



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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New test for accurate PTSD diagnosis

A new one minute test capable of diagnosing post-traumatic stress disorder (PTSD) with over 90% accuracy has been developed at the University of Minnesota.

While thousands of combat veterans are thought to have PTSD, it is often difficult to diagnose and, consequently, to treat correctly. The psychological symptoms may well be caused by other conditions, with similar symptoms, which also develop during combat. Head injury and depression are such examples.

The test uses magnetoencephalographic (MEG) recordings to measure the magnetic fields produced by electrical activity in the brain, the tiny magnetic fluctuations that occur as groups of neurons fire. The controlled study involved seventy-four military veterans, who had been diagnosed with PTSD, and 250 healthy volunteers – veterans of various wars, including World War II.

Participants were placed within an electromagnetically shielded chamber and told to look at a spot 65 cm in front of them for one minute to allow researchers to monitor the their brains while at rest. The MEG device measured the magnetic fields emitted by the electrical signals in the brain. It has the capacity to record how nerves in the brain interact much faster than both magnetic resonance imaging (MRI) and Computerized Axial Tomography (CT) scans.

The PTSD patients proved to have different brain patterns from those of the healthy volunteers – specifically, a cluster of abnormal brain signals in an area of the brain involved in memory. Exactly why is not known but, in the absence of more research, it is considered most probable that it prevents the suppression of bad memories, the primary symptom of post-traumatic stress.

In studying the scans of all participants, the scientists were able identify the patients with PTSD 97 percent of the time. The severity of the disorder in each individual can also be seen and, even in people who had recovered from PTSD, the pattern was still evident.

Unfortunately it may be some years before such brain scans become generally available enabling the disorder to be quickly diagnosed and the applicable treatment begun. MEG devices are currently used mainly for research and have a \$2 million price tag, making them way beyond the means of most treatment facilities.

Girls diagnosed with ADHD may be at risk for anxiety disorders

A new study shows that, by age 30, more than three-quarters of women who, as girls, were diagnosed with attention deficit hyperactivity disorder (ADHD), have experienced anxiety disorder symptoms. This compares to just over half of girls without ADHD. They also prove to be at higher risk for depression, eating disorders, substance abuse and antisocial disorders.

The first time research, by Dr. Joseph Biederman of Massachusetts General Hospital in Boston, is comparable to what is already know about boys with ADHD as they grow to adulthood. The study followed the progress of 96 six- to eighteen-year-old girls with ADHD, and 91 without the disorder in a control group. The participants completed standard diagnostic interviews for psychiatric disorders at the beginning of the study, then five years and eleven years later.

ADHD is seen as a predominantly boys' disorder. In the light of this research, it can be seen that evaluating girls, too, for potential symptoms of ADHD is important. There is, at this time, no conclusive evidence that children treated with the sometimes controversial stimulants prescribed for ADHD, are less likely to develop the additional conditions, although some pharmaceutical company funded studies claim that they do.

The reasons for the association of ADHD with other psychiatric disorders is not known. A genetic predisposition could be involved or there may be environmental causes. Parents of girls diagnosed with the disorder should, however, be aware of the risks and watch for symptoms of anxiety disorder and other conditions that may arise. Behavioural therapy for ADHD children, whether in preference or in addition to medication, and parent-training to teach parents ways of dealing with their children's behavioural problems, both position parents to better anticipate and deal with additional problems.

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

Living in the moment; experiencing the present; letting thoughts come and go

Mindfulness, practised for years in such Eastern philosophies as Taoism, Buddhism and Yoga, has emerged in western society, in recent years, as a useful tool to treat psychologically stressful conditions including chronic pain, depression and anxiety. It is also recognised as useful in increasing self-awareness and improving emotional intelligence, as well as in effectively handling painful thoughts and feelings.

In simple terms, mindfulness means being completely in the present – living in the moment. The mind is cleared of every thought, decision and problem, and only the present moment is being experienced as it is, without any stress-inducing thoughts or preconceived ideas about it.

In more complex terms, it is being willing to see the world as if for the first time and, therefore, being open to impartial observation. Patience to let things develop entirely in their own time is required, trust in oneself and one's capabilities and acceptance of the thoughts and feelings that this moment is bringing. This acceptance means not connecting a thought to a feeling. Thoughts and feelings must just come and go. For people in the Western world, accepting what the moment is bringing is the most difficult part of mindfulness but, once achieved, the stress-free state it brings can be truly appreciated.

Mindfulness as a modern day therapy

Mindfulness has been gaining recognition as a tool in treating anxiety, depression and stress-related illnesses for over thirty years. Dr Jon Kabat-Zinn, as the founder of the Stress Reduction Clinic of the University of Massachusetts Medical Center, developed Mindfulness Based Stress Reduction (MBSR) in 1979. It successfully trains people in coping with chronic pain and/or stress-related disorders. This became the basis for the development of Mindfulness Based Cognitive Therapy (MBCT) to treat major depressive disorder at the University of Oxford. Many therapists are now incorporating it into treatment for anxiety disorders. Mindfulness-based Acceptance and Commitment Therapy (ACT), which has quickly gained favour among both patients and psychologists is one such example.

What mindfulness brings to the anxiety-prone.

Anxiety disorders cause irrational thinking and behaviour. In the anxious mind, it is the negative interpretation of what the moment will bring that is being perceived – not what is really happening. Practising mindfulness prevents this and, while it is not easy and skills must be developed and a lot of time given to developing them, the effort is well worth it.

Identification of feelings of discomfort and anxiety is the first skill to develop. The earlier these feelings can be recognised, the easier it will be to prevent them from

becoming a problem. As soon as they are identified, instead of waiting for them to build, it's time to forget about self, situation and what will happen next. Breathe deeply and choose something on which to concentrate – something about yourself, something in the room, a flower, tree, anything. Focus your concentration on that single thing and your thoughts will just come and go.

Like the good thoughts and feelings, the anxiety-ridden thoughts will come and go, too. But, that is the key - they will come and *they will go*. Once, you are calm again, you can go back to whatever you were doing when the anxiety started to rise.

Mindfulness therapy.

While cognitive behavioural therapy changes underlying beliefs and negative reactive thinking patterns, mindfulness goes beyond the thoughts or beliefs to the emotions – the feelings, and consequent energy, that enable those thoughts and beliefs. Exposure therapy is controlled contact with the fear or phobia in order to experience it differently. Mindfulness enables the learning of new perceptions and new pathways of experiencing the anxiety that, instead of being reactive, become a balanced response.

Mindfulness therapy promotes thinking and beliefs that are powered by emotional energy so that they become positive and useful, instead of the negative energy that created the fearful and worrisome thoughts and feelings in the first place. A step ahead of controlling anxiety through the changed reactions learned in CBT and exposure therapy, emotional energy has the capacity to transform the anxiety and fear.

It can only be summoned, however, through mindfulness at the earliest stage of the fear impulse. Recognition of the rising anxiety creates time for choice, time to prevent the anxious reaction. As the skill to do this is developed, so the time for choice lengthens to become an inner freedom to change or transform emotions.

Being in the moment

Anxiety, fear and panic do not happen in the present moment. They are the result of bad memories from the past and catastrophic thinking about the future. Mindfulness is meditation in the present where the memories and thinking can just come and go and awareness of the body gives the mind time to just accept tension and stress, instead of misinterpreting it as a signal to panic.

Focusing on the moment and learning to see anxious thoughts as passing entities provides time to decide *how* to respond to them, or whether to respond at all. Instead of causing panic, the overwhelming, racing thoughts and, just like the good thoughts, negative thinking, the worries and fears can all go on their way.

FROM ONE READER TO ANOTHER...

Adventures

I'm not sure when I started calling them *adventures*. My first outings after being housebound weren't what most people would consider epic journeys. In one of the many books I read on anxiety, I learned that it was better to think of the emotion I felt as excitement rather than fear. The author explained that a racing heart and trembling hands could be caused by a thrilling experience just as much as a dreaded one. I grabbed onto that idea just as I did to any coping technique which might make leaving my house easier.

My adventures have changed over the years, but I'm still working on expanding my boundaries. Across town there's an enclosed mall with about eighty stores. It's big. It's overwhelming. Until two years ago I hadn't shopped there in over a decade. The last few months my husband has taken me to the mall three or four times. I especially need his help to use the escalators to move between the upper and lower levels. In addition to my panic disorder with agoraphobia, I have a fear of heights. Riding up the escalator is hard for me but going down is worse because it can give me vertigo. So my husband worked out a system. To go down, he steps on the escalator first and I place my hand on his shoulder. For going up, I get on first and I know he is behind me and won't let me fall. I also try not to look around too much but focus on what is close to me.

It had been on my mind for some time to try to drive to the mall on my own. I mentally rehearsed a route which would have me on six-lane roads as little as possible. The formal name of this technique is *visualization*. I couldn't quite see it. During one of my shopping trips with my husband I had purchased a pair of shoes. Those shoes needed to be returned. When I checked the receipt, I realized it was the last day that I was allowed to return them. This was the incentive I needed. Just to make it a little more challenging, it was raining. I hesitated but told myself I could try, and at any point I could turn the car around.

The rain was more of a problem than I anticipated. This wasn't a sprinkle; it was coming down hard. I stopped at a drugstore about half way there to regroup. To my amazement I encountered a member of my support group shopping there. She encouraged me. I decided to press on.

The first heart-beating-fast moment of the adventure came as I was surrounded by cars in heavy traffic. Listening to my favorite songs helped, but I was relieved to pull into the

mall's parking lot. I knew I hadn't come this far to sit in the car. Walking quickly into the mall, I came upon the dreaded escalator. This was not good. I watched other people go down. Stalling was making it worse. I told myself, "You can do this – all you have to do is hang on." I clutched each side of the escalator and stepped aboard. I was so happy as I thought, "You're actually doing it." It was even better to arrive at the bottom.

Since it was a weekday afternoon, the mall wasn't very crowded. As I passed the food court, it was quite noisy, so I picked up my pace. I reached the center of the mall and realized my legs were shaking. From past experience, I knew it wasn't a panic attack. This was more like a sudden weakness. All the effort of facing my fears had exhausted my supply of energy. The shoe store was relatively close but it seemed so far away. I told myself to slow down; it wasn't a race. I could still choose to leave. Finally I arrived at the store. I wanted to collapse into a chair but I didn't.

The salesman refunded my money. I felt very satisfied. No, I really did not want to try on more shoes. I walked to a bakery stand and purchased a victory double fudge cookie. It was sweet. I sat on a bench in a secluded spot and savored the moment. People with anxiety disorders seldom live in the present; usually we are projecting ahead, anticipating problems. I tried not to think about getting myself home and just rested.

Of course the return trip wasn't as difficult. Just heading in the direction of home can help calm an agoraphobic. A stranger played a part in helping me with that nasty escalator. A mother and her small daughter were getting on, and I noticed the child was smiling. It was obvious that a familiar game was going to be played. As she held her daughter's hand, the mother said, "One, two, three, go!" and they both stepped on. I followed them immediately and wondered why I couldn't imitate the mother and be as kind to myself. The pair did their counting at the top and I mentally did the same. It made me smile.

Upon arriving home, I was pleased and exhausted. The worst part hadn't been the size of the mall or the number of people. Surprisingly, the hardest time came when I felt shaky and tired, actually worrying that I might not make it after all. I was proud that I could recognize fatigue and prevent it from escalating into panic. I also gave myself encouragement without eliminating the option of leaving. Real permission to leave is so important. If I left, I might be disappointed but not defeated.

Colette Carner.

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LIFELINE ANXIETY DISORDER NEWSLETTER REVIEWS

Books/CD/DVD/Online/Downloadable self-help

Things Might Go Terribly, Horribly Wrong: A Guide to Life Liberated from Anxiety. Kelly Wilson and Troy DuFrene. New Harbinger Publications May 2010.

This book is about breaking away from anxiety by accepting your anxious thoughts and feelings instead of struggling with them. It explains the basic ideas that make up acceptance and commitment therapy (ACT) in terms of functioning in six areas. These are:

- focusing on what's happening in the moment,
- defusing your thoughts as they occur,
- acknowledging your life as it is,
- choosing what matters to you,
- committing on acting to further your values,
- seeing who you are as you evolve.

The objective of the book is not to help you get rid of your anxiety but, instead, to give yourself space to see life as it is, so that you can better cope with the worry, panic, and fear associated with anxiety disorders. It puts those unwanted feelings into perspective so that you can focus on what you want to do in the moment; in the day; in life. There are games and activities throughout to provide experience of functioning in the key areas as they are explained. In-the-moment strategies are provided to calm their fears.

This book will help you to gain the tools you need to keep from getting trapped by anxiety and, instead, look to what life is presently bringing to you – both the comfortable and the uncomfortable.

Kelly G. Wilson, Ph.D., an associate professor of psychology and clinical psychology at the University of Mississippi, and Troy DuFrene met when Troy attended one of Kelly's ACT workshops. This led to their collaboration on *Mindfulness for Two*, a successful book targeted to professionals on ACT as applying to mindfulness in psychology.

Turnaround: Turning Fear Into Freedom™. David A. Russ Ph.D. and Christopher T. McCarthy M.Ed. Informed Therapy Resources. March 2010.

In the first program of its kind to specifically address children directly through creative mixed media, David Russ and Christopher McCarthy – two clinical therapists with over 30 years of experience between them and fathers of anxious children – work with the best innovative approaches to treating childhood anxiety disorders.

Turnaround™ is a comprehensive, creative audio program which speaks directly to children using a cognitive-behavioural approach. It comes with a workbook in which, after each day's audio lesson, children complete exercises to reinforce the lesson taught that day.

The anxious child is invited to join six other children, two Docs and a teen named Emily on a ten day imaginary hiking trip during which they face life-changing challenges. Emily has graduated from the program in the past and now acts as a narrator and mentor. The children have generalized anxiety disorder, panic attacks, perfectionism, obsessive-compulsive disorder, separation anxiety and social phobia. The two Docs, Dr. David and Dr. Chris, take them through an adventurous lesson each day. They meet imaginary characters and find out from other children how they were able to conquer their fears and anxieties.

The program includes:

- the 10 CD *Turnaround™* Program for kids,
- *Turnaround™* Journal, a 74 page workbook,
- *Chill Kit*, a relaxation guide for kids
- 2 CD Parent Guide with helpful information and techniques for parents.

There is also a bonus CD, *Med FAQs*, for parents. This is an interview with neuropsychiatrist Dr. James Lee, on the medications used to treat child anxiety.

Lifestyle changes comparable to routine treatment of panic disorder

A presentation made at the European Psychiatric Association 18th European Congress of Psychiatry demonstrates a lifestyle-based program for adults with panic disorder, implemented by occupational therapists, to be comparable to routine care by a general practitioner (GP).

The University of East Anglia study compared a 16-week lifestyle intervention, addressing diet, fluid intake, exercise, and the habitual use of alcohol, nicotine, and caffeine, with routine care in panic disorder patients. Beck Anxiety Inventory scores showed significant improvement at twenty weeks, with mean scores decreasing from 29.5 to 9.2 in the lifestyle group and 29.4 to 17.2 in the GP group. (0 to 7 minimal anxiety, 8 to 15 mild, 16 to 25 moderate and 26 to 63 severe).

At a 10-month follow-up, scores continued to be superior in the lifestyle group but not significantly so. About one-third of the lifestyle group returned to their previous habits and anxiety patterns at this point. This is, however, equal to the relapse rate for other treatments for panic disorder including medication and cognitive behavioural therapy.

More importantly a lifestyle program provides patients with a rational explanation for some of the symptoms they experience so that lifestyle changes are accompanied by a strategy to reduce their impact so that the fear of panic symptoms disappears. Regaining control at a personal level in itself reduces anxiety, and the improved lifestyle also has health benefits for physical and mental health.