



Anxiety and Mood Disorders

What is anxiety?

Anxiety is a natural response to a stressful or dangerous situation. In an alarming situation, the body reacts causing the heart to beat faster, the palms to sweat and the mind to race. These are normal responses to a highly stressful situation.

An “anxiety disorder” is when one’s body reacts to a situation in the same manner as described above, i.e. racing heart, sweaty palms etc., but it is to a situation which is not dangerous. The result of the anxiety is often avoidance of those feared situations, only entering feared situations if there is a chance of escape, or even engaging in compulsive behaviours which lessen the experience of anxiety for the individual. Individuals with anxiety disorders often have difficulty with relationships, school and work performance, social activities and recreation as a consequence.

Did you know...?

- Anxiety disorders affect 12% of the population, making it the most common mental illness in Canada.
- Anxiety disorders cause mild to severe impairment.
- For a variety of reasons, many individuals may not seek treatment for their anxiety although anxiety disorders can be effectively treated in community settings.

Types of anxiety disorders

Generalized Anxiety (GAD)

- Generalized Anxiety Disorder is characterized by excessive and uncontrollable anxiety and worry about a number of events or activities, most days for a period of at least six months, with associated physical symptoms such as irritability and sleep disturbance.

Post Traumatic Stress Disorder

- Flashbacks, re-experiencing, persistent avoidance of people and places that remind one of the event, and increased arousal such as difficulty concentrating, anger and jumpiness in response to a terrifying experience in which physical harm occurred or was threatened.

Social Phobia

- Individuals experience excessive fear in social situations where they believe they are going to be judged negatively or make a fool of themselves, which interferes with their relationships, school and work performance.

Specific Phobia

- An excessive and persistent fear of specific objects or situations (such as flying, heights and animals).

Why me?

Anxiety disorders can be the result of a number of factors including:

- **Genetics** – children of individuals with an anxiety disorder have a higher risk of developing an anxiety disorder
- **Experiential** – e.g. an embarrassing moment or a traumatic event

Approximately 12% of the population has a heightened sensitivity to anxiety throughout their entire lives. Others are not bothered until the specific onset of a disorder either spontaneously or because of a traumatic event.

Anxiety may coexist with mood disorders (depression and bipolar disorder) and make coping more difficult. It is important that both the mood disorder and anxiety be addressed in treatment.

How are anxiety disorders treated?

Anxiety disorders require treatment; simply trying to talk oneself out of anxiety is as futile as trying to talk oneself out of a heart or stomach problem. Most anxiety disorders respond well to treatment. At present, the most effective approaches for most anxiety disorders include medication, cognitive-behaviour therapy (CBT) or a combination of the two. Treatment choice will depend on the type of anxiety disorder as well as any co-morbid illnesses such as depression or alcohol abuse. Other useful techniques include relaxation training.

The Mood Disorders Association of Ontario provides support, information and education as a complement to traditional and alternative therapies. MDAO services are not intended as a replacement for other treatment options and encourages individuals to seek treatment by a qualified health professional.

Mood Disorders Association of Ontario (MDAO)

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Treatment options

Treatment must be specially tailored for each individual, but there are a number of standard approaches. Individuals with anxiety disorders can almost always be treated without being admitted to a hospital. Generally, your health practitioner will use a combination of the following treatments; there is no single correct approach.

BEHAVIOUR THERAPY

Goal – Modify and gain control over unwanted behaviour

How it Works – Learning to cope with difficult situations, often through controlled exposure to them

Benefits – Person is actively involved in recovery skills that are useful for a lifetime

Drawbacks – Can take time to achieve results

COGNITIVE THERAPY

Goals – Change unproductive thought patterns

How it Works – Examine feelings and learn to separate realistic thoughts

Benefits – Person is actively involved in recovery skills that are useful for a lifetime

Drawbacks – Can take time to achieve results

MEDICATION

Goal – Resolve symptoms

How it Works – Helps restore chemical imbalances that lead to symptoms

Benefits – Effective for many people, enables other treatment to move forward

Drawbacks – Most medications have side effects

RELAXATION TECHNIQUES

Goal – Help resolve stresses that can contribute to anxiety

How it Works – Breathing retraining, exercise and other skills

Benefits – Person actively involved in recovery skills that are useful for a lifetime

Drawbacks – Can take time to achieve results

Treatment is successful in as many as 90 percent of anxiety disorder.

Taken from the Anxiety Disorders Association of America Website – www.adaa.org

ALTERNATIVE TREATMENTS

Massage, mindful meditation, shiatsu, therapeutic touch, aromatherapy, tai chi, pilates, yoga

Medication

Until recently, the anti-anxiety drugs known as benzodiazepines were the primary medications for anxiety. While they may be used at the beginning of treatment, increasingly, antidepressants, particularly the selective serotonin-reuptake inhibitors (SSRIs), are being used as the treatment of choice. The SSRIs are proven to be effective, non-addictive, and have fewer side effects than the benzodiazepines. No one should give up if one drug treatment fails; another may prove to be effective – even a drug of a similar type. Drug combinations should be tried generally only if a single drug has failed. Because many anxiety disorders are chronic, drug therapy sometimes is needed for prolonged periods – even years.

References

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- **From Panic to Power.** Bassett, Lucinda, Midwest Centre for Stress and Anxiety, 1995.
- **Triumph Over Fear.** Ross, Jerilyn, Bantam Books, 1994.
- **The Feeling Good Handbook.** Burns, D.D., Revised Edition, Plume, 1999.

Websites

- Anxiety Disorders Association of Ontario
www.anxietydisordersontario.ca
- Psych Direct (McMaster University)
www.psychdirect.com
- Canadian Network for Mood and Anxiety Disorders
www.canmat.org
- Social Phobia/Social Anxiety Association
www.socialphobia.org
- Hamilton Health Services, Anxiety Disorders Clinic
www.macanxiety.com

