



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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Four-year-olds developing OCD

Children as young as four can fully develop obsessive compulsive disorder (OCD) according to researchers at the US Bradley Hasbro Children's Research Center Pediatric Anxiety Research Clinic. 23 boys and 35 girls with OCD between the ages of four and eight were given a series of clinical psychological assessments.

The most common obsessions were fear of contamination and such catastrophic fears as death or harm coming to themselves or family members. Three-quarters had multiple obsessions. 20% had a family history of OCD and nearly 22% also had attention deficit hyperactivity disorder and 20% generalized anxiety disorder. Washing, checking and

repeating were the most common compulsions among the group and almost all of them suffered from multiple compulsions.

Analysis of the data demonstrated several parallels between these young children and samples of older children – similar types of obsessions and compulsions, multiple psychiatric diagnoses and high rates of OCD family history, with similarities in symptoms and severity. Younger children, however, were less likely to have depression and, by demonstrating a lower boy to girl ratio, the study also disproved the theory that boys were more likely than girls to have OCD.

Too many deaths due to mental health disorders

According to the Conference Board of Canada, the 13.7 deaths, in 2006, due to mental disorders per 100,000 people in Canada indicates a need for more early intervention programs.

3,400 Canadians commit suicide every year and 90 percent of these suicides are related to depression, mental illnesses and/or substance use.

Mental illness is the second leading cause of hospital admission for Canadians 20 to 44 years of age.

These facts, along with revelations of prejudice among health care providers against people with mental illnesses, appear in the Conference Board of Canada's report, *How Canada Performs: A Report Card on Canada*, which compares quality of life in Canada with peer countries.

In the United States, which ranks just behind Canada, in the report, with 14.8 deaths per 100,000, the Substance Abuse and Mental Health Services Administration is also showing concern at the high rates of premature deaths among people with mental illnesses. Its position is that as many as seventy percent of premature deaths among people with mental illnesses are due to avoidable physical diseases and accidents related to a lack of preventive health education and health care and, like the Conference Board of Canada, cites stigmatization by health service providers and other negative health care experiences preventing people from seeking treatment.

Computer-assisted therapy cuts costs

Computer-assisted therapy – especially virtual reality exposure therapy – is reducing cost and improving access to treatment for many people with anxiety disorders and depression. Virtual reality applications have been found to be especially effective for post traumatic stress disorder, fear of flying and social phobias. They allow the therapist to simulate the experience of the anxiety-provoking situation, implementing graded exposure, in the office, while controlling the pacing and intensity of the exposure. Cognitive behavioural therapy is used to break avoidance behaviours and change dysfunctional thinking.

Clinician involvement can be reduced to screening, supervision and support of the computerized program, thus – as compared to standard therapy – reducing cost and freeing up time for other clients. Recent studies have found that computer-assisted therapy is best used as a component of treatment but not as strictly self-help programs. A complete lack of support from a therapist proves to be less effective than therapy which comprises an integrated approach of clinician and computer.

The material included in this newsletter is for general information and discussion purposes only and in no way replaces clinically recommended treatment. Subscriptions are free, but a \$5.00 fee is required to cover the postage and handling costs of 4 quarterly issues per year.

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

Relax... deep breathing and muscle relaxation can keep anxiety and stress at bay

Muscle relaxation and deep breathing both require a great deal of concentration – concentration which can shut out all thoughts... and fears. Regular practice will ensure that you are able to relax in the face of fear, stress and anxiety.

Deep breathing, also known as abdominal breathing or diaphragmatic breathing, should be practised for two or three minutes several times a day so that you are able to use it immediately when stressed and anxious. It relaxes the muscles while massaging the internal organs and increasing the supply of oxygen throughout your body.

Progressive muscle relaxation was developed by Dr. Edmund Jacobson in the 1920s when he discovered that a muscle could be relaxed by tensing, then releasing it. The system of tensing, then relaxing the various muscle groups throughout the body creates a deep state of relaxation and was found to be beneficial to a number of conditions ranging from high blood pressure to any disorder involving stress. Originally Jacobson's system included exercises for two hundred muscles which were gradually added to the program over time. Today, the system has been adjusted to provide a set of exercises which can be learnt and practised on a regular basis to completely relax the body.

Diaphragmatic breathing

Breathe slowly and deeply in through your nose, and out through your mouth taking twice as long to breathe out as to breathe in.

The diaphragm is the muscle between your chest and abdomen. When we are anxious we tend to forget to use it which leads to shallow breathing using the chest and shoulders and increased anxiety.

To get started on deep breathing, use the following exercise.

Sit or lie comfortably wearing loose clothing. Place one hand on your chest and the other on your stomach. Slowly inhale through your nose feeling your stomach expand with your hand. Concentrate on breathing so that your stomach expands. Do not force your inhalation; let your lungs fill naturally. Exhale slowly through your mouth, pursing your lips to regulate the slow flow of air out of your body. Using a count of six and three will help you to regulate breathing out for twice as long as you breathe in. If you've been habitually breathing shallowly, using only your chest and shoulder muscles, you may find diaphragmatic breathing tiring. If you can only manage it for a minute or two, do so. You'll find that, gradually, you will be able to extend the time. You may also feel a little flutter in the area of the diaphragm at first. This is just caused by anxiety and will pass with practice. You may also find it makes you sleepy. This is usually due to your body getting the relaxation you've

been denying it with your shallow breathing and it, too, will pass as you develop expertise in breathing deeply.

Progressive Muscle Relaxation

Sit in a comfortable chair – again, wearing loose clothes, and remove your shoes. Take a deep breath and exhale slowly, and repeat.

The objective of progressive muscle relaxation is to alternately tense and relax various groups of muscles sequentially so that, after tension, the specific muscles become more relaxed than they were before you tensed them. Notice the difference between the tension and relaxation of the muscles in each case. With practice, you'll eventually be able to recognize tension in any muscle and be able to reduce it.

Breathe slowly and evenly and concentrate on the contrast between tension and relaxation. Tense the muscles in just one group, as described below for 10 seconds, **then relax for 10 seconds** and tense the next group.

Hands (i) Make fists. (ii) Extend fingers.

Biceps and triceps (i) Tense biceps, i.e. make a muscle without tensing your fists. (ii) Tense triceps by making as if to bend your arm the wrong way.

Shoulders (i) Stretch shoulders backwards. (ii) Stretch shoulders forward.

Neck (i) Turn head slowly to the right. (ii) Turn head slowly to the left. (iii) Dig your chin into your chest.

Mouth (i) Open mouth wide. (ii) Purse lips tightly.

Tongue (i) Extend your tongue as far as possible. (ii) Roll it back towards your throat. (iii) Press it into the roof of your mouth. (iv) Press it into the bottom of your mouth.

Eyes (i) Open as wide as possible. (ii) Close tightly.

Breathing (i) Take a deep breath, then inhale a little more. (ii) Exhale, then breathe out a little more. (Breathe normally for 15 seconds to relax for both these exercises.)

Back Keeping shoulders resting on chair, push forward to arch your back.

Buttocks (i) Tense and raise your pelvis slightly. (ii) Press buttocks into chair.

Thighs (i) Raise extended legs about 6 inches from the floor without tensing your stomach muscles. (ii) Press your feet into the floor.

Stomach (i) Pull in your stomach as far as possible. (ii) Tense stomach muscles as if you were expecting to be punched.

Calves and feet (i) Point your toes, keeping legs in place. (ii) Point your feet upwards.

From one reader to another...

Acceptance first

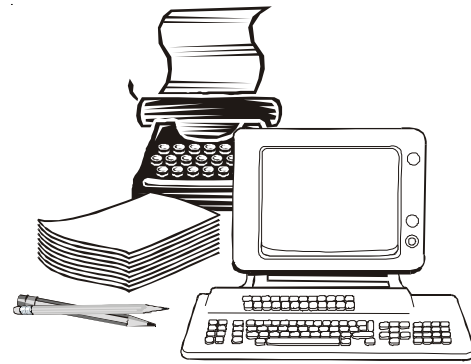
I wish I could remember who told me the story. Years ago, I heard about a woman who was afraid that she would lose control in public and embarrass her husband and her children. Her husband wanted to know exactly what she would do that would be so awful. She couldn't tell him because she didn't know herself. She feared making some kind of scene which would be humiliating. One day she was in the car with her husband, and they heard on the radio that some poor girl had stripped off her clothes and was tap dancing on the hood of her car. In sudden recognition, the woman said, "That's it. That's the kind of wacky thing I'm afraid I'll do." Her husband replied, completely serious, "Don't be foolish. You know you can't tap dance."

Maybe it wasn't a true story, but the fear of losing control is quite real. For me, it is based on the reality of having had many panic attacks in public. Most of the time I was the only person who knew I had panicked. But, on rare occasions, people certainly noticed my legs wobbling, my flushed face, and my eyes full of tears. It's not surprising that a person in a panic would look scared or at least upset. It's hard being that person. No one wants to attract that kind of attention.

I know I'm not supposed to feel embarrassed because I have panic disorder. I'm supposed to compare it to having a medical condition like diabetes. When I mention this concept to other people with panic disorder they quickly reject it. Usually their reaction is "People understand diabetes – that's a physical problem". Before they are diagnosed with one of the various forms of anxiety, people go through all kinds of tests searching for a purely physical reason for their distress. They don't fear finding an illness; they hope for one. It is only after every possible illness is ruled out that physicians suggest seeing a psychiatrist. This is the heart of the matter. This is when the analogy with diabetes falls apart.

Physical illnesses are treated by many types of doctors but psychiatrists treat mental illnesses. We can hope that the referral is made with sensitivity but, even if it is, this news is difficult to hear. There must be exceptions: those people who feel relief knowing there is effective treatment with medication and counseling. But over the years I haven't known a single person who wasn't disappointed when physical causes were eliminated.

In some cases the stigma of mental illness has prevented people from seeking treatment. I remember a neighbor, Diane, who knew about my agoraphobia, and asked me to speak to her sister Judy. Diane suspected, for good reasons, that Judy was having panic attacks. Judy was convinced that



the doctors just hadn't found the cause of her "bad spells". Judy would lose her balance, become weak, dizzy, and have trouble breathing. She would have to go home quickly to feel better. Judy agreed to let me visit her. She appeared quite nervous and didn't say much. We chatted about my friendship with her sister and then I introduced a series of questions.

I asked if she liked small gatherings rather than big crowds. I asked if she chose seats at the end of rows near exits. She nodded "Yes" to several more questions and admitted she was surprised that a stranger seemed able to describe so many of her preferences. I explained that they were characteristics of agoraphobics and described my "bad spells". She caught on but not in the way I hoped. Her anger flashed, "So you think it's all in my head?"

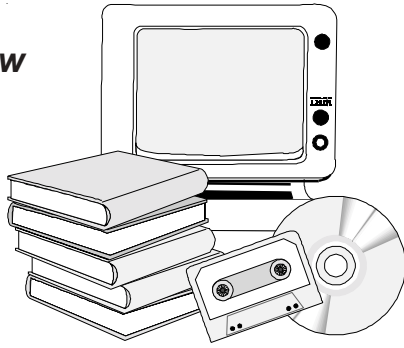
There was no short answer to Judy's question. Of course Judy wasn't making it up or faking. I tried to reassure her by giving her a summary of explanations for developing panic disorder: chemical imbalance in the brain, stressful events, genetic predisposition. She wasn't very impressed. I told her she needed to learn a lot more. Of course she needed to be diagnosed by a medical professional, not by her sister or by me. Then she could begin her recovery. None of this could happen until she accepted the possibility that her illness wasn't physical. The key was acceptance.

Acceptance is the most important factor during the whole process of recovery. Judy wanted to feel in charge of her life again; to do the things she had done easily before. I wanted the same thing. The way to achieve this goal seems illogical. The most effective method I have found is to return repeatedly to the places where I have panicked and, yes, to accept that I will feel very anxious. I don't have to "be brave" by clenching every muscle, telling myself, "this time I won't let myself panic". Because I'm not fighting every sign of anxiety they often disappear. Because I also give myself the option of retreating and then returning, I usually don't have to leave. I can stay because I can always choose to leave. Now I worry less about labels. The main thing is to be out there, to be part of life... but I draw the line at tap dancing.

Colette Carner.

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LIFELINE'S Media Review



Bon's Year On: My Spiritual Journey through Panic and Anxiety by Bonnie Grzesh Pedota. Trafford Publishing. August 2006.

A first-hand account of a journey of recovery from panic disorder – a journey from which the author has created a tool kit and coping mechanisms for herself and others to use when panic threatens. Pedota suffered from panic disorder for four years and relates her story through journal entries, storytelling and spiritual reflection. She gives people with the disorder hope for their own recovery by inspiring them to believe that they, too, can face the challenge and get on with their lives.

A former teacher, Pedota is a spiritual psychotherapist and mental health advocate who speaks publicly with the Canadian Mental Health Association speakers bureau about her experiences with mental illness. Having experienced life with an "invisible illness" herself, one of her goals in publishing *Bon's Year On*, and telling her own story, is to break through the stigma surrounding mental health issues.

The book provides instructions on writing a journal. There are no rules, she says. A journal serves as a place to record whatever is going on in one's heart and mind – dreams, goals, doodles, songs, poems – the possibilities are endless. Pedota found keeping a journal to be highly therapeutic during her own recovery from panic disorder and her own journals comprise the basis of the book with key journal entries included so that readers can relate to what she was facing and, she hopes, feel less lonely and depressed by their own journeys.

One key message of *Bon's Year On* is to view the journey of recovery from panic disorder, as she did when she took a year off from school and majored in recovery, instead. That is, as one of life's great learning experiences – an opportunity to grow.

Asthma and poor mental health

People rating their mental health as poor are more likely to have asthma than those who perceive their mental health as good according to Brown University researchers. Data on 318,151 people, who took part in the Behavioural Risk Factor Surveillance System, was analyzed and it was found that days of poor mental health was associated with currently having asthma. People who said their mental health was poor or fair were at 1.31 times greater risk of asthma in comparison to those who rated their mental health as good, very good or excellent.

While the study does not prove that asthma causes poor mental health or vice versa, researchers feel that it is important to treat both conditions. Improving one may improve the other. The association between the two conditions has previously been established but the real question is whether it is because people who are anxious or depressed do not take care of themselves? For instance, are they eating poorly? Smoking? Or, do they lack exercise and neglect to take their medications? Or, is it because physiological or immune system changes respectively increase chest tightness in patients with asthma or increase inflammation in the airways of asthmatics? Researchers agree that it's an area that merits more study.

Rejection of social phobics found to be due to their own behaviour

Anxious behaviour is actually causing the rejection that social phobics fear.

A study, published in the *British Journal of Clinical Psychology*, Maastricht University in the Netherlands shows that socially anxious people must improve their performance in order to break cycle of social rejection.

In the study, people with social anxiety disorder were observed during a speech and during a conversation with new acquaintances. The observers then reported how they felt towards the socially anxious people. This resulted in the finding that poor social performance actually caused the observers to feel negatively towards them.

The researchers say that when people feel negatively about someone, they assure themselves that they are not like that so that this and the negative feelings result in their rejecting the person. It is a vicious circle which can only be stopped by socially anxious people finding ways of reducing self focused attention. A possible strategy would be by socializing with people who have similar interests. This could focus the attention of other people away from the social phobic behaviour and create a bridge to more relaxed conversation.