



# 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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## Focus on children's mental health

Recommendations on children's mental health were included in *Reaching for the Top: A Report by the Advisor on Healthy Children and Youth* from the Federal Minister of Health. They include a national wait time strategy for pediatric mental health services, an expert panel on access to children's mental health services and strategies to address the shortage of health human resources for children's mental health. Only one in five children needing mental health services receives treatment despite the fact that 70 percent of children's mental health problems are expected to respond to effectively treatment. The report recommends:

- Integrated service delivery making use of schools and the expertise of different community sectors.
- Mental health promotion in child care settings
- Increasing parental access to information about mental health resources through a website.
- A national research focus on children's mental health.
- Public education to create awareness and reduce stigma.
- Evaluation of the effectiveness of youth suicide programs to address youth suicide.
- a mental health assessment of all refugee children when they arrive in the country.

## Migraine and anxiety disorders

A University of Calgary study shows that migraine is associated with depression, bipolar disorder, panic disorder, social phobia and other mental health disorders. To make matters worse, having migraine in combination with a psychiatric condition is likely to result in more severe disability, poorer quality of life and cause greater restraint on normal activities.

Compared to study participants who did not have migraine, those who did proved to have both a higher long term and higher short term likelihood of also having the mental health disorders. No differences were found relating to age, gender, education or locality, however.

The researchers conclude that assessment of people with migraine for psychiatric conditions is imperative in terms of developing public health policies for the provision of services and in meeting healthcare costs. Treating migraine in isolation may result in greater costs to patients, families and the public later. Medications are often insufficient in treating mental health disorders when other conditions are present so that specialized programs, involving both pharmacological and psychological treatment need to be developed and family physicians must be made aware of them.

## Treatment results in better quality of life in social phobia

An Anxiety Disorders Association of America study reports that social anxiety disorder, or social phobia, prevents some 15 million Americans from leading normal social and romantic lives. 75 percent of the participants said the condition affected their ability to perform normal activities, 69 percent said they didn't want people to think they were crazy and 58 percent said they were embarrassed by their condition.

- Thirty-four percent reported that their condition caused serious fights with their significant others.
- Seventy-seven percent said the disorder negatively impacted their romantic relationships.
- Thirty-five percent said having social anxiety disorder made them avoid intimacy.
- Twenty-four percent reported that the disorder resulted in their significant other not respecting them.
- Fifty-five percent said they had no close friends.

- Sixty-six percent reported having misunderstandings with friends and 50 percent said they did not tell their friends about their symptoms.
- More than 60 percent didn't keep in touch with friends or answer or return their phone calls.

The good news is that many reported improvement in their lives after being diagnosed and treated - 59 percent, receiving treatment said it had a positive effect on their ability to have a romantic relationship and 39 percent said knowing that treatment can be successful led to their decision to get help.

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

## ***The differing causes and effects on men and women with anxiety disorders***

The intensity, symptoms and perceptions of anxiety disorders, as well as response to treatment, all differ to some degree between the sexes.

Men with severe social phobia, for instance, are more likely to avoid contact with someone if they don't know very well, while women are more likely to feel self-conscious, according to a U.S. National Institute of Mental Health study. And, although more women have social phobia than men, men are more likely to seek treatment for it.

Because symptoms include chest pain, pounding heart and shortness of breath, as well as because men are traditionally considered to be more prone to heart attack than women, panic attacks in men often go undiagnosed. While more women do tend to suffer from anxiety disorders than men, this is one of the misperceptions that make it appear that the difference is greater than it really is. For women, as the 'weaker sex', it is acceptable to admit to being afraid and fearful while traditional male behaviour in hiding emotional problems is seen as being strong and manly. Somehow even the heart attack scenario may be seen as more manly than admitting to having had a panic attack, typically associated with hysterical women and nerves.

This is the perception which results in many men refusing to admit to having an anxiety disorder or to come to terms with it, and they stumble on to lives controlled by agoraphobia and further complicated by alcohol and drug abuse. Studies of both male and female agoraphobics show that twice as many of men as women are alcoholics.

The differences between how anxiety disorders affect men as compared to women, and how they are affected by them, do not stop there, however. Susceptibility, symptoms, and response to treatment are not the same either.

In the course of panic disorder in men and women with comparable levels of severity, studies show that men with panic disorder are less likely than women to have agoraphobia and less likely to have a recurrence of symptoms after remission. Panic disorder is more prevalent in women and this increases with age. It is also more debilitating. Women suffer shortness of breath, nausea and the feeling of being smothered while men are more likely to experience sweating and stomach pain.

Despite the fact that post traumatic stress disorder (PTSD) is a natural emotional reaction to shock and that there are recorded instances of it throughout history, it is only in recent years that the world's armies have recognized this and are taking steps to treat it instead of court-marring its victims and putting them before a firing squad. Despite this tending to create a perception of PTSD as a problem mainly affecting soldiers, it may actually be more common in women. Rape carries one of the highest risks for

PTSD and being raped is far more common for women than for men. In addition to this, brain imaging studies suggest that a divergence in the functioning of certain areas of the brain – the amygdala or prefrontal cortex – in males compared to females may increase the risk for women. Men and women also experience PTSD differently. Women are more likely to feel numb and resort to avoidance behaviour while men experience irritability and impulsiveness. Men are likely to develop substance use disorders while women tend towards mood and other anxiety disorders.

Obsessive compulsive disorder (OCD) occurs with equal frequency in men and women but symptoms, again, are different. Women are more likely to have contamination obsessions, i.e. fear of coming into contact with bacteria, while men tend towards more aggressive or sexual obsessions. Frequency of compulsions is equal but women's compulsions are likely to be more severe. In women, OCD most often develops in middle age, after pregnancy and birth of children. In men, it is more likely to develop in childhood, often in combination with tics or Tourette Syndrome.

There are various theoretical explanations for generally more women than men having anxiety disorders. A woman's entire reproductive life involves fluctuations in levels of estrogen and progesterone. These hormones impact on anxiety levels upon reaching the steroid receptors in the areas of the brain, including the amygdala, hippocampus and various cortical areas which influence anxiety due to their affect on the neurotransmitters noradrenaline, dopamine, serotonin and g-aminobutyric acid (GABA). Other physiological differences, involve influence of sex hormones on brain lactates, blood carbon dioxide levels and respiration. Women also have more serotonin receptors than men and less of the protein that transports them which, since the neurotransmitter, serotonin, is well-proven today as being involved in affective disorders generally, obviously impacts on their susceptibility. Anti-anxiety drugs work by adjusting serotonin levels which means that gender differences are taken into consideration when these are prescribed. Oral contraceptives also affect the dosage of antidepressants and the plasma levels of psycho-active drugs are potentially higher in women than in men, requiring lower doses or intermittent dosage to moderate adverse effects.

In men, anxiety can cause impotence which also affects dosage of anti-anxiety drugs which impact on libido themselves. In fact, as many as 15% of cases of impotence have a psychological basis, usually anxiety or stress. Sex therapy and Viagra are helpful here as well, obviously, as psychotherapy rather than pharmacological treatment of the anxiety disorder.

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

### **Be a Man: Men with anxiety**

For the first couple of months, only women attended our anxiety support group. Then a solitary man made an appearance. I noticed him outside our meeting room, waiting for other members to arrive. Like a lot of people who suffer from anxiety, he gave no obvious signs of his distress. Because I knew what to look for, I saw tension in his body, a clenching of his fists. As I approached him, he gave me a small smile and introduced himself as Matt. I volunteered a little information, telling him that I had panic disorder with agoraphobia. He wanted to know what the leader was like. I explained that I led the group. He became silent. I later learned what his reaction meant.

During Matt's first meeting, he listened to five women discuss their problems with anxiety. I wasn't sure if he was going to join in the conversation because I never go around the room having people take turns speaking. But Matt did speak. He spoke quite openly and revealed great emotion. He told us of years of trying to overcome social phobia. He was able to work but feared losing his job. Matt was fine when he was alone at his desk, but he was required to attend business meetings. If his boss suddenly asked for his opinion, Matt might panic. He often found excuses to avoid meetings.

I compared his meetings with my attempts to stay for an hour in a large church. I described one panic attack which happened as I approached the altar where many people could have seen me. Matt wanted to know if I ever returned to that church. I answered that I returned the very next week. It was his second question which stormed me. He asked, "What about the humiliation?" I took a few moments to think before I answered him. We women had spoken about the embarrassment of shaking and crying in public, but none of us had used the word *humiliation*. We all want to appear calm in public, but perhaps Matt had an added burden in that he had to "*be a man*" Losing control seemed *weak* and he was supposed to be strong. I could have emphasized that panic disorder is a medical condition not a character flaw. When I answered his question, I surprised Matt. I didn't try to argue that the word *humiliation* was inappropriate. I didn't tell him that there was no longer any stigma attached to panic disorder. I told him, "You have to accept the humiliation. You have to keep going to those meetings. But you can learn techniques to reduce you anxiety, and we will support you in every way possible." He looked at me and said, "Wow."

One by one, other men started coming to our meetings. John came because his boss urged him to attend. John worked in a factory, operating a machine all day. When his anxiety overcome him, he would walk away from his

station. Production stopped. John had shared the truth with his supervisor. After seeing our small notice in the newspaper, John's boss told him, "You better go to that group." Although he had been diagnosed with generalized anxiety disorder, John had never spoken to other people who had panic attacks. When I suggested diaphragmatic breathing, John laughed and said that he thought it meant simply filling your lungs to capacity.

Other men sympathized with the stress John experienced on the job. Naturally, they felt a responsibility to provide an income for their families. For John, several of the other men recommended vigorous exercise. During breaks and his lunch hour, he should jog or do push ups. This would relieve tension. Another man's agoraphobia was so severe that despite repeated attempts, he was unable to work. He told us a sad truth. When other men asked about his job, he pretended that he worked nights. He wasn't happy lying, but he said most men gave him a dirty look if he admitted that he was on disability. He found women less judgmental.

It's easy to fall into the trap of stereotypes: men being strong and women being nurturing. This is not what I saw during our group meetings. I think it takes great courage for anyone to attend an anxiety support group. We had women in their seventies who were letting out anger because fear had limited their lives. We had men whose compassion brought tears to my eyes. Looking over a year's worth of meetings involving a total of over fifty individuals, I could see a few trends. More men than women believed that panic disorder was the main reason they were separated or divorced. Men turned to alcohol to try to feel less anxious. Men seemed to focus on depression as much or more than on anxiety. Women talked more about constant worry. Still, for the most part, we shared the same concerns and could easily understand each others' fears.

This mutual respect has had a good effect. However, my earlier suspicion that the first man, Matt, might not have been impressed by a female leader turned out to be true. When he came to his second meeting, he told us that his first thought had been that he wouldn't be coming back. He didn't think he could learn anything from "*a bunch of women*". Ouch! But he went on to say that as he drove home from that first meeting he realized that he felt better. He hadn't felt *better* in a long time. Now, months and many meetings later, he has had the confidence to fulfil a lifelong dream by starting his own business. We all rejoice in the many ways this man has made progress.

Colette Carner.

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## **Dealing with anxiety while maintaining a family and job**

By: Stanley Popovich

It is not easy to deal with fears, anxieties, or depression while maintaining a family and job. It can be very tough to have to manage your anxieties while making a living and taking care of the children.

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, try to focus on today. Each day provides us with opportunities to learn new things and that includes learning how to deal with your problems. Focus on the present and stop trying to predict what may happen next week. Next week will take care of itself.

Do not try to tackle everything at once. When a current or upcoming task overwhelms you with a lot of anxiety, break the task into a series of smaller steps. Completing these smaller tasks one at a time will make the stress more manageable and increases the chance of success.

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

When you're nervous about a certain task, visualize yourself doing it. For instance, you and your team have to

play in the championship game in front of a large group of people in the next few days. Before the big day comes, imagine yourself playing the game in front of a large audience. By playing the game in your mind, you will be better prepared to perform for real when the time comes.

Keep a small notebook of positive statements that make you feel good. Whenever you come across an affirmation that makes you feel good, write it down and, whenever you feel anxious and stressed, open up your notebook and read your affirmations.

When encountering a scary situation, gathering all of the facts of the situation will prevent you from relying on exaggerated and fearful assumptions. Focus on the facts and recognize reality.

Always remember that there is hope in overcoming your anxieties and depression. The key is to be patient and not to give up. In time, you will be able to find the resources that will help you with your problems.

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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/>*

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## **Cognitive behavioural therapy is safe, effective and superior to medication**

While many advocates of pharmacological and psychopharmacological treatment of anxiety disorders still question the effectiveness and, to some extent, the safety, of purely psychological therapies, today rigorous evaluation proves that these therapies, especially cognitive behavioural treatment (CBT), are both safe and effective. The primary objection, from the viewpoint of mental health professionals, is that they are not required to meet the criteria demanded for proof of effectiveness in regulating pharmacological treatment.

In fact, the criteria used in CBT studies are often more stringent than those used for drug licensing. Blind (meaning that the assessors are not aware of treatment allocation among the participants) trials have demonstrated equality with drug treatment and superiority to other psychological treatments. CBT proves to be more effective than counselling or relaxation in the treatment of obsessive-compulsive disorder (OCD), panic disorder, social phobia and post-traumatic stress disorder. Psychotherapy trials are generally longer than pharmacological trials so that evidence of long-term outcomes is available. Such trials show long term benefits not found for drugs – CBT proves to reduce the risk of symptoms returning after completion of treatment for depression, panic disorder, social phobia and OCD.

Inappropriate or poorly delivered treatments, whether psychological and pharmacological, can be harmful. Patients becoming dependent on their therapists is an issue put forward by critics, and the possibility of many sessions being needed to disengage the patient since abrupt termination is known to be a suicide risk. Such criticisms, in the face of the very same risks being, quite possibly, greater in pharmacological treatment are somewhat ironic. There is also a school of thought that psychotherapy can worsen anxiety disorder symptoms or, even, promote the idea of suicide by talking about difficulties.

Neither criticism is relevant. CBT practitioners are trained to evaluate progress, using standardized forms to measure the severity of symptoms at every session– something obviously not possible with such frequency in drug treatment. The collaborative nature of CBT makes dependency a non-issue.

Surveys of the general public show that people believe that the benefits of high profile drugs can be achieved through non-pharmacological treatments and that they are safer. CBT is the effective, evidence-based, evaluated psychological treatment, delivered by competent professionals, that provides this option to people with anxiety disorders.