



# Lifestyle Visions

Presents

# Anxiety Disorders

Description and Treatment Protocol

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## Research Report: Anxiety Disorders

### Brief Overview of Anxiety Disorders

- \* Anxiety disorders are the most common psychiatric illnesses affecting both children and adults.
- \* Anxiety disorders may develop from a complex set of risk factors, including genetics, brain chemistry, personality, and life events.
- \* An estimated 19 million adult Americans suffer from anxiety disorders.
- \* Anxiety disorders are highly treatable, yet only about one-third of those suffering from an anxiety disorder receive treatment.
- \* Anxiety disorders are categorized as:

**Generalized Anxiety Disorder (GAD):** GAD is characterized by excessive, unrealistic worry that lasts six months or more; in adults, the anxiety may focus on issues such as health, money, or career. In addition to chronic worry, GAD symptoms include trembling, muscular aches, insomnia, abdominal upsets, dizziness, and irritability. The essential characteristic of Generalized Anxiety Disorder is excessive uncontrollable worry about everyday things. This constant worry affects daily functioning and can cause physical symptoms. GAD can occur with other anxiety disorders, depressive disorders, or substance abuse. GAD is often difficult to diagnose because it lacks some of the dramatic symptoms, such as unprovoked Panic Attacks that are seen with other anxiety disorders; for a diagnosis to be made, worry must be present more days than not for at least 6 months.

The focus of GAD worry can shift, usually focusing on issues like job, finances, health of both self and family; but it can also include more mundane issues such as, chores, car repairs and being late for appointments. The intensity, duration and frequency of the worry are disproportionate to the issue and interferes with the sufferer's performance of tasks and ability to concentrate. Physical symptoms include: Muscle tension; Sweating; Nausea; Gastrointestinal discomfort or diarrhea; Cold clammy hands; Difficulty swallowing; Jumpiness.

Sufferers tend to be irritable and complain about feeling on edge, are easily tired and have trouble sleeping.

**Obsessive-Compulsive Disorder (OCD):** In OCD, individuals are plagued by persistent, recurring thoughts (obsessions) that reflect exaggerated anxiety or fears; typical obsessions include worry about being contaminated or fears of behaving improperly or acting violently. The obsessions may lead an individual to perform a ritual or routine (compulsions)-such as washing hands, repeating phrases or hoarding-to relieve the anxiety caused by the obsession.

Obsessive-Compulsive Disorder is characterized by uncontrollable obsessions and compulsions, which the sufferer usually recognizes as being excessive or unreasonable. Obsessions are recurring thoughts or impulses that are intrusive or inappropriate and cause the sufferer anxiety. Some common obsessions are:

- \* Thoughts about contamination, for example, when an individual fears coming into contact with dirt, germs or "unclean" objects;
- \* Persistent doubts, for example, whether or not one has turned off the iron or stove, locked the door or turned on the answering machine;



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- \* Extreme need for orderliness; for example, aligning all the cans in the cupboard with the labels facing out.
- \* Aggressive impulses or thoughts, for example, being overcome with the urge to yell 'fire' in a crowded theater

Compulsions are repetitive behaviors or rituals performed by the OCD sufferer, performance of these rituals neutralize the anxiety caused by obsessive thoughts, relief is only temporary. Compulsions are incorporated into the person's daily routine and are not always directly related to the obsessive thought, for example, a person who has aggressive thoughts may count floor tiles in an effort to control the thought. Some of the most common compulsions are:

- \* Cleaning-Sufferers concerned with germs and contamination tend to clean constantly, either repeatedly washing their hands, showering, or constantly cleaning their home;
- \* Checking-Individuals may check several or even hundreds of times to make sure that stoves are turned off and doors are locked;
- \* Repeating-Some repeat a name, phrase or action over and over;
- \* Slowness-Some individuals may take an excessively slow and methodical approach to daily activities; they may spend hours organizing and arranging objects;
- \* Hoarding-Hoarders are unable to throw away useless items, such as old newspapers, junk mail, even broken appliances; sometimes the hoarding reaches the point that whole rooms are filled with saved items.

In order for OCD to be diagnosed, the obsessions and/or compulsions must take up a considerable amount of the sufferer's time, at least one hour every day, and interfere with normal routines (a person, for example, who cannot make left turns when driving), occupational functioning, social activities, or relationships. OCD can interfere with one's ability to concentrate, and it is not uncommon for a sufferer to avoid certain situations, for example, someone who is obsessed with cleanliness may be unable to use public restrooms.

Onset of OCD is usually gradual and most often begins in adolescence or early adulthood. Unlike adults, children with OCD do not realize that their obsessions and compulsions, which are most often of the washing, checking, and ordering variety, are excessive.

**Panic Disorder:** People with panic disorder suffer severe attacks of panic-which may make them feel like they are having a heart attack or are going crazy-for no apparent reason. Symptoms include heart palpitations, chest pain or discomfort, sweating, trembling, tingling sensations, feeling of choking, fear of dying, fear of losing control, and feelings of unreality. Panic disorder often occurs with agoraphobia, in which people are afraid of having a panic attack in a place from which escape would be difficult, so they avoid these places.

A Panic Attack is defined as the abrupt onset of an episode of intense fear or discomfort, which peaks in approximately 10 minutes, and includes at least four of the following symptoms:

- a feeling of imminent danger or doom;
- the need to escape;
- palpitations;



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- sweating;
- trembling;
- shortness of breath or a smothering feeling;
- a feeling of choking;
- chest pain or discomfort;
- nausea or abdominal discomfort;
- dizziness or lightheadedness;
- a sense of things being unreal, depersonalization;
- a fear of losing control or "going crazy";
- a fear of dying;
- tingling sensations;
- chills or hot flushes.

There are three types of Panic Attacks:

1. Unexpected - the attack "comes out of the blue" without warning and for no discernable reason.
2. Situational - situations in which an individual always has an attack, for example, upon entering a tunnel.
3. Situationally Predisposed - situations in which an individual is likely to have a Panic Attack, but does not always have one. An example of this would be an individual who sometimes has attacks while driving.

Panic Disorder is diagnosed when an individual suffers at least two unexpected Panic Attacks, followed by at least 1 month of concern over having another attack. Sufferers are also prone to situationally predisposed attacks. The frequency and severity of the attacks varies from person to person; an individual might suffer from repeated attacks for weeks, while another will have short bursts of very severe attacks. The sufferer often worries about the physical and emotional consequences of the Panic Attacks. Many become convinced that the attacks indicate an undiagnosed illness and will submit to frequent medical tests. Even after tests come back negative, a person with Panic Disorder will remain worried that they have a physical illness. Some individuals will change their behavioral patterns, avoiding the scene of a previous attack for example, in the hopes of preventing having another attack.

### **Agoraphobia**

Agoraphobia often, but not always, coincides with Panic Disorder. Agoraphobia is characterized by a fear of having a panic attack in a place from which escape is difficult. Many sufferers refuse to leave their homes, often for years at a time. Others develop a fixed route, or territory, from which they cannot deviate, for example the route between home and work. It becomes impossible for these people to travel beyond what they consider to be their safety zones without suffering severe anxiety. The age of onset of Panic Disorder varies from late adolescence to mid-thirties. Relatively few suffer from the disorder in childhood.

**Post-Traumatic Stress Disorder (PTSD):** PTSD can follow an exposure to a traumatic event such as a sexual or physical assault, witnessing a death, the unexpected death of a loved one, or natural disaster. There are three main symptoms associated with PTSD: "reliving" of the traumatic event (such as flashbacks and nightmares); avoidance behaviors (such as avoiding places related to the trauma) and



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emotional numbing (detachment from others); and physiological arousal such difficulty sleeping, irritability or poor concentration.

Post Traumatic Stress Disorder (PTSD) is not a disorder to be associated solely with military personnel, as it has been in the past. It has been shown that exposure to traumas such as a serious accident, a natural disaster, or criminal assault can result in PTSD. When the aftermath of a traumatic experience interferes with normal functioning, the person may be suffering from PTSD. The increasing stress of living in the 21st century, on both a global and personal level, has been sufficient to considerably elevate the numbers of people who suffer from PTSD. PTSD can occur at any age, from childhood to old age and traumatic stress can be cumulative over a lifetime. Responses to trauma include feelings of intense fear, helplessness, and/or horror. There are three types of generally recognized stressors:

- \* Threatened death or serious injury to one's person;
- \* Learning about the death, near death, or serious injury of a family member or close friend;
- \* Witnessing the death, near death or serious injury of another person

For Post Traumatic Stress Disorder to be diagnosed, symptoms must be present for more than one month and be accompanied by a drop-off in the ability to socialize, work, or participate in other areas of daily functioning. Symptoms of PTSD are:

- \* Reexperiencing the event, which can take the form of intrusive thoughts and recollections, or recurrent dreams;
- \* Avoidance behavior in which the sufferer avoids activities, situations, people, and/or conversations, which he/she associates with the trauma;
- \* A general numbness and loss of interest in surroundings; this can also present as detachment; Hypersensitivity, including: inability to sleep, anxious feelings, overactive startle response, hypervigilance, irritability and outbursts of anger.

PTSD can occur at any age, although it is less frequent in the elderly. Young children who have suffered a trauma may have dreams of the event, which within a few weeks, turn into general nightmares. Children will often relive the event through play. They may also exhibit physical symptoms, such as headaches and stomachaches.

Symptoms usually begin within three months of a trauma, although there can be a delayed onset and six months can pass between trauma and the appearance of symptoms. In some cases years can pass before symptoms appear; in this case the symptoms are often triggered by the anniversary of the trauma, or with the experience of another traumatic event. Symptoms may vary in frequency and intensity over time.

**Social Anxiety Disorder (Social Phobia):** Social Anxiety Disorder (SAD) is characterized by extreme anxiety about being judged by others or behaving in a way that might cause embarrassment or ridicule. This intense anxiety may lead to avoidance behavior. Physical symptoms associated with this disorder include heart palpitations, faintness, blushing and profuse sweating.

**Specific phobias.** People with specific phobias suffer from an intense fear reaction to a specific object or situation (such as spiders, dogs, or heights); the level of fear is usually inappropriate to the situation, and



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is recognized by the sufferer as being irrational. This inordinate fear can lead to the avoidance of common, everyday situations.

Anxiety disorders are highly treatable with psychosocial therapies, medication, or both.

Psycho-social treatments used in the treatment of anxiety disorders include cognitive behavioral therapy (CBT), exposure therapy, anxiety management and relaxation therapies, and psychotherapy.

Drugs used to treat anxiety disorders include selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, benzodiazepines, beta blockers, and monoamine oxidase inhibitors (MAOIs). Combination therapies are often utilized.

- \* Misdiagnosis and undertreatment of anxiety disorders costs the nation billions of dollars annually.
- \* Anxiety disorders cost the U.S. more than \$42 billion a year, according to "The Economic Burden of Anxiety Disorders," a study commissioned by the ADAA and based on data gathered by the association and published in the *Journal of Clinical Psychiatry*.
- \* More than \$22.84 billion is associated with the repeated use of healthcare services, as those with anxiety disorders seek relief for symptoms that mimic physical illnesses.

People with an anxiety disorder are three-to-five times more likely to go to the doctor and six times more likely to be hospitalized for psychiatric disorders than non-sufferers.

Social Phobia is characterized by an intense fear of situations, usually social or performance situations, where embarrassment may occur. Individuals with the disorder are acutely aware of the physical signs of their anxiety and fear that others will notice, judge them, and think poorly of them. This fear often results in extreme anxiety in anticipation of an activity, a Panic Attack when faced with an activity, or in the avoidance of an activity altogether. Adults usually recognize that their fears are unfounded or excessive, but suffer them nonetheless.

Symptoms of Social Phobia manifest themselves physically and can include:

- \* Blushing when in social situations is particularly common and often causes the sufferer further embarrassment.
- \* People with Social Phobia tend to be sensitive to criticism and rejection, have difficulty asserting themselves, and suffer from low self-esteem. The most common fears associated with the disorder are a fear of speaking in public or to strangers, a fear of meeting new people, and performance fears (activities that may potentially be embarrassing), such as writing, eating or drinking in public. Sufferers usually fear more than one type of social setting.

Onset of the disorder is usually in mid to late adolescence, but children have also been diagnosed with Social Phobia. Children with the disorder are prone to excessive shyness, clinging behavior, tantrums and even mutism. There is usually a marked decline in school performance and the child will often try to avoid going to school or taking part in age appropriate social activities. Their fears are centered on peer settings rather than social activities involving adults, with whom they may feel more comfortable. For a child to be diagnosed with Social Phobia, symptoms must persist for at least six months.



### Anxiety Disorders in Children and Adolescents

Children and teens have anxiety in their lives, just as adults do, and they can suffer from anxiety disorders in much the same way. Stressful life events, such as starting school, moving, or the loss of a parent, can trigger the onset of an anxiety disorder, but a specific stressor need not be the precursor to the development of a disorder.

While children can develop any of the recognized anxiety disorders, some are more common in childhood than others. Some disorders tend to be specific to age development. Separation Anxiety Disorder and Specific Phobia are more common in younger children, about ages 6-9 years old. Generalized Anxiety Disorder (GAD) and Social Anxiety Disorder (SAD) are more common in middle childhood and adolescence. Panic Disorder can occur in adolescence as well. As with adults, depression has a high rate of comorbidity in children, especially among teenagers.

Although children experience the symptoms of anxiety in much the same way as adults do, children display and react to those symptoms differently. This can lead to difficulties in diagnosis. It can also be difficult to determine whether a child's behavior is "just a phase," or whether it constitutes a disorder.

**SOCIAL ANXIETY DISORDER (SAD):** SAD is usually diagnosed in the mid-teen years, but is found in children of preschool and grade school age. If not treated, SAD can persist into adulthood, and may place a child at risk for later depression and alcohol abuse.

What to look for:

- Fear of at least one social situation (such as recess) or performance situation (such as taking a test).
- Apparent fear when dealing with peers as well as when interacting with adults.
- When faced with feared situation the child suffers anxiety symptoms: sweating racing heart, stomachache, dizziness, crying, tantrums, freezing.
- Avoidance or intense dread of feared situations.
- Interference with school performance/attendance, the ability to socialize with peers or develop and maintain relationships.

Childhood SAD can show up in a number of ways: School Refusal/Avoidance, Separation Anxiety Disorder Selective Mutism.

**School Refusal/Avoidance:** A child experiencing more than just "school jitters" usually refuses to go to school on a regular basis, or has problems staying in school once there. This should not be confused with truant children who avoid school because of antisocial behavior or delinquency.

School refusal is often a symptom of a deeper problem and if not treated can have a negative impact on socialization skills, self-confidence, coping skills and, of course, education. Anxiety-based school refusal affects 2-5% of school-age children. It is common at times of transition, for example, graduating from elementary school to middle school and from middle school to high school. Anxieties tend to differ among age groups, but the most common stressors are: separation anxiety concerns, about academic performance anxieties, about making friends, fear of a teacher or bully.



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The most common ages for school refusal are between five and six, and between ten and eleven. Children who suffer from school refusal tend to be average, or above average in intelligence. Their stress may come out in the form of physical symptoms, such as: headaches, stomachaches, nausea, and diarrhea

In addition to physical symptoms, there can be behavioral symptoms, which can manifest as: tantrums inflexibility, separation anxiety, avoidance, and defiance.

Older children not only experience the stress that goes along with transition from one school to the next, but there is added academic pressure in the higher grades as students begin to see their futures unfolding before them. These stresses may manifest themselves in an extreme preoccupation with appearance, sleeplessness, or rebellion. As with younger children, it is important to keep the child in school, although they may fight it. Missing school reinforces anxiety, rather than alleviating it.

### Common School Fears:

- Being separated from caregivers;
- Riding on the bus;
- Eating in the cafeteria;
- Using the school bathroom;
- Being called on in class;
- Changing for gym;
- Interacting with other children or teachers;
- Being picked on by peers or older children.

**Separation Anxiety Disorder:** Many children experience separation anxiety between 18 months and three years of age, when it is normal for a child to feel some anxiety when a parent leaves the room or goes out of sight. Usually he/she can be distracted from these feelings. Crying when first being left at daycare or pre-school is also common, and the crying subsides when the child becomes engaged in his/her surroundings.

Usually four year olds are able to leave their parents. If not, the problem could be Separation Anxiety Disorder, which affects approximately 4% of children. With Separation Anxiety Disorder, a child experiences extreme anxiety when away from home or separated from parents or caregivers. In this case, the desire to be in contact with missed persons is excessive, extreme homesickness and feelings of misery at not being with loved ones are common. While separated, it is not uncommon for these children to have fears regarding the health and safety of their parents.

Children suffering from Separation Anxiety Disorder may:

- Try to avoid going places by themselves;
- Refuse to go to school or camp;
- Be reluctant or refuse to participate in sleepovers;
- Follow a parent around;
- Demand that someone stay with them at bedtime, or "appear" in their parent's bedroom during the night;
- Awake from nightmares about being separated from loved ones.



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Onset of Separation Anxiety Disorder can occur any time before age 18, but it is most common in children between the ages of seven and nine.

**Selective Mutism:** Children who fail to speak in situations where speech is expected or necessary, to the extent that their reluctance or failure interferes with school and making friends, may be suffering from Selective Mutism, thought to be a severe form of Social Anxiety Disorder. Onset of Selective Mutism is usually before five years of age, but it often comes to a head when the child enters school. The average age of diagnosis is between 4-8 years old, but these children probably exhibited "extreme shyness" at a much earlier age. For Selective Mutism to be diagnosed the behavior must persist for at least one month. These children can be very talkative, even boisterous when at home, or in a place where they feel comfortable.

Children suffering from Selective Mutism may:

- Stand motionless and expressionless, turn his/her head, chew or twirl hair, avoid eye contact or withdraw into a corner.
- Become anxious before entering an uncomfortable situation, common symptoms of anxiety before social events include: stomach aches, headaches, and other physical ailments.
- Children suffering from Selective Mutism will often display additional signs of severe anxiety: separation anxiety, frequent tantrums and crying, moodiness, inflexibility, sleep problems and extreme shyness. These can show up as early as infancy.

**SPECIFIC PHOBIA:** A specific phobia is defined as the intense, irrational fear of a specific object, such as a dog, or a situation, such as flying. Fears of animals, situations and natural occurrences are common in childhood, and often go away. A phobia is diagnosed if the fear persists for at least 6 months and interferes with a child's daily routine, an example of this is a child who refuses to play outdoors for fear of encountering a dog. Common childhood phobias include: Animals, Storms, Heights, Water, Blood, the dark, and Medical procedures.

Unlike adults with specific phobias, children do not usually recognize that their fear is irrational or out of proportion to the situation, and they may not articulate their fears. Children will avoid situations or things that they fear, or endure them with anxious feelings, which can manifest as: Crying, Tantrums, Freezing, Clinging, Avoidance, Headache, Stomachache.

**GENERALIZED ANXIETY DISORDER (GAD):** Generalized Anxiety Disorder usually affects children between the ages of six and eleven. It is characterized by excessive worry and anxiety over a variety of things, including, but not limited to: Grades, Performance in sports, Punctuality, Family issues, Earthquakes, Health.

The affected child cannot control his/her worry and it interferes with normal activities. Physical symptoms of GAD include: Restlessness, Fatigue/Inability to sleep, Difficulty concentrating, Irritability, Muscle tension.

Children with GAD tend to be very hard on themselves, striving for perfection, sometimes redoing tasks repeatedly. They may also seek constant approval or reassurance from others.



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**PANIC DISORDER:** Panic Disorder is diagnosed when a child suffers at least two unexpected Panic Attacks, followed by at least 1 month of concern over having another attack, losing control, or "going crazy." The most common age of onset for Panic Disorder is the early to mid twenties. It is not common in young children, but can begin in adolescence.

A Panic Attack is defined as the abrupt onset of an episode of intense fear or discomfort, which peaks in approximately 10 minutes, and includes at least four of the following symptoms:

- a feeling of imminent danger or doom;
- the need to escape;
- palpitations;
- sweating;
- trembling;
- shortness of breath or a smothering feeling;
- a feeling of choking;
- chest pain or discomfort;
- nausea or abdominal discomfort;
- dizziness or lightheadedness;
- a sense of things being unreal, depersonalization;
- a fear of losing control or "going crazy"
- a fear of dying;
- tingling sensations;
- chills or hot flushes.

Children, like adults, often become apprehensive when in situations or places where they have previously had attacks, and may begin to avoid these situations and places. Agoraphobia can develop when the child begins to avoid situations in which he/she has had a panic attack previously, or situations and places from which the child feels that he/she would not be able to escape if experiencing a Panic Attack.