



Lifeline

anxiety disorder newsletter

A quarterly newsletter for people – and the families of people – who suffer from the panic brought about by fears, anxieties and phobias.

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Psychological anxiety versus somatic anxiety

Different types of anxiety, apparently, are the reason some people react one way to selective serotonin reuptake inhibitors (SSRIs) and others another way. The medications decrease psychological anxiety but not somatic anxiety and this is why some people experience reduced panic, anxiety, worry, obsession, etc., while others immediately get anxious, sleepless and tense. The psychological anxiety of anxiety disorders, comprised of constant worry, repetitive thoughts and irrational fear, is related to low serotonergic activity. Somatic anxiety manifests itself as restlessness, agitation, impatience, hyperactivity and irritability as the result of tension and is associated with high epinephrine or norepinephrine activity in the brain. Inhibiting serotonin reuptake impacts on psychological anxiety but does nothing for somatic anxiety which, if not arrested can go on to provoke violent reactions and suicide. Complicating things even further is the fact that psychological anxiety can cause somatic anxiety and somatic anxiety, in somebody predisposed to psychological anxiety, can lead to anxiety disorders.

The reason, then, that people on SSRIs can become violent or commit suicide is due not to the SSRI but because somatic anxiety has been either undiagnosed or untreated. Certain tricyclic medications (the primary antidepressant/anti-anxiety treatment before SSRIs) are a better treatment for anxiety disorders and depression because they have sedative properties and relieve tension. Unfortunately, they present a risk of toxic overdose.

While these new explanations are enlightening, they would also appear to make a greater case than ever for medication being a last resort, in the treatment of anxiety disorders instead, as is often the case, the almost reflex action of a prescription being written for an antidepressant.

The British NHS embraces CBT

It is no longer necessary to indulge in *free association* or *transference* two, three or five times a week for months, even, years in *psychoanalysis* to improve the quality of your life, battle depression or overcome anxiety disorders. In the 150th anniversary year of the birth of its developer, Freudian theory has gone the way of the horse and buggy. That is, it's something kept around mainly for those who have the time and money to indulge themselves.

Nowhere is this move away from psychoanalytic talk therapy more apparent than in Britain. There, guidelines from the National Institute for Clinical Excellence state that, the successor to Freudian psychoanalysis as the most effective form of psychotherapy - cognitive behavioural therapy (CBT) should be available to everybody as a treatment option for mental disorders. As is true on both sides of the Atlantic, availability of CBT is a long way from catching up with demand but, while in other countries, it is still competing for attention with other forms of talk treatment, in Britain cognitive therapists already comprise the biggest single group of psychotherapists within the National Health Service (NHS). Economist and Labour peer, Richard Layard is advocating the training of 10,000 more CBT therapists, pointing out that the cost of training and employing them could easily be offset by the cost of benefits currently being paid to incapacitated claimants unable to work due to anxiety and depression.

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The current issue is always available for viewing or download from our website at: <http://www.designandcopy.ca/lifeline>.

High expectations in youth may herald anxiety in later years

We've been hearing about depression in older people for ever, it seems. We can empathise at almost any point in our lives because, as time goes by, opportunities that are missed cause regret, childhood is over and certain good times will never happen again. So we can understand, before we get there, that there will be grief and sadness. Depression seems to be almost natural in old age but, in fact, the majority of older people have actually learned to adjust to losing the times, relationships, things which made them happy and are not prone to depression at all, despite the story lines of so many novels and plays. What is not common knowledge, however, is that the prevalence of anxiety disorders in older people – while it is not known for certain, because so little research has been done on the subject – is, in all probably, higher than it is for depression.

Like clinical depression, anxiety disorders can manifest themselves when situations create negative consequences – declining satisfaction with life, decreased activity, increased loneliness and becoming extraneous to name those things that must, most often, be dealt with as we grow older. In the normal course of life, these are things that happen to us gradually and we adjust to the changes they bring about. However, in most cases, it is as we grow older that we are faced with them and, sometimes, they happen suddenly, or too many of them happen at once, and for people who are predisposed to anxiety symptoms adjustment is difficult, perhaps, impossible. A lifetime partner dies, a chronic condition gets diagnosed and children marry or move away to careers in other cities and, all at once, life is revolving around general anxiety disorder (GAD) and/or panic attacks.

The first thing a primary care physician usually does is to prescribe a benzodiazepine, which is odd because, earlier in life, that's just about the last thing he/she would do plus, it is known that there is increased risk of falls in older people taking them as well as possible negative impact on cognitive functioning. This option is, unfortunately, based on data from trials conducted into the efficacy of benzodiazepines for anxiety disorders in older people in the 1980s - back when anxiety disorders were still being called *anxiety neurosis*!

Serotonergic antidepressants – generally buspirone (BuSpar) or venlafaxine (Effexor) are the next most likely prescribed treatments. Selective serotonin reuptake inhibitors (SSRIs), tricyclic and mood-stabilizing antidepressants have been subjected to a little more – and more recent – study than benzodiazepines and do demonstrate improvement for patients with GAD and panic disorder compared with a placebo. More research is, obviously, needed to determine a true acceptability and effectiveness ratio for pharmacological treatment of GAD and panic disorder, as well as other anxiety disorders in older adults, which have not been studied at all.

Recent research has, or is currently, examining the efficacy of cognitive-behavioural therapy (CBT) for treating GAD in later life. Programs including education on anxiety disorders and symptoms, relaxation training, cognitive therapy and desensitization to the anxious thoughts and worrying situations prove to be effective for older people with GAD but, generally, require enhancements to standardized CBT – booster sessions, reminder phone calls, weekly review of concepts and techniques, etc. While one non-controlled study showed good results in older adults with panic disorder being treated with CBT and several small studies have demonstrated effectiveness in groups with various diagnoses, GAD has received most attention and there have been very no specific studies on CBT treatment for other anxiety disorders. 2005 research showed comparable results for CBT plus medication and medication alone, and a small 2001 study comparing patients with different anxiety disorders receiving a home-based individual CBT format with patients receiving supportive therapy showed significant results, including the maintenance of the gains made at a 12-month follow-up. Supportive therapy, itself, has however, received little study in terms of measuring its effectiveness.

Far more study is required in this area and more long term follow-up is required in assessing the effectiveness of both psycho- and pharmacological therapy and combinations of the two. A generation, which initiated huge changes in attitudes and expectations, is aging – they won't all be able to cope with their fifteen minutes of fame being nothing more than history.

From one reader to another...

Caught in the Middle

There was a time when I had not spoken to anybody else with panic disorder. Then, I saw a short letter to the editor in our local newspaper. Dorothy described her fear of leaving her house and invited others to come to her home for mutual support. To maintain her privacy and our safety, she listed no phone number or address, only a post office box – this was long before email. After some correspondence, a day for a meeting was set.

At that time, I was not getting anywhere alone but I didn't know if I could attend a meeting and be with a group of strangers. I worried about 'fitting in' and couldn't imagine what these people would be like. My husband agreed to drive me and to wait in the car, so I could leave if I panicked.

When I walked into Dorothy's house, I was greeted by a living room full of women. They were smiling and making small talk. Nobody was pacing or looking visibly agitated. If I didn't know this was a group of people suffering from anxiety, I would have been aware of nothing unusual. But, then, why not? People around me normally did not notice when I was anxious. In fact, I had often been told how calm I appeared. It wasn't until I had a panic attack that I was likely to tremble and my face would betray my fear.

Dorothy starting by asking simple questions: "Was anyone uncomfortable being in an elevator?" "Did anyone want to sit closest to the door?" All our heads nodded at once and, soon, we were laughing because of our common reactions. She told us a little of her own story. No one was pressured to speak, but everyone did. As I listened, I felt tremendous relief and joy. At last, I didn't feel as if I was the only one, the only adult walled in by fears. I didn't have to explain myself. They understood. They understood it all.

The group continued to meet each week and we helped each other. I became close friends with several of the women and, in giving and receiving encouragement, I was, in time, able to go places with them. Maintaining responsibility for group membership was overwhelming for Dorothy. Some members dropped out. No one was magically cured. But, for most of us, the impact was positive, and we made progress.

With the return of my agoraphobia, fifteen years later, I was looking for another support group when an acquaintance, working in a large medical building, saw a flyer about an anxiety support group meeting there. I called to make sure the group was still meeting.



One of the people I still knew from the original group, Jenny, offered to go with me. She is on medication which lessens her agoraphobia, but still experiences anxiety in some situations. Neither of us was thrilled with the new group's ninth floor location and we joked about just getting there being part of the therapy.

We met in the parking lot. The elevator presented no problem since I was with a friend. The receptionist directed us to a large room where one young woman was seated at a huge oval table which could seat fifteen. We were joined by a middle-aged man and the leader, a psychiatric social worker. Jenny and I quickly realized that we were in the wrong place. We had been misled. This wasn't a group for people with panic disorder and agoraphobia. It was a group designed to help ease the way back into everyday life for people who had been hospitalized with mental illness. I listened with compassion to their stories, but I had not shared their experiences. Neither of them had even heard of agoraphobia.

On our way to our cars, Jenny and I shared our disappointment. Of course, we understood the need for all types of support groups. We just weren't comfortable with this one and wouldn't be going back.

I considered starting a group of my own. Although there's lots of help on the internet now, it isn't the same as having someone offering to go with you to a store or restaurant. I felt confident about being able to attend meetings, especially after sitting through that recent, painful one, but didn't think I was ready to lead a group. It would be a lot of pressure. I was caught in the middle, rejoicing that my ability to move in the world has improved, but longing for more.

Colette Carner.

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Dealing with our ‘anxiety about our anxiety’

by James P. Krehbiel

The key to dealing with anxiety and panic is not in dealing with the primary symptoms, but in attacking the nonsensical things we tell ourselves about our anxiety. Everybody suffers from anxiety, but not everyone catastrophizes about it. For example, let's say you are taking a midterm exam in college. You open the test booklet and realize immediately that you are not familiar with some of the material and appropriate answers.

You can respond in one of two ways – anxiously: *“Oh man, none of this looks familiar to me; I’ll never get this, I’ll never pass this test; if I don’t pass this test, I’ll fail for the semester; my parents will just die if I flunk out of school.”* Or rationally: *“Now just hold on a second, some of this material looks a little unfamiliar, but*

I’ll just calm down, take some deep breaths and start working on the questions I do know. I can always go back later and tackle the more difficult ones.”

The primary anxiety is not the focus here, but rather it's the secondary thoughts that we keep telling ourselves about anxiety that paralyzes us. Our *anxiety about our anxiety* or our secondary thoughts about anxiety are the focus of behavioral change. It is important in dealing with anxiety that people stay focused in the here and now, and do not get caught up in the rear view mirror or the anticipation of future worries.

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Finding and overcoming the source of your fears

by Stanley Popovich

A sure way to overcoming your fears and anxieties is by finding the source of your fears and managing it.

The source can be found by doing some self-evaluation either by yourself or under the supervision of a professional. Questions such as: *“Why am I afraid?”* or *“What is causing my anxiety?”* will lead you in the right direction and, given some time for thought, will provide the answers you're looking for.

The next step is to find the solutions. With the help of a professional, write down a list of all the possible techniques and solutions that you can think of for managing your fears and anxieties. Then, apply them.

A brief list of such techniques would include:

- Challenge your negative thinking with positive statements and realistic thinking. When encountering thoughts that make you fearful or anxious, challenge those thoughts by asking yourself questions that will maintain objectivity and common sense.

- Deal with your fears and anxieties. Do not try to tackle everything all at once. When facing a current or up coming task that overwhelms you, break the task into a series of smaller steps. Completing these one at a time will make the stress more manageable and increase your chances of success.

- Learn to take it one day at a time. Instead of worrying about how you will get through the rest of the week or coming month, focus on today. Each day provides opportunities to learn new things and that includes opportunities for learning how to cope with your problems.

- Focus on the facts when encountering a scary situation to prevent yourself from relying on exaggerated and fearful assumptions.

You need to learn what works, what doesn't work and what you need to improve upon in managing fears and anxieties in every anxiety-related situation you experience. For instance, you may have a lot of anxiety and decide to take a walk to help you feel better. The next time you feel anxious, remind yourself of how you got through it the last time by taking that walk and you'll feel more confident in managing it this time around.

Many people try to overcome anxieties and fears without taking the sources into consideration. You need to know *WHY* you are afraid before you can manage the anxiety. Then, to rid yourself of your fears, you must find the techniques to manage their true source.

Stan Popovich is the author of “A Layman’s Guide to Managing Fear Using Psychology, Christianity and Non Resistant Methods” - an easy to read book that presents a general overview of techniques that are effective in managing persistent fears and anxieties. For more information go to <http://www.managingfear.com/>