



# 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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## **Antipsychotic medication – is it the right way to go?**

Due to off-label use for patients with a range of anxiety disorders by office-based psychiatrists, prescriptions for antipsychotic medication for patients diagnosed with anxiety disorders have significantly increased. This is despite the fact that there have been few studies on the safety and efficacy of the medications for these disorders

Researchers from Boston University's Center for Anxiety and Related Disorders, the Mental Health Department at Johns Hopkins Bloomberg School of Public Health and Columbia University's Department of Psychiatry used the National Ambulatory Medical Care Survey of office-based US physician visits from 1996 to 2007 for their study. Data was extracted from a random sample of 4,166 outpatient visits to psychiatrists resulting in the diagnosis of traumatic stress disorders, panic disorder/agoraphobia, generalized anxiety disorder, obsessive-compulsive disorder (OCD), phobias or other anxiety disorders.

Comparison between visits to office-based psychiatrists made from 1996 to 1999 with visits made from 2004 to 2007 showed a 4.5 percent increase in visits resulting in an anxiety disorder diagnosis, and an increase of nearly 9 percent in the number of all visits which resulted in the prescribing of an antipsychotic medication. There was an approximate doubling of visits for the specific treatment of anxiety disorders involving the prescription of antipsychotics – from 10.6 percent to 21.3 percent.

New patients and individuals with private insurance comprised the most significant comparative increase in prescriptions for these antipsychotic medications. The researchers suggest that among the reasons for the growth in these prescriptions are physicians' increased focus on symptom reduction and the availability of new antipsychotic medications with less negative side-effects than the earlier versions of these drugs and their belief that second-generation antipsychotics present fewer problems than the cognitive side effects, withdrawal and potential for abuse of benzodiazepines.

The study, published in the American Journal of Psychiatry, calls for further studies investigating the risks and benefits associated with this form of treatment for anxiety disorders.

## **Does social networking create anxiety in your life?**

Social networking sites create anxiety for the anxiety-prone. They cannot get back online to check their sites often enough and constantly worry about what is being said and what they want to add... It's a cycle that never ends.

The basis of treatment for anxiety disorders is to calm down the thinking, mindset and lifestyle – the calmer the person, the more in control they feel over anxious thoughts and compulsive behaviour. Social networking sites including Facebook and Twitter, unfortunately, actually do just the opposite. They can end up causing stress and creating even more anxiety.

For the anxiety-prone, the difference is that the relaxed, laid-back person logs off and gets on with his/her life. The anxious person feels compelled to constantly update; to obsess over what he/she tweets; to check what friends are doing. They over-react to being left out of activities, begin to feel isolated and even more anxious about their relationships.

For the person with obsessive compulsive disorder (OCD), the effects can be alarming, the reason being that social networking is all about repetitive behaviours. It can become compulsive anyway, let alone if you have OCD. The routine of checking status updates, writing updates and finding the appropriate thing to say can all accelerate into becoming a habit that can quite easily take over your life.

This doesn't all mean that you shouldn't get involved with social networking. In fact, for the socially anxious, that would be yet another barrier to achieving a social life. However, you must protect yourself – limit the amount of time you spend online; keep involved in other things, phone friends for traditional interaction; resist the constant need to continually update and just check on close friends and family members, ignoring the other friends and followers.

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

## **Newsworthy updates parents and parents-to-be should know about**

### **Postpartum OCD can be avoided**

Anxiety and obsessive compulsive disorder (OCD) after the birth of a child has far less profile than postnatal depression. The women they affect neither get the treatment they need nor, in many cases, even know what is wrong with them.

A University of Miami team has developed a programme to both prevent, and prevent development of, postnatal obsessive compulsive symptoms. Postpartum OCD encompasses disturbing thoughts about something awful happening to the baby which lead new mothers develop rituals involving excessively checking the baby or washing baby bottles many more times than is necessary. While many mothers have disturbing thoughts about such things as accidentally drowning the baby during a bath, people with or prone to OCD, instead of forgetting such thoughts, replay them over and over in their minds until they develop fear that such things will really happen.

The programme is cognitive behavioural therapy-based and has been tested by incorporating it into a traditional childbirth education class to evaluate its effectiveness in a group of 71 expectant mothers at risk of developing postnatal OCD. Half of the participants were placed in a class that included the prevention programme, where they were taught both the warning signs of OCD and techniques to deal with them, and the other half in a regular class. The mothers were followed for six months after giving birth and the investigators found that the prevention programme was successful in reducing both the incidence and intensity of OCD symptoms. They experienced less anxiety after their babies were born and this was maintained for at least six months after the birth of their baby. The researchers would like to see screening for postpartum anxiety used on the scale and frequency of screening performed for postpartum depression.

### **Children with OCD getting bullied**

Children who have obsessive-compulsive disorder are three times more likely to be bullied and the bullying can make the OCD symptoms worse.

A University of Florida study found that since bullies target kids who are different and those with OCD often appear different, they are the ones they often target. 25 percent of children with OCD said that chronic bullying was a problem for them compared to nine percent of healthy children. Once dismissed as part of growing up, today we know that bullying impacts so negatively on mental health and self-image that it has proven to be a contributing factor to eating disorders, body dysmorphic disorder and suicide. Being bullied encourages sensitive obsessive-compulsive children to believe they are flawed. Then, repetitive unwanted thoughts magnify the false belief and the more the child thinks that, the more powerful the

belief becomes. And the result is an endless cycle of worry and anxiety.

### **Groundbreaking study on separation anxiety**

A groundbreaking study on treatment of separation anxiety comes from a group of Swiss researchers.

Forty-three children between ages 5 and 7 with separation anxiety disorder and their parents were assigned to either a 16-session separation anxiety disorder treatment program, which included parent training and cognitive-behavioural therapy (CBT) or to a 12-week waiting list. Data for anxiety, impairment, distress and quality of life were collected at baseline, after treatment and at a 4-week follow-up. 76.19% of children allocated to the treatment group no longer met DSM-IV criteria for separation anxiety disorder at follow-up, compared to 13.64% in the waiting list group.

Between 91 and 100% of children rated themselves, or were rated by their parents or therapist, as very much or much improved on the global success rating immediately after treatment and parents reported significant improvements in impairment/distress levels and in the child's quality of life. The gains were maintained at the 4-week follow-up assessment.

### **School avoidance**

School phobia or school avoidance is defined as an irrational dread of an aspect of school that is accompanied by physiological symptoms of anxiety or panic to the extent that it can result in an inability to go to school at all. It is possible that it may be due to a fear of separation from parents rather than issues associated with school itself, change in schools or parental illness or death. However, in many cases there is no obvious reason for the onset. The child may complain of pains or stomach aches in the morning, such problems disappearing if he/she is allowed to stay home only to return the next morning. There may be complaints of bullying, not liking a new teacher or problems with making new friends. The child may simply refuse to go without offering any reason at all. Try talking it out and assisting the child in defining what the fear really is, be alert for signs of anxiety when discussing the next 'school day'. Children, especially young ones, need help in expressing their feelings so that you may need to provide the vocabulary they need to describe what they are experiencing. If none of this helps, it is imperative you get professional help for the child before greater anxiety disorders develop.

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Of course, all the worry about children and anxiety disorders doesn't end there. You may get past the separation anxiety, the school phobia and win control over the OCD but, then the teenage years arrive. *Watch for updates on helping your teen to conquer anxiety in the next issue of the Lifeline ADN.*

## FROM ONE READER TO ANOTHER...

### Our Parents

Most of us can remember a magic moment from childhood: the moment we could ride a bicycle. It was so much fun; it was being the master of your fate. Some children came to it naturally learning quickly, while others struggled with training wheels for a while. But in time, we all joined the neighborhood pack of riders who rode around the block in record time. Sadly, I learned at my anxiety support group that there was an exception, one little girl, who was deprived of this simple pleasure.

Our conversation at the meeting didn't begin with bicycle riding. A woman who was attending for her first time had a question for us: "Did any of you have overly-protective parents?" All but one of us said our parents had been very protective. Eyebrows went up. It was sort of an "ah-ha!" moment. We all had one form or several forms of anxiety disorders. It didn't take a rocket scientist to wonder if there was a connection between our childhood experiences and anxiety.

Before we could consider a possible link, one woman volunteered a dramatic example of overly-protective parents. It was the story of not being allowed to ride a bicycle. She had been thirteen years old. She didn't know where her father had purchased them, but he had bought the largest tricycles he could find. She and her sister were forbidden to ride anything except these tricycles. With two-wheelers, the girls might be tempted to ride in the street, a very dangerous place indeed. We were all astonished or maybe we were appalled. She went on to tell us about the day she defied her parents and rode her friend's bicycle.

One of the neighbor ladies saw her riding the borrowed bicycle and promptly phoned to tell the offender's mother. After bringing her daughter home, the mother phoned her husband at work to report the violation. As the long afternoon slowly passed, the frightened child sat on the couch waiting for her father to come home and punish her. He

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hadn't struck her, but he had yelled long and loud. She said the worse part had been the hours of waiting. Anyone who has anticipatory anxiety knows how she felt.

Her story touched us all. One of our number, Katie, was especially moved. Katie understood a restricted life because her parents had many, many rules. For example, she was never allowed to go barefoot. Even in her own house she had to wear socks and either shoes or slippers. Katie was told she could slip on a rug or get a splinter from the hard wood floors. She had never broken this rule. Then she gave another example which caused as much of a reaction as the bicycle story.

Katie described an attempt to surprise and to please her mother by washing the dishes. Normally her mother did all the household chores. When Katie's mother saw the washed dishes, she stacked them on the counter and re-washed every dish. Although no words were spoken, the message was loud and clear: they weren't washed well enough. Katie told us she was never shown how to do everyday tasks. Her mother had tied Katie's shoes until her second grade teacher had taught Katie how to tie them. For her, being raised by overly-protective parents meant she never learned from them how to manage in life, how to become independent. Katie, usually very calm during our meetings, had tears running down her face as she told her story. The collective gasp when she mentioned her mother re-washing the dishes had brought on the emotion.

This conversation about our parents felt quite healing to me. It was not about blaming our parents for our anxiety disorders. It was an attempt to understand why we shared certain attitudes. Clearly most of us had learned that the world was a dangerous place. Adding to our fears was the idea that we would not be good enough or capable enough to handle the challenges of life. We had been cared for but not encouraged to stand alone. Strengthened by our new knowledge and our mutual support maybe we could stand together.

*Colette Carner.*

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### Something to think about...

Physiological changes, similar to those that precede seizures, strokes and even mania are evident before panic attacks. Researchers at Southern Methodist University monitored 43 patients with panic disorder for such physiological indices as respiration, heart rate and skin conductance level on a 24-hour basis, covering 13 natural panic attacks. Analysis of the 60 minutes before panic onset showed significant patterns of instability in respiration and

in the autonomic nervous system before panic onset and decreases in breathing followed by abrupt partial pressure increases in carbon dioxide just prior to the attack. Heart rate and tidal volume increased with the panic attack and carbon dioxide partial pressure decreased. Skin conductance levels were generally elevated both before and during an attack. Knowing about this instability, may eventually make it possible for patients to monitor for such changes in the same way that people recognize auras before a migraine.

## **LIFELINE ANXIETY DISORDER NEWSLETTER REVIEWS**

**The Anxiety-Free Child Program** by Rich Presta.

This effective program was born out of the author's own experience of extreme and debilitating anxiety as a child which, because it was never treated effectively, stayed with him until well into adulthood. Now anxiety-free, he has made it his life's mission to share all that he learned about how to overcome anxiety, worry and fear. He has developed programs which have been used successfully around the world and have been showcased in *Psychology Today* and *Natural Health* magazines, the Discovery Health channel, etc. His Anxiety-Free Child Program is designed exclusively for use with children, is comprehensive and includes tools specifically to help them to free themselves from anxiety and replace it with feelings of confidence, security, and comfort. Several formats are available including a downloadable one from Evolution 2 Media, Inc.

**Keys to Parenting Your Anxious Child** by Katharina Manassis, MD FRCP (C). Barron's Educational Series. July 1996.

Explaining what anxiety is and what it is not, *Keys to Parenting Your Anxious Child* is an extremely helpful book for parents trying to cope with, and effectively help, a child with an anxiety disorder.

The range of anxiety disorders which children, especially those with several generations of family members exhibiting symptoms, is described – from milder difficulty in adjusting to changes and new situations through anxiety about going to school, sleeping alone, difficulties in making friends, fear of speaking in social situations to severe phobias, panic attacks and the avoidance behaviours associated with them.

Dr. Manassis addresses the effect of the child's problem on the rest of the family, the impact of various parenting styles on the situation and the medications which may be necessary in overcoming the anxiety. She offers useful advice on communicating both the problem and needs of the child to other people, e.g. school personnel, and provides a comprehensive system for charting the child's behaviour to track progress. The book also shows parents how to recognize anxiety, allowing a head-start in dealing with the resulting problems before difficulties accelerate, and when professional help is required.

The author is a child psychiatrist at the renowned Hospital for Sick Children in Toronto, Canada, where she directs the anxiety disorders program. Her straight forward manner, in explaining how to deal with a child's anxieties, has helped and reassured many parents.

## **Study proves that computerized program relieves social anxiety**

While computers do not, of course, have the capability to actually replace therapists, a new pilot study, published in the journal *Depression and Anxiety*, finds that a new computerized therapy application called cognitive bias modification (CBM) can help to relieve social anxiety.

The objective of CBM is to relieve anxiety and have people with social anxiety view new situations in a calm manner. Participants in the study improved their scores on a standardized measure for anxiety and on a public speaking task after completing two simple exercises twice a week for four weeks.

Investigators hope CBM can provide a new option for people suffering from anxiety disorders who cannot find or cannot pay for a qualified therapist, those who are afraid to try cognitive behaviour therapies because they are afraid to directly confront their fears and those who cannot or do not want to use medications. However, clinicians recognizing how very difficult it is to help people with anxiety and how much effort and time it takes in therapy are, naturally, sceptical about the success of CBM.

The study is the first to combine two techniques of CBM to treat social anxiety disorder. That is, one, to increase the anxiety victim's control over paying attention to what provokes anxiety and, two, train him/her to interpret situations less anxiously. In the first part of the study, the participants were trained by the computer program to

ignore a social cue that caused them anxiety and to complete a task, instead. They were quickly shown both a disgusted face and a neutral face on a split screen. One face would be replaced with a letter E or F and the participants had to report which letter they saw. The anxiety sufferers always reported the letter that replaced the neutral face, showing that their attention had been diverted from the worrisome face. In the placebo group, the faces had an equal chance of being replaced by either letter because the disgusted face did not worry them. The exercise trains the anxiety sufferers to apply a non-threatening interpretations of anxiety-producing social situations.

Participants self-reported their anxiety level dropped by 25 percent using a standard anxiety scale and were also evaluated by trained personnel who did not know if the individuals were part of the test group or the placebo group. The participants were evaluated on a public speaking task, a five-minute impromptu speech, at the beginning and the end of the study. The scores showed a significant improvement in those who received the therapy, while the speaking scores of the placebo group actually worsened. Researchers also asked participants if the therapy was credible and acceptable and found that they were generally positive.

CBM still needs larger trials and longer follow-up times before clinicians can feel completely comfortable in recommending it to their patients.