If you are one of those people who suffer from an anxiety disorder, you are not alone.

### WHAT IS PANIC DISORDER (PD)?

Panic attacks involve short periods of fear, along with many physical symptoms that happen repeatedly and suddenly, when there is no external danger. Most people with panic disorder feel scared about having another panic attack and keep away from situations where they think they will have an attack.

#### Panic attacks

The first panic attack seems to come *out of the blue*, often while a person is doing something ordinary like driving a car or shopping. Suddenly, they have frightening symptoms which usually last several seconds, but may continue for several minutes and which fades gradually over about an hour. Often, people who are having a panic attack seek help at a hospital emergency department, thinking that they have a heart or chest problem.

Panic attacks may happen when people are under a lot of stress, after a death, following surgery, a serious accident or illness or after childbirth. Drinking a lot of caffeine and using stimulant drugs can also set off panic attacks.

#### Who suffers from panic disorder?

Panic disorder usually begins in young adults, but older people and children can be affected. Women are affected twice more than men, and it can be genetic.

#### Symptoms of a panic attack:

- Racing or pounding heartbeat
- Chest pains or difficulty breathing
- Dizziness
- Nausea
- Tingling or numbness in the hands
- Flashes or chills
- Feeling of terror
- Sense of unreality
- Fear of losing control, going *crazy*, or doing something embarrassing
- Fear of dying



**How can I tell if it's panic disorder?***Are you troubled by:*

Repeated, unexpected bouts during which you suddenly are overcome by intense fear or discomfort, for no apparent reason.

YES

NO

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

- |   |     |    |
|---|-----|----|
| ■ 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 stomach pain                  | YES | NO |
| ■ Legs feeling like <i>jelly</i>          | YES | NO |
| ■ Dizziness                               | YES | NO |
| ■ Numbness or tingling sensations         | YES | NO |
| ■ Chills or hot flushes                   | YES | NO |
| ■ Feelings of unreality or being detached | YES | NO |
| ■ Fear of dying                           | 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?

YES

NO

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

- |   |     |    |
|---|-----|----|
| ■ Felt persistent concern about having another attack?        | YES | NO |
| ■ Worried about having a heart attack or going <i>crazy</i> ? | YES | NO |
| ■ Changed your behaviour to accommodate the attack?           | YES | NO |

If you have answered yes to at least eight of the above questions take this brochure and discuss it with your doctor.

**WHAT IS AGORAPHOBIA?**

Agoraphobia is a disorder which develops when a person avoids normal activities because of anxiety. Typical *phobic situations* include driving, shopping, crowded places, traveling, standing in queues, dining at a restaurant, being alone, or attending meetings and social gatherings. A person may fear having anxiety attacks, *losing control*, or embarrassing themselves in such a situation. Some people become so restricted they may not leave their homes while others try to hide their discomfort. Agoraphobia is both a severe anxiety condition and a phobia.

**Exposure therapy**

Exposure therapy is suggested to be one of the best ways to overcome your anxiety. During exposure therapy treatment, a therapist helps the mental healthcare user deal with the unpleasant emotions of physical symptoms that may arise from their feared situation. Through confronting the situations and thoughts that cause stress, mental healthcare users are often able to learn coping skills, eventually reducing or even eliminating symptoms.

Broad goals, such as shopping in a mall for example, are broken down into smaller goals. This includes traveling to the mall; walking around outside the mall; and then eventually going to the door of the mall; standing in the mall and; finally shopping in the mall.

**WHAT IS GENERALISED ANXIETY DISORDER (GAD)?**

Everyone experiences anxiety when they are in a dangerous situation or in important situations. Some people work well under pressure while people with GAD experience severe anxiety that interferes with their ability to function in normal daily activities.

**Symptoms of GAD:**

- Excessive anxiety and worry for a large portion of the day
- Difficulty controlling worry
- Difficulty concentrating or feeling like your mind goes blank
- Restlessness or feeling on edge
- Being easily fatigued
- 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

**How can I tell if it is GAD?***Are you troubled by:*

- |  |     |    |
|--|-----|----|
| ■ 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?  | YES | NO |

*Are you bothered by at least three of the following?*

- |   |     |    |
|---|-----|----|
| ■ Restlessness, feeling keyed up or on edge?                | YES | NO |
| ■ Irritability?   | YES | NO |
| ■ Problems concentrating?                                   | YES | NO |
| ■ Being easily fatigued?                                    | YES | NO |
| ■ Muscle tension?   | YES | NO |
| ■ Trouble falling asleep, staying asleep or restless sleep? | YES | NO |
| ■ Does your anxiety interfere with your daily life?         | YES | NO |

If you have answered yes to five of these questions take this brochure and discuss it with your doctor.



## WHAT IS SOCIAL PHOBIA?

Social anxiety disorder, sometimes called social phobia, is not the same as shyness or stage fright. Social phobia is more intense than everyday nervousness. When you have social phobia, you know that the anxiety or fear is out of proportion but you are so worried about having the anxiety attack that you avoid situations that may trigger them.

Symptoms can change over time. They may get worse if you are under a lot of stress, or if you are not in a situation that makes you anxious. You may only get anxious in some situations, like eating in front of people, meeting unfamiliar people or talking to a manager.

### Symptoms of social phobia include:

- Intense fear of situations in which you do not know people (it is reasonable to be anxious in some situations).
- Fear of situations in which you may be judged.
- Anxiety about being embarrassed or humiliated.
- Fear that others will notice you are showing physical signs of anxiety.
- Anxiety that disrupts your daily routine, work, school or other activities.

### Physical signs include:

- Blushing
- Profuse sweating
- Palpitations
- Trembling
- Nausea
- Upset stomach or diarrhoea
- Muscle tension
- Difficulty talking
- Confusion

### How can I tell if it is social phobia?

Are you troubled by:

- |   |     |    |
|---|-----|----|
| ■ Powerful and ongoing fear of social situations involving unfamiliar people? | YES | NO |
| ■ Public speaking?  | YES | NO |
| ■ Talking in your school or college class, or using a public toilet?          | YES | NO |
| ■ Fear of places or situations where getting                                  | YES | NO |

help or escape might be difficult?

- |   |     |    |
|---|-----|----|
| ■ Shortness of breath or a racing heart?  | 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?   | YES | NO |

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

## WHAT IS OBSESSIVE-COMPULSIVE DISORDER (OCD)?

People with OCD have obsessive (repetitive, distressing) thoughts and compulsions (tasks or rituals) which they do to try get rid of the obsessions. The person with OCD usually realises the ritual or *compulsion* makes no sense, but continues, nonetheless to carry it out.

### Obsessions

- Recurrent and persistent thoughts, impulses, or images that are intrusive and inappropriate and which cause extreme anxiety or distress.
- The thoughts, impulses, or images are not simply excessive worries about real-life problems.
- The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralise them with some other thought or action.
- The person recognises that the obsessive thoughts, impulses, or images are products of their own mind.

### Compulsions

- Repetitive behaviour or mental acts that the person feels driven to perform in response to an obsession.
- The behaviours, like hand-washing, excessive cleaning or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation. However, these behaviours are not always connected in a realistic way with what they are designed to neutralise or prevent and are excessive.

In addition, 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.

#### How can I tell if it is OCD?

- 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
- Are there things you feel you must do excessively or thoughts you must think repeatedly in order to feel comfortable? YES NO
- Do you wash yourself or things around you excessively? YES NO
- Do you have to check things or count things repeatedly or do them many times to be sure they are done properly? YES NO
- Do you keep many useless things because you feel that you cannot throw them away? YES NO

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

## CAUSES OF ANXIETY

No single situation or condition causes anxiety disorder. Rather, physical and environmental triggers may combine to create a particular anxiety disorder. For now genetics, brain chemistry, personality and life experiences are areas believed to play a role in anxiety disorders.

- **Genetics**  
There is clear evidence that anxiety disorders run in families. Findings suggest that this can be activated by stressful life experiences.
- **Brain chemistry**  
Symptoms of anxiety disorders are often relieved by medications that change levels of brain chemicals, so scientist believe that brain chemistry plays a role in the onset of anxiety disorder.
- **Personality**  
Researchers believe 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**  
Life experiences and long-term exposure to abuse, violence, or poverty may affect a person's vulnerability to developing an anxiety disorder.
- **Co-morbid conditions**  
Many people have a single anxiety disorder and nothing else, but it is not unusual for an anxiety disorder to be accompanied by another illness like depression, an eating disorder, alcoholism, drug abuse or another anxiety disorder. In such cases, both conditions will need to be treated.

## TREATMENT

Treatment helps to control your anxiety. The two most effective types of treatment are medication and a form of psychotherapy called cognitive behavioural therapy. They are often used in combination.

#### ■ Cognitive behavioural therapy (CBT)

CBT is one of the forms 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 will not change, you can change the way you think and behave in a positive way.

#### ■ Support groups

Support groups are a very good way to get assistance and advice from people who know how you feel because they have felt the same way. Support groups are run by mental healthcare users for other mental healthcare users as a place where you can share experiences and solutions. (Call SADAG on 011 234 4837 for contacts in your area or contact your nearest Life Mental Health unit).

#### ■ Medication

Your psychiatrist or general practitioner will choose the most appropriate medication for you. If one medicine does not work for you, your doctor may prescribe an alternative. Medication does not always work quickly so continue to take it for as long as your doctor recommends and give them a chance to take effect. They may cause some side effects like a dry mouth, nausea, headache, or dizziness but these usually go away in a week or two. Never mix medications of any kind – prescribed, over-the-counter, or borrowed – without consulting your doctor. Medication may be used long-term or may be tapered and discontinued once severe anxiety is controlled or eliminated through psychotherapy.

Many anti-depressants are suitable for the treatment of anxiety; your doctor will prescribe what they believe is best for you. Some of the serotonin-norepinephrine reuptake inhibitors (SNRI's) are also suitable. Benzodiazepines are sometimes prescribed to manage severe cases. They are generally thought of as *calming drugs* but can be addictive and should only be used for a short period of two weeks or less.

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

#### ■ Generic medication

A generic medicine is an equivalent of an original pharmaceutical treatment. It contains the same active substance and may be interchangeable with the original product. A generic drug may give you the same quality, safety and efficacy as the original brand name product. Generics have to meet the same strict standards as original products and are usually less expensive.

**Side effects to medication**

These are often temporary but may include:

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

**SELF-HELP****Coping with anxiety**

Self-help is not a substitute to medical treatment, but it may help you cope better and for longer. Here are some things you can do:

- Understand what anxiety is – the more you know, the better you will cope.
- Do things to keep yourself busy – it can be of great help if you are kept busy by an interest or satisfying hobby, such as reading a book or watching a TV programme or film.
- Avoid excessive caffeine, smoking, drugs, alcohol and too much sugar and salt.
- Try to be with other people and share how you feel with someone; it is usually better than keeping things a secret.
- Let your family and friends help you.
- Do not be afraid to ask for help if you need it. Your anxiety can get better – it takes time.

**Coping with panic attacks**

- 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.
- Stay focused on the present. Notice what is really happening to you as opposed to what you think might happen.
- Focus on and carry out a simple task such as counting backwards from 100 in twos or snapping a rubber band on your wrist.

**Setbacks**

Hardly anyone recovers from anxiety without having at least one setback. After having suffered from panic attacks, it is only natural to think that they will not disappear, but in time, they may be less severe and there will be longer intervals between them. In time, they can stop altogether.

**Getting help**

For more information about Life Mental Health's facilities and service offerings please contact 011 219 9620, email to [mentalhealth.headoffice@lifehealthcare.co.za](mailto:mentalhealth.headoffice@lifehealthcare.co.za) or visit our website at [www.lifehealthcare.co.za](http://www.lifehealthcare.co.za).

Alternatively you can contact the South African Depression and Anxiety Group (SADAG):

0800 12 13 14  
0800 70 80 90  
0800 56 75 67  
011 234 4837  
[www.sadag.co.za](http://www.sadag.co.za)



SADAG has an extensive list of psychologists, psychiatrists and support groups nationally and Life Mental Health would like to thank them for the contents of this brochure.