



# 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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## **Finnish scientists identify genes that may cause a predisposition to anxiety disorders**

Research focused on genes that influence human behaviour, carried out as part of the Academy of Finland Research Programme on Neuroscience, indicates that some of the genes studied show a statistical association with specific anxiety disorders.

The study follows up on team leader Iiris Hovatta's previous exploration on the genetic background of anxiety in experimental models, this time, however, in humans using data collected as part of the national Health 2000 Survey. This data consists of 321 individuals who had been diagnosed with anxiety disorder and 653 healthy controls. Different genes proved to have association to specific types of anxiety disorders.

International collaborators in Spain and the United States will replicate these findings in their own anxiety disorder datasets to find out whether the genes identified by Finnish scientists predispose people to anxiety disorders in all populations. Anxiety disorders are triggered more easily in people who have a genetic predisposition to them and better understanding of the genetics and neurobiology involved will help to improve treatment of the condition.

## **Links between obesity and anxiety disorders**

Clear links between obesity and social phobia and post-traumatic stress disorder (PTSD) were demonstrated by the first ever study to examine links between all anxiety disorders and obesity. Undertaken at the University of Otago, Wellington, the study involved nearly 13,000 New Zealanders and shows that people with obesity are more likely than non-obese people to have the disorders, that it occurs in both men and women and is not affected by their level of education. This does not prove that mental health disorders cause obesity or vice versa, although anxiety proves to increase food consumption among obese in comparison to non-obese people. Other PTSD studies have found links between childhood trauma, such as sex abuse, and obesity in adulthood and between previous trauma and binge-eating, making it more likely that PTSD may lead to obesity rather than the other way around.

## **Insights into teens with anxiety disorders**

Four years into an eight-year evaluation of 650 students, aged sixteen at the outset, UCLA psychologists are finding that the tendency toward negative emotions – clinically known as neuroticism – is a powerful indicator of the potential development of both anxiety disorders and depression. Such teens become unnecessarily and inappropriately anxious. Tests designed to study their physiological reactions, such as the *startle reflex*, measured by eye blinks, heart rate and sweat gland activity, demonstrated their inability to distinguish conditions that are safe from conditions in which threatening events may occur. This type of response – appropriate fear along with additional unnecessary anxiety appears to contribute to the development of pervasive anxiety.

The researchers are conducting a comprehensive evaluation of the student participants every 12 months and the students, themselves, complete self-reports every six months. It is hoped that the study will reveal the risk factors which predict anxiety as opposed to depression, as well as the risk factors that are common to both during adolescence. Anxiety and mood disorders appear to become prevalent between ages sixteen and nineteen so that if those at risk can be identified in advance they can, perhaps, be treated early to reduce the risk for later severe anxiety disorders. Anxiety disorders are chronic conditions which persist if they go untreated.

The original intention was to see who developed disorders over the course of the study. Unexpectedly, many of the teenagers were found to be already experiencing both depression and anxiety – 20 percent had a current or past anxiety disorder, and 30 percent had a current or past mood disorder. Consequently, objectives were changed from evaluating risk factors for the onset of anxiety and mood disorders, alone, to evaluating why and for whom the disorders become more severe over time.

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*The LIFELINE Anxiety Disorder Newsletter may be contacted, by mail, at 431 Victoria Street, Shelburne, Ontario L0N 1S4 Canada or, by email at [lifeline@designandcopy.ca](mailto:lifeline@designandcopy.ca)*

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

## **Anxious parent: anxious child – it ain't necessarily so, but likely...**

The first few weeks of the school year are anxious times for many children and their parents. Being prone to anxiety and nervousness tends to run in families and crosses all boundaries so that there are parents and children of all ages, races and gender in varying states of irrational anxiety when September arrives. Studies show that anxiety disorders appear in fifty per cent of sufferers before the age of ten and in ninety per cent before the age of twenty. Genes involved in the production of stress hormones are thought to play a role in irrational anxiety.

A study of sixty-five seven-to-twelve-year-olds, funded by the National Institute of Mental Health in the US, demonstrated that children with anxious parents are 3.5 times more likely to have anxiety than those whose parents are not anxious. The study included children who were anxious, children with parents who had anxiety disorders but who were not anxious themselves as well as non-anxious children with parents who were also not anxious. The primary objective of the study was to find out whether the children with anxious parents do, in fact, exhibit early signs of underlying mechanisms for anxiety - whether they learn to fear more quickly when exposed to threatening events and remain fearful disproportionately.

Physiological responses, and the rate of their disappearance, were measured when the children were conditioned to being exposed to cues associated with a loud noise and compared to measurement of their responses to cues being presented without the noise. Sweat gland activity increased in the children with anxiety during the first phase and there was a slow decrease in this in the children considered to be at risk, both in terms of cues that signalled the loud noise and those that did not. This indicates that anxiety and the risk for anxiety in children are due to over-stimulated nerve cells in response to threat and their impaired inhibition in response to non-threatening situations.

While an anxious parent can mean an anxious child or a child at risk of anxiety disorders, the experts say that, if detected early, children and adolescents can learn to cope with anxiety, fear and phobia and prevent the emergence of severe anxiety disorders. The key word here is *cope* and not *avoidance*, which is the child's first defence, especially if such behaviour is the norm on, for example, the part of a parent whose social phobia isolates him or her from interacting with other people.

Today, anxiety disorders are one of the most prevalent of childhood psychological disorders, the most common being separation anxiety, generalized anxiety disorder, panic disorder, social phobia and obsessive-compulsive disorder. Signs and signals of anxiety in a child are usually seen in

rituals, perfectionism, withdrawal, inability to socialize, speak in class and school refusal – all avoidance behaviours. Parents, whether familiar with anxiety issues or not, must seek help when a child's avoidance behaviour really begins to affect his/her well-being. It's not going to go away and could lead to depression – in fact, *will* lead to depression because children, unlike some adults who are quite happy to be reclusive, do not thrive in isolation. They must learn to manage their anxiety.

Parents, whether familiar with anxiety disorder or not, cannot teach anxiety-prone children how to do this by themselves for the very obvious reason that children must go to school. Schools today are, for the most part, accommodating to special arrangements being made for anxious or phobic children from allowing young children to bring a toy into class, to feel more secure, to having older children on individualized plans or being excused from tests. In many schools, all children learn about stress in health classes and are given instruction on breathing techniques to help them through stressful events and tension. This assists other children in understanding the problems anxious children are having as well as teaching anxious children that stress and tension impacts on everybody, as well helping them to control stress as a means to also control their anxiety. Stress is something we must all learn to deal with today, especially the anxiety-prone. Hopefully, it will become a required part of all health class curriculums in the years ahead.

Coping tools and aids for both children and adults with anxiety disorders include self-help programs and relaxation CDs which also reinforce the fact that they are not alone in suffering anxiety disorders. Working with these together can help both parent and child especially in terms of keeping communication open. Parents who maintain consistent schedules will find that this helps to dispel children's anxiety as well as their own and, of course, paying heed to the old adage that you can't help somebody else until you've helped yourself, will necessitate getting the treatment needed to manage their own anxiety instead of transmitting it to their children.

Treatment for adult or child, today, does not mean medication. There are therapies that are far more effective and enduring which, because they change the subject's outlook, have the additional benefit of removing the fear of stigma which medication cannot do. Fear of being labelled means that taking medication is not something that we broadcast – especially if it is prescribed to children. Therapy, such as cognitive behavioural therapy and other exposure therapies go beyond that fear of stigma because they are teaching control and management of anxiety, not just fixing things for the short-term.

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

### **Heartache**

We love when new people come to our anxiety support group. We recently had three women and one man attend for the first time. As the group's leader, I could see our "regulars" smile in friendly encouragement. Those smiles disappeared as two of our new members told us their stories.

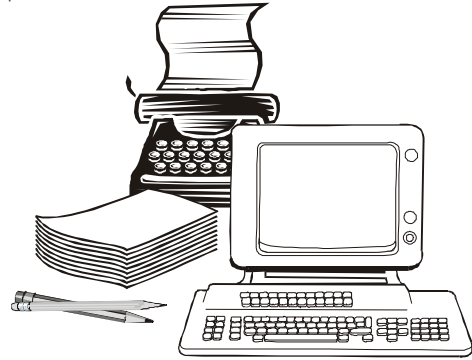
A fifty-year old woman said that she had managed her anxiety pretty well while she was raising her children. She focused more on their problems than on her own. After her children left home, she became depressed and very anxious. Her family doctor really didn't know what to do for her, and she ended up being placed in a mental institution. One of us interrupted her, asking if her children ever visited her. She answered that her twenty-four year old son did but kept telling her that she needed to "*toughen up.*" There were gasps and sighs in the room. She then told us that she spent one and a half years in that institution.

Of course we all wanted to know how she got herself out of that terrible situation. She gave her explanation in a matter-of-fact tone of voice. Faced with the possibility of never regaining her freedom, she began to pray. The group therapy sessions hadn't helped her before but she felt inspired to approach one of the therapists privately. She asked him for suggestions of what might lessen her anxiety. She followed his advice faithfully and recovered. She came to us now because her anxiety had returned after being injured at work. She also felt that she had "worn out" her friends.

The support group knew what she needed. Her most pressing problems were isolation and her inability to find work. Members generously told her that they were her friends now. She wanted opinions concerning a recent job interview, specifically whether to disclose her physical disability and her anxiety disorder. Two of our members knew all the details about what was illegal to ask in an interview so she received excellent practical information.

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*Submissions for inclusion in From one reader to another... should be mailed to: Lifeline, 431 Victoria Street, Shelburne, Ontario L0N 1S4 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.*



In contrast to her willingness to speak, the man who was attending for the first time wanted to be silent. He had phoned before the meeting to request information and made it clear that he couldn't speak in front of groups. He was encouraged to come and assured that no one would pressure him to say anything. He was young, in his mid-twenties. When the meeting was almost over, I was surprised as he began to tell us his story.

He sat directly across from me and never took his eyes off me. He said he was wearing a heart monitor. Usually a cardiologist will have a patient wear this device for twenty-four hours to determine various aspects of the heart. This man had been wearing the monitor day after day. He had a terrible fear that every time he had a panic attack that he was actually having a heart attack. He believed the attack would kill him. One of us asked if the monitor helped and he said softly that it did not. I met his eyes and told him that if panic attacks were fatal, I would have been dead a long time ago. I said it with sincerity and not sarcasm. I described all my symptoms so he could compare his panic attacks to mine. As I spoke, I saw his face change. I saw understanding and relief.

Practically everyone in the room had been taken at least once to an emergency room during a panic attack. I certainly had made that trip and, at first, the medical staff had considered it a possible heart attack. Although heart problems were quickly ruled out, a proper diagnosis of anxiety was never made. It was rather sad that after all these years I had to tell a young man that a panic attack wasn't fatal. But it was also wonderful to ease a heartache.

*Colette Carner.*

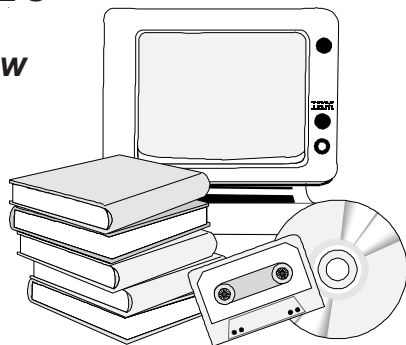
*Colette may be contacted by writing to her c/o Lifeline, 431 Victoria Street, Shelburne, Ontario L0N 1S4*

## **Possible new treatment for severe anxiety on the horizon**

A laser, approved by the FDA to treat physical pain appears to have the capacity to ease the pain of anxiety. The low level laser is used in a similar way to acupuncture in targeting energy or meridian points in the body focusing the

light that is in the laser on them. Evidence already shows that when the skin absorbs the light it spurs the production of endorphins, dopamine and serotonin in the brain – the same chemicals known to ease pain, stress and anxiety.

## LIFELINE'S Media Review



**Hole in One** by Gayle Grass. Iris the Dragon Inc. Perth, Ontario. April 2008.

*Hole in One* is the new *Iris the Dragon* book. It's about social anxiety – the story of a boy called Teeman who wants to be an amazing golfer. Teeman, however, is very anxious about school and performing and is afraid he will never realise his dream. Then he meets Iris the Dragon, and Iris helps him learn how to handle his anxiety and interact with people instead of avoiding them.

Iris the Dragon Inc. is an educational publishing company which has produced a series of illustrated children's books and educational resources to educate both adults and children about mental illness. Iris the Dragon, the main character in the series, is somebody to whom both can relate. She is always there to interpret the characters' thoughts and fears and to help them through their troubles.

Author Gayle Grass is concerned about the need for early identification and treatment of mental disorders. She uses her children's storybooks to communicate this message to children and caregivers. The previous books in the series are *Catch a Falling Star* which introduces the topic of mental health, encouraging children in sharing their worries with a caregiver and providing readers with symptoms which can indicate potential problems in a child's emotional and social development, and *Lucky Horseshoes* about a girl with attention deficit hyperactivity disorder with whom children with the problem can relate and identify their own thoughts, feelings and actions with those of the character.

## Acupuncture alleviates anxiety

Traditional Chinese medicine teaches that the body's energy flows along a series of meridians and each of the internal organs has a corresponding meridian so that applying pressure, heat or needles to the relevant acupoints influences the respective internal organ and harmonizes the body's Qi (energy). Qi appears in many forms in the human body – Shen, the most spiritual form of energy is housed in the heart and is responsible for everyday mental activities.

**The 10 Best-Ever Anxiety Management Techniques: Understanding How Your Brain Makes You Anxious and What You Can Do To Change It** by Margaret Wehrenberg. W. W. Norton. New York. August 2008.

Based on the belief that people with anxiety disorder have the power to change the way their brains work without medication, the author presents the ten techniques which she has found work best in controlling and overcoming anxiety. Presented comprehensively, the result is a handbook full of strategies to help people struggling with anxiety to understand, manage and control their own stress.

The reader learns how the brain makes him/her anxious and how this anxiety can be managed with medication, then goes on to find out how to manage his/her anxious body, anxious mind and anxious behaviour through biologically-based practical and effective tips on a day-to-day basis. Diaphragmatic breathing and self-talk, mindfulness, cognitive control and muscle relaxation are all involved in successfully doing so. The final two techniques take a planned approach to worry.

When worries get out of control, you can win back that control by putting a time limit on the amount of time to be taken in worrying through the various issues, then planning a time to come back to thinking about it later, then diverting your thoughts elsewhere every time a thought about the worry comes back into your head while you wait for the scheduled worry time. An anxious brain reconsiders a plan many times so that, to stop this constant anxiety, the fundamentals – identification of the problem, listing solutions, selection of an option and actually writing out the plan – of planning must be learnt and adhered to. In both these techniques, a brake is effectively applied to stop anxious thoughts – in the first, it is "Stop! I already worried" and in the second, "Stop! I have a plan!"

With some patience and determination, this book leads the way to gaining a lasting sense of power over anxiety.

Margaret Wehrenberg is a leading mental health clinician from St. Charles, Missouri. Her previous book on anxiety disorders is entitled *The Anxious Brain: The Neurobiological Basis of Anxiety Disorders and How to Effectively Treat Them*.

Mental illness will result when there is disharmony in the body's energy affecting the Shen. Deficiency of the heart and kidney energies, excess of liver Qi and lack of communication between the heart and the kidneys causes anxiety. Acupuncture can alleviate anxiety through an increased release of serotonin and noradrenaline in the central nervous system, certain endorphins and nocturnal endogenous melatonin.