



# 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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## ***Fibromyalgia patients likely to also have anxiety disorders or depression***

Adults with fibromyalgia have been found to be substantially more likely, than the norm, to have had depression, bipolar disorder or an anxiety disorder at some point in their lives. They also have higher rates of eating disorders and substance abuse problems. The psychiatric condition, in most cases, was found to precede the development of the fibromyalgia.

The symptoms of fibromyalgia are pain, fatigue and sleeplessness, and the cause is not known. Treatment is usually a combination of painkillers, antidepressants, exercise and behavioural therapy.

People with fibromyalgia appear to be almost three times more likely to have had major depression and nearly seven times more likely to have suffered an anxiety disorder. These associations suggest the possibility that they may either be genetically predisposed to developing both fibromyalgia and the mental health disorders or that chronic stress may be implicated. While it is hard to define whether or not there is a common cause, researchers from the University of Cincinnati College of Medicine, who compared families with members affected by the disease in order to reach these conclusions feel that the evidence does suggest that fibromyalgia patients should be screened for mental health disorders, whether or not such disorders are apparent at the time of the diagnosis and that their mental health history should be taken into consideration when determining upon a treatment plan. Medication, with both antidepressant and pain-relieving effects, can help both the fibromyalgia and the mental health problem. Cognitive behavioural therapy, by correcting harmful thought patterns and the resulting behaviour, however, could be highly beneficial to people diagnosed with fibromyalgia and who have a previous history of depression or anxiety disorders.

## ***Compromised functioning due to SSRI treatment must be examined***

Anxiety disorder experts, David Healy and David Menkes from Cardiff University and Andrew Herxheimer from the UK Cochrane Centre, have published their findings on selective serotonin reuptake inhibitors (SSRIs) and their association with severe violence in a small number of people.

The team used the data on paroxetine (Paxil/Seroxat) which was presented to the UK Committee on Safety of Medicines Expert Working Group by its manufacturer, GlaxoSmithKline; data from United Kingdom Drug Safety Research Unit (DSRU) prescription-event monitoring studies on paroxetine and fluoxetine; legal cases in which they have given evidence themselves and e-mails from 1,374 patients who responded to BBC TV's *Panorama* program on paroxetine which was broadcast in 2002. The primary SSRI studied was paroxetine because of the availability of information associating it with specific violent events.

After intensive study, their conclusion is that the issues highlighted by the cases involved demonstrate a need for thorough examination in order to concisely establish evidence of normal functioning being compromised in some people when they are treated with SSRIs. Meantime, physicians should be ultra-aware that, while serious violence in patients on antidepressants is rare, it must be taken into consideration when prescribing the medication.

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

## ***Listen up! Social phobia is not just some kind of trivial shyness problem...***

I was rather horrified, a few weeks ago, when an email, sent to me by a visitor to the Lifeline website, referred to social anxiety as “*namely shyness*”.

Due to the marketing activities of a certain pharmaceutical company, this misinformation is, unfortunately, widespread but it was the fact that the remark came from somebody with panic disorder looking for a support group that I found so disappointing. Hearing anxiety disorders being trivialized by somebody who knows nothing about them is frustrating enough, but a victim of one disorder disparaging another is distressing.

Without getting too involved in semantics, social phobia is not necessarily any more related to its victim being shy than panic disorder is to its victim being timorous. They may effect, exacerbate or, even, play a part in triggering them, but character traits are not, and do not make, anxiety disorders. Shy people, naturally, suffer social anxiety to some degree, but people suffering from social phobia are not necessarily shy people. They have irrational fear of embarrassment and humiliation in front of other people, perceiving themselves to be under constant critical scrutiny which will provoke such censure. Along with the fear, they undergo sweating, stuttering, palpitations, trembling and blushing. Anticipation of these symptoms, and the worry that they will become obvious to others, leads to feelings of shame, as well as further embarrassment and humiliation, putting even more stress on them. This may cause panic attacks or avoidance of people and places, both of which may result, ultimately, in their becoming housebound, clinically depressed and/or suicidal.

Panic attacks, themselves, can trigger the development of social phobia, just as almost any mental or physical condition that is visible, or perceived as visible to other people, has the capacity to do. While there is difficulty in discerning where shyness ends and social anxiety begins in people, given their own difficulties, the enormity of its impact on the lives of its victims should be especially apparent to people with other anxiety disorders.

As with other anxiety disorders, there is no cure for social phobia. However, effective treatment is available for achieving and maintaining control, cognitive-behavioural therapy – analysis of the negative thoughts causing the anxiety and gradual confrontation of the fear through exposure to real-life situations – being considered

the most effective. The biggest problem for social phobics is actually seeking treatment. Apart from the inevitable fear of stigma that still goes along with admitting to any mental health problem, the very nature of the disorder prevents them from doing so. This results in fewer social phobics being treated or getting support than people with other anxiety disorders. It also causes alcoholism and substance abuse as victims go about seeking their own “cures”. While somebody with a specific phobia, panic disorder, OCD or PTSD can, depending on availability, of course, derive benefit from a support group, the social phobic needs a lot of assistance in taking steps to meet with other people in a group.

No anxiety disorder is less inhibiting than another. They all impact upon the aspirations, hopes and dreams of their victims, and have the capacity to entirely destroy lives. They are all conditions which other people (sometimes, it seems, the rest of the world) are unable to comprehend and often discredit altogether – usually because they confuse them with character traits which they perceive as weaknesses. They are all treatable. But nobody recovers from a negative situation – whether illness, tragedy or disaster – entirely alone. There has to be support from other people. There has to be a link with somebody who does understand, somebody who has experienced the same problem or one that is similar. This newsletter and, later, the website, were developed to help people find such links or... lifelines.

*Jean Jardine Miller,  
Editor.*

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### ***GAD treatment studies in Ottawa***

The Stress and Anxiety Clinical Research Unit of the University of Ottawa Institute of Mental Health Research is looking for men and women between the ages of 18 and 65 participate in one of two studies on the treatment of generalized anxiety disorder. Treatment includes cognitive behavioural therapy, a spiritual-based intervention or medication. A physician's referral is not necessary for the research studies undertaken at the Research Unit and individualized care is provided for up to 12 months after completion of the study. The Unit is located in the Perley Building at the Royal Ottawa Hospital.

Contact the research coordinator, Paula Loja, at (613) 722-6521 ext. 6156 or email: [Ploja@rohcg.on.ca](mailto:Ploja@rohcg.on.ca)

## ***From one reader to another...***

### **Tough Times**

We were having a serious conversation about panic disorder. Cheryl had been experiencing a terrible setback. She wondered if a real recovery was possible. She told me sadly, "I'll be this way for the rest of my life." She said that anxiety affected all aspects of her life. For her, as for many agoraphobics, anxiety goes hand-in-hand with depression.

I was glad that our conversation had not taken place during an earlier, frightening time of my life. When I was in my twenties, I had a physical illness which left me extremely weak and unable to work. After weeks of bed rest, I asked my husband, Ken, if we could go to one of my favorite stores to shop for new clothes. Once in the store, I was walking to the racks and something happened. I'll never forget it. I imagine no one with panic disorder ever forgets that first panic attack. I didn't know it was a panic attack then, of course. I felt like the floor was moving, and my legs wouldn't hold me up. I couldn't stop shaking. I couldn't think. There was a terrible need to get out – just get out of the store. It was as if my life depended upon it. Ken helped me out and back to our house.

We tried to explain away what happened. Maybe I had gone shopping too soon or I needed more time to get my strength back. Later, we tried again, and then again, going to different places. I panicked every time. It became harder and harder for me to leave my house. I couldn't believe that I was sane in my living room and insane in my driveway. I couldn't reason away my fears. I didn't want people to know how scared I was. I didn't see a doctor or therapist.

Amazingly, my husband, by instinct or pure kindness, knew what to do. His plan was to drive me to a small drugstore about four blocks away. He explained that, on our first trip, we wouldn't buy anything. He promised that we would leave as soon as I wanted.

During that first trip to the drugstore, I was very anxious. But by holding my husband's hand, I was able to walk part way into the store. Ken kept his word and did not try to get me to do more.

It was the start of a series of trips. The second week, we bought one item. After many weeks I realized that it was getting easier. We 'graduated' to another slightly larger store. I also started going on small outings with my best friend, Laurie. She could be trusted. It was crucial for my support person to let me return home without question.



In time, I regained my confidence. I was driving, teaching, doing everything I had done before the start of my panic disorder. Other agoraphobics often question whether I felt anxiety. I did not. I did not ask myself, "What if I panic?" I gave thanks for my ability to be out in the world, but I didn't question it. I did not have another panic attack for fifteen years.

Then it happened again. I caught a virus from one of the other teachers. Several of them had been ill, nauseous and dizzy. I was so sick that I couldn't walk three steps without getting dizzy. I had been hit by several stressful blows that spring, however, and the illness overwhelmed me. I had that 'first' panic attack and, yes, I became housebound again. This time, I knew what to do.

I started following the path which my husband had shown me all those years before. I've since learned that this method has been used to treat all kinds of phobias and is called progressive desensitization. Taking small steps to achieving larger ones. The sadness of being unable to function is leaving me as I gradually expand my territory. Outings are especially sweet now as I recover a second time.

As I told my story to Cheryl, I sought to give her hope. We need to help each other through the tough times.

*Colette Carner.*

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*Contributions for inclusion in From one reader to another... should be mailed to: Lifeline, R.R.#1 Limehouse, Ontario L0P 1H0 or emailed to [lifeline@designandcopy.ca](mailto:lifeline@designandcopy.ca). By-lines are used only with the permission of the contributor. The identity of writers can remain confidential, but intent for publication must be clearly established. Articles cannot be accepted from anonymous contributors.*

## Dealing with panic

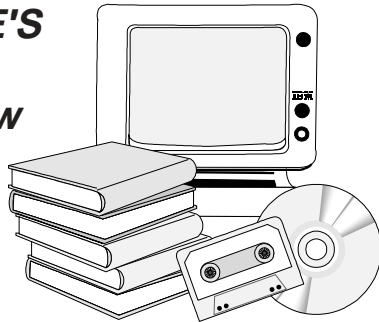
by James P. Krehbiel

Although medication may be helpful, there are other ways of dealing with panic on a long term basis. Sometimes the things we tell ourselves while we are panicking intensify the panic. "Oh my God, here comes that nasty panic - it's unbearable, I feel like I am going to die!" It's this catastrophizing that makes panic more panicky. Try refocusing your thinking when you are about to panic and doing something ridiculous like doing jumping jacks or singing your favourite song, etc. Some people find it helpful to schedule a panic time. Find a quiet place, relax and try to bring a panic attack on. You will find it impossible. It's fighting with panic that makes it more troublesome. Embrace your panic with all of its symptoms and you will learn to minimize

its impact on your life. Think rational thoughts like, "Here comes that panic again – just calm down and take those deep breaths and it will eventually calm down. These feelings won't last forever. They are time-limited. They'll be gone soon." If you are moving into an activity that makes you panicky, take it slowly. For example, if you are afraid of elevators, experiment by doing one floor at a time and then getting off and evaluating your experience and feelings. Then get back on and do another floor. Keep doing the activity slowly until you feel more comfortable.

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### LIFELINE'S Media Review



**Overcoming Social Anxiety and Shyness: A Self-Help Guide Using Cognitive Behavioral Techniques.**  
Gillian Butler. New York University Press. May 2001.

An easy-to-use guide, providing practical methods for overcoming social nervousness or apprehension across the range of symptoms from those of simple shyness to severe social phobia, this book contains a self-help program based on the clinically proven techniques of cognitive therapy. There are three sections – the first explaining the origins of social anxiety: what it is and what it does; the second providing the practical guide to overcoming these feelings, unlearning bad habits and changing thinking patterns to replace them with confident action and rational thought; the third containing relevant information on associated topics and self help ideas. All three sections contain numerous examples to fully demonstrate the subjects of discussion and prevent any misunderstanding.

The author is a consultant clinical psychologist and Fellow of the British Psychological Society.

**Diagonally-Parked in a Parallel Universe : Working Through Social Anxiety.** Signe A. Dayhoff. Effectiveness-Plus Publications. January 2000.

Dr. Dayhoff, a social psychologist, author and lecturer who has overcome social phobia herself, provides a comprehensive self-help guide in this book. Current research and theories about the origin of the disorder are explained and practical ways to recover are given. These involve one step at a time programs for learning social skills in general conversation, finding a job, dating, etc. There is information on how to find the right professional help, what to expect from it, how group therapy works, the positive and negatives of medication, alternate treatments, getting financial assistance and finding social support.

As a mental health professional and having suffered social phobia herself, the author is able to bring to the table what other professionals cannot when writing a book – the many personal challenges faced by social phobics. The chapters on blushing, sweating and other physiological symptoms and reactions to them provide more insight for therapists and support people than what is normally acquired in reading up on the subject. This makes the book required reading for anybody involved in helping the social phobic help him/herself overcome the challenges presented by the disorder. Only with comprehension of the realities it discusses, can truly empathetic assistance be given, whether by a mental health professional or on the part of a family member or friend.