



# 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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## **Gene variation and childhood abuse increase risk for PTSD**

Genetic and environmental factors both affect risk for developing post-traumatic stress, according to new research which shows that nature and nurture combined shape health and behaviour. A genetic variant makes people a lot more susceptible to post-traumatic stress disorder (PTSD) after traumatic experiences *if* they have also had an abusive childhood. The Emory University in Atlanta study examined the effects of the FKBP5 gene which is involved in the way the body responds to stress. The DNA code of the gene varies at four points providing for investigation on whether any specific genetic profiles increase the risk of PTSD or protect against it. Study participants were 900 adults living in

deprived urban communities where they were likely to have encountered violent experiences likely to trigger PTSD. They were asked to complete a questionnaire about whether they had suffered physical or sexual abuse as children. Neither variations in the FKBP5 gene nor a history of child abuse had any effect on PTSD risk in themselves but when the two factors were in evidence together, they proved to raise or reduce risk. People with certain variants were found to be much more likely to develop PTSD after trauma if they had also been abused as children, supporting the hypothesis that combinations of genes and environmental factors affect the risk for stress-related disorders.

## **Anxiety and heart attack in older men**

An analysis of a Normative Aging Study by researchers at the University of Southern California shows that anxiety increases the risk of heart attack in older men. The 735 male participants completed psychological testing dating from 1986 when they were in good cardiovascular health. Four different anxiety scales were measured:

- Excessive doubt, obsessive thoughts and irrational compulsions.
- Social introversion, anxiety, insecurity, and discomfort in interpersonal and social situations.
- Phobias, excessive anxieties or fears about animals, situations or objects.
- Manifest anxiety - the tendency to experience tension and physical arousal in stressful situations.

The men who tested in the highest 15th percentile on any of the four anxiety scales and on a scale combining all four, showed an increase in the risk of heart attack of approximately 30 to 40 percent. Those who were found to have even higher levels of anxiety on the psychological testing proved to also have a higher risk, even after adjustment for the standard cardiovascular risk factors, health habits and negative psychological and personality traits. It is the conclusion of the researchers that anyone suffering from panic attacks, social phobia or constant worry should seek treatment in order to reduce anxiety and, ultimately, lower the future risk of heart attack.

## **Quiet Crisis**

A major research review demonstrates that mental health conditions are depleting the human capital of Canadian companies. Lost productivity and absence due to mental health conditions costs three to four times more than the amount of dollars paid in health plan and disability claims. The report, entitled *The Quiet Crisis: The Business Case for Managing Employee Mental Health*, draws from studies on the impact of mental health in the workplace from around the world. Mental health conditions – depression, bipolar mood disorder, social anxiety and phobias, panic disorder, schizophrenia and suicide – affect one in five employees of whom two-thirds do not get any treatment. The third who do seek help are mostly treated by primary care doctors who are not trained in mental health. The report shows sufficient evidence, however, that employers who take action and implement policies and practices that are supportive of the needs of those with work stress and mental health conditions, realize significant savings in areas of overall healthcare costs, disability costs, fewer missed days from work, improvements in productivity and lower turnover.

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

## ***The social phobia/social anxiety disorder/shyness debate***

Social phobia is a constant fear of social situations which ruins the lives of its victims and those of their families. Despite – and because of – the efforts of pharmaceutical marketers to confuse it with shyness, in order to sell more of their magic potions, it is still one of the most under-recognized of all mental health problems and, consequently, one of the most under-treated.

The social phobic's fear of social situations is totally overwhelming and, while this may sound less serious than other mental health disorders, it can become completely debilitating and prevent its victims from performing any normal activities. The basis of the all-encompassing fear is the belief that everybody is constantly criticizing their every action and noticing their anxiety and embarrassment. It is present with every move they make. This is far removed from simple shyness.

The biggest tragedy is that it can be treated, but less than ten per cent of sufferers actually get treatment and only a third of people recover without treatment – a far lower natural recovery rate than for depression or panic disorder. Its impact on the lives of both sufferers and their families is far-reaching. It influences every decision made in terms of education and career, impacting on lifestyle choices and even the ability to live without financial support from family members. Isolation results in depression, and attempts to control the fear often lead to alcohol and drug addiction.

Yet there are health care professionals who continue to perceive the problem as shyness and the condition as the psychiatric profession labelling of normal shy behaviour as a mental illness. Indeed, there are academics who actually make money by writing books on the issue. This is something of an irony and might even seem amusing. However, they are damaging the credibility of the recognition given to the condition, which was a long time in coming in the first place, at a time when effective therapy is available to enable social phobic people to improve the quality of their lives. Their endeavours result in simply another slap on the wrist for the drug companies and a great deal of harm to victims of social phobia and their families.

These academics, naturally, would not be writing their books if some pharmaceutical marketing genius had not seen fit to re-brand simple shyness as social anxiety in order to create a huge extended market for antidepressants. That was the cruellest blow. Especially in view of the fact that most social phobics agree that medication is not especially effective anyway, and can even make their symptoms worse. There are many parallels – telling people with stomach aches that they have lactose intolerance in order to grow the

market for lactose reduced milk, giving away glucose meters to overweight people at risk for type 2 diabetes in order to increase the market for test strips, for example.

We all know that advertising capitalizes on our credulity. We've known since before Mrs. Pinkham sold her 21% proof vegetable compound and Doctor Hostetter his high alcohol bitters for "*all that ails you*". Why then, in the case of today's drug marketers claiming that their 'remedies' cure shyness, is it the credibility of social phobia as a mental health disorder that is being brought into question instead of the lack of integrity in the advertising? Why, by inference, is the havoc to families and the destruction of lives, brought about by social phobia, being attributed to simple shyness? Obviously, that just cannot be. Should not some attempt be made to educate the gullible shy people who are led to believe that a pill will save them from the tedious work of developing the self-confidence needed to overcome shyness? Would that not be a better objective for the academic who wants to criticize the practices of pharmaceutical marketers, instead of questioning the viability of a debilitating mental health disorder?

A Harvard medical professor and family doctor, in Toronto recently as an expert witness in the legal battle created by CanWest, the country's largest media company, challenging the federal government's right to prohibit drug companies from advertising directly to consumers, spoke about what happened when his country opened its print and broadcast media to pharmaceutical advertising. John Abramson told of patients coming in and demanding expensive drugs which they didn't need and how, in the face of massive advertising campaigns, he found it impossible to talk them out of it. The three principal reasons for leaving the current law in place, according to Abramson are patient safety, drug costs and the distortion of the doctor-patient relationship. The case goes before the Ontario Superior Court of Justice in June. Unfortunately, a great deal of damage has already been done since most Canadians are exposed to American advertising.

When social phobia began to be recognized as a distinct anxiety disorder during the 1980s, just knowing that they had a diagnosable, treatable condition brought relief to many people whose friends, families and physicians had previously written them off as neurotics, alcoholics and drug addicts who, even when they hit bottom were not given applicable treatment. Yet, more than a quarter of a century later, this confusion with shyness, brought about by marketers and academics short on research abilities, is contributing to social phobia continuing to be the most undiagnosed and untreated of mental health illnesses.

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

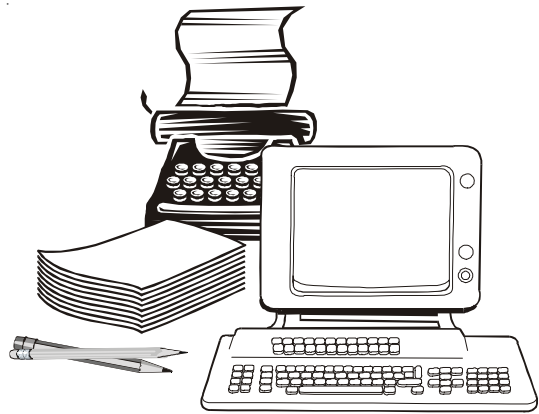
### **How to help**

Christine had quite a story to tell me. She and her mother had been shopping in a large department store. As they approached the escalator, Christine noticed an eight-year-old boy looking terrified. He stood alone at the top of the escalator while his mother shouted from below, "Come on! Don't be stupid!" Because Christine has fears of her own, she decided to intervene. Before she could reach him, another shopper, a man, spoke to the boy. Putting his arm around the child's shoulders, he descended with him. I asked Christine if the boy still seemed frightened. She said he looked fine. I also wanted to know if she thought the boy's mother had learned anything. Christine doubted that she had. We felt very sorry for this child. Another part of the experience was meaningful to Christine. Her mother had witnessed the event and her reaction was to call the boy a 'crybaby'.

People often wonder how phobias develop. Some people can jump out of airplanes for fun while others are unable to climb the first rung of a ladder. Years from now, the child Christine described may have a panic attack while approaching an escalator. If he doesn't remember the earlier incident, he may think his attack came 'out of the blue'. Christine certainly thought her own mother's attitude was relevant to her own lifelong struggle with anxiety. The boy's mother clearly did not understand how to help a fearful person.

Even people with good intentions don't always know what to do. My mother-in-law, Arlene, and I have talked many times about my agoraphobia. She had been kind and accepting when, years ago, I asked her to drive me to an important appointment. Normally I would have asked my husband to go with me. As we were on our way over, I had a panic attack. Arlene was not prepared to see me in such distress. She became upset, very upset. She wanted to drive me straight to the hospital. Among other things, I was shaking, from head to toe, not just trembling, but shaking violently. I put my hands on the dashboard, trying to brace myself. She couldn't believe that such severe physical symptoms weren't from a medical emergency such as a heart attack. For me, these were familiar symptoms. Besides trying to calm myself, I had to reassure her. Eventually I felt better but exhausted. It had been scary for both of us.

I realized that I had never told my mother-in-law what to do if I panicked. My advice for her and for other support people would include what to do and what not to do. I find it comforting to be touched, such as a hand placed on



my arm or to be hugged by someone who normally hugs me. I like the suggestion of finding a quiet place or the offer of a drink of water. It is calming to be told that I'm doing fine. My senses may tell me just the opposite but positive words or praise have a good effect. It's a relief if I don't have to hurry or feel pressured to make any quick decisions because my ability to think logically really slows down. It is best not to focus on my symptoms. If my heart is pounding, my pulse will only race faster if attention is repeatedly drawn to my shaking. I don't need to be told that I 'look bad' because this isn't useful information during a panic attack. It might help to be told that a panic attack isn't medically dangerous but it would be more encouraging to be reminded that I've recovered from panic attacks in the past.

It is very important for the support person to remain calm. Recently I panicked during a long dental appointment. My dentist started waving his hands while telling me in a loud voice to "Calm down, calm down!" Naturally I became more anxious. He did not realize that his behavior was adding to the problem. He later told me to 'compose' myself before going out to the waiting room. I suppose my red face and tear-filled eyes could have made other people uncomfortable. His attitude showed his lack of understanding. Besides 'calm down', another phrase to avoid is 'just relax'. If we could simply relax at will, none of us would have panic disorder.

Whenever we have the opportunity, it is good to share calming techniques with friends, family, and other people we may have to deal with in stressful situations. Of course there will be people who will never understand. We all have our limitations. I still believe most people will try to help if they can – just like the warm-hearted stranger who put his arm around a fearful child to take him safely down the escalator. It would make such a difference in that child's life if his mother knew how to help.

*Colette Carner.*

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## When someone you know struggles with fear and anxiety

By: Stanley Popovich

What do you do when someone you know has to deal with persistent fears, anxieties or depression?

Well, the first thing you need to do is to get them to seek the services of a professional who can provide the treatment they need. But here are some coping techniques for both of you to use.

Learn as much as you can on managing anxiety and depression. There are many books and information in other medias which will educate you on how to deal with fear and anxiety. Education is the key in finding answers on what to do in order to help and to be helped.

Be understanding and patient. Dealing with depression and anxiety is not easy, so do not add to their difficulties.

In every anxiety-related situation, learn what works, what doesn't work and what you need to do to help improve coping. For instance, if taking a walk helps the anxious person to feel better, this can be something to suggest the two of you do the next time anxiety levels are up.

Encourage them to challenge negative thinking with positive statements and realistic interpretation to maintain

objectivity and common sense. For example, if fear of not getting a job promotion and being stuck at the present level forever is the problem, show how unrealistic this is. Not getting this promotion doesn't mean there will never be an opportunity to advance and people change jobs all the time, so there are lots of options. Changing such negative thinking will help to manage fear.

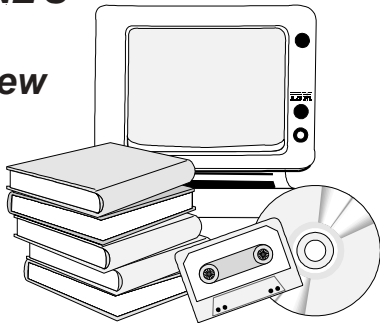
Things change, and events do not stay the same. For instance, being overwhelmed today with anxiety and fear does not mean it will be the same for the rest of the week or month. Even if the fearful event does take place, there are unpredictable circumstances and factors which can be used to advantage in overcoming the issue. You never know when the help and answers you are looking for will come to you

The key to being a good support person is to be patient, to take things slowly, and not to give up.

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*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 additional information go to: <http://www.managingfear.com/>*

### LIFELINE'S Media Review



**A Brief History of Anxiety (Yours and Mine).** Patricia Pearson. Bloomsbury USA. March 2008.

*"Our fears are private, arbitrary, idiosyncratic,"* writes Patricia Pearson. *"Anxiety rages undetected in the mind, both secretive and wild."*

From the biblical King David, who wrote that *"fearfulness and trembling have come upon me"*, to soccer great, David Beckham, plagued by a *"sense of balancing on the cliff's edge"*, the list of famous anxiety sufferers is a long one and includes poets Keats, Tennyson and Yeats, which gives one some food for thought.

The author provides many historical examples and discusses the philosophical, medical and theological antidotes to anxiety through the ages, and goes on to

demonstrate how our western lifestyle today constantly triggers stress and, in the vulnerable, anxiety.

The book explains the nature of anxiety and the remedies. Much anxiety, Pearson's own included, derives from what, clinically, is known as 'cued fear' – such traumatic early childhood experiences as near-drownings, dog bites and getting lost – and the way parents deal with it. This varies, naturally, but the more the common responses which trivialize the fear are less effective than acknowledging it and helping the child to develop 'strategies'. She tells us that she sang loudly to cope with her fear of the dark and has helped her own child develop a list of things she can do if bad guys come through her bedroom window.

Diagnosed with generalized anxiety disorder twenty years ago, Pearson, herself, feels that the medical use of antidepressants to correct a 'chemical imbalance' in the brain is an 'urban myth', and describes her own painful withdrawal from Effexor. She supports new, drug-free ways to strengthen the psyche and has some interesting suggestions.

Reading *A Brief History of Anxiety* is an enlightening experience. The author examines the subject with candour, using many amusing anecdotes from her own experiences, and bringing understanding and perspective to the often misunderstood topic.