Decades ago, the poet W.H. Auden won the Pulitzer Prize for *The Age of Anxiety*, his famous book-length poem about the challenges of living in the modern world. While the world has changed considerably since Auden’s book was published in the late 1940s, the anxiety of living in a fast-paced, uncertain world remains very much a part of modern life.

Of course, anxious moments are part of everyone’s lives. But for many people, anxiety represents more than the occasional worries associated with life’s inevitable ups and downs. Indeed, those with symptoms of an anxiety disorder often experience a significant, even disabling, impact on their lives.

Frame of mind
In the United States, anxiety symptoms that can be classified as a clinical disorder are not uncommon. An estimated 18.1 percent of the U.S. adult population annually experiences an anxiety disorder, according to the National Institute of Mental Health (NIMH). In 22.8 percent of cases, the anxi-
More than nerves

People with generalized anxiety disorder (GAD) may present with the following symptoms:

- Persistent worry about everyday things
- Trouble controlling their constant worries
- Awareness that they worry more than necessary and usual
- Trouble relaxing
- Difficulty concentrating
- Tendency to startle easily
- Trouble falling or staying asleep
- Constant tired feeling
- Headaches, muscle aches, stomachaches, or unexplained pains
- Difficulty swallowing
- Trembling or twitching
- Irritability, excessive perspiration, and lightheadedness or feeling out of breath
- Frequent need to go to the bathroom

- Major depressive disorder (MDD)
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Specific phobias

Head start

What characteristics distinguish the most common anxiety disorders? Each develops according to a complex set of risk factors, including brain chemistry, personality, genetics, and life events, says the Anxiety and Depression Association of America (ADAA). M

Generalized anxiety disorder. Excessive worry about concerns in a person’s life (e.g., finances or health) mark GAD, which is the most widely reported diagnosis. Those with generalized anxiety often experience the following symptoms:

- Restlessness
- Irritability
- Difficulty concentrating
- Trouble falling asleep or staying asleep
- Fatigue

Muscle tension and other physical symptoms may also be present. As a disorder, generalized anxiety is also persistent. “The diagnostic criteria for generalized anxiety disorder is to have more days than not over a six-month period when you feel distressed by worrying,” says Margaret Wehrenberg, PsyD, a Naperville, Illinois–based psychologist in private practice and author of a book on anxiety management techniques.

“Obviously, everyone goes through stressful periods when they may worry about something,” says Dr. Wehrenberg. “When you have the ability to shake the worry off and pay attention to and enjoy other good things in your life, that’s normal worry.” For a person with generalized anxiety, the worrying goes far beyond normal. “It’s almost like a third party has taken up residence.” The worry is always there, she says, diminishing moments of joy and pleasure and causing distractions that keep that person from being present in his or her life. “That’s the more subjective way an anxiety disorder might be described.”

Panic disorder. Another condition that falls under the rubric of an anxiety diagnosis is panic disorder. This disorder is characterized by unexpected and recurring panic attacks, defined as follows:

- Sudden periods of intense fear accompanied by physical symptoms
  - Palpitations
  - Rapid or pounding heart
  - Sweating
  - Trembling
  - Shortness of breath

Panic disorder is diagnosed when someone experiences repeated incidents of these attacks. One of the more insidious aspects of panic disorder is that individuals often worry greatly about when their next attack might happen, consequently learning to avoid situations or places where previous attacks have occurred.

Social anxiety disorder. Another widely seen anxiety diagnosis is social anxiety disorder. This disorder is characterized by the NIMH as “a marked fear of social or performance situations” in which individuals expect to feel the following:

- Embarrassed
- Judged
- Rejected
- Fearful of offending others

An individual with social anxiety (or social phobia as it is sometimes described) will find it
difficult to talk or engage with others in many social settings. Consequently, the individual might spend days or weeks worrying obsessively about having to attend a work, community, or private event. Such social anxiety can even escalate to the point at which it causes physical symptoms, such as the following:

- Gastrointestinal distress
- Nausea
- Nervous symptoms, such as sweating or trembling

Notably, the impact of social anxiety on a person’s life will differ from generalized anxiety. “If a person with social anxiety is able to avoid distressing situations, they’re typically comfortable,” notes Dr. Wehrenberg. “In generalized anxiety, the person is always uncomfortable, whether alone or with others. There is persistent discomfort. Social anxiety also tends to have different negative outcomes.” For example, she notes, a person with social anxiety may avoid the following:

- Attending college
- Seeking a job promotion
- Engaging in dating
- Developing rewarding social relationships

“It’s often only when they start to feel their life being diminished that they’ll seek treatment,” says Dr. Wehrenberg.

Fear factors

Only 36.9 percent of individuals with an anxiety disorder receive treatment for their condition, according to NIMH data. There may be several reasons for this lack of treatment. The social stigma attached to a mental health diagnosis may make some people reticent to seek care for fear of being categorized with the label of a disorder. As well, with normal anxiety so prevalent in society, others might be led to dismiss their medical condition as just a part of life.

Other reasons that keep people from seeking treatment include:

- Getting started. For some, the hardest part may be knowing where, when,
The small things

Four major classes of medications are used in the treatment of anxiety disorders:

1. **Selective serotonin reuptake inhibitors (SSRIs).** To relieve symptoms, SSRIs (e.g., citalopram [Celexa] and escitalopram [Lexapro]) block the reabsorption (or reuptake) of serotonin by certain nerve cells in the brain. More serotonin becomes available and improves mood.

2. **Serotonin-norepinephrine reuptake inhibitors (SNRIs).** The SNRI class (e.g., venlafaxine [Effexor] and duloxetine [Cymbalta]) is notable for increasing the levels of serotonin and norepinephrine, which are both neurotransmitters, by inhibiting their reabsorption into cells in the brain.

3. **Benzodiazepines.** Frequently used for short-term management of anxiety, benzodiazepines (e.g., alprazolam [Xanax], clonazepam [Klonopin], diazepam [Valium], and lorazepam [Ativan]) are highly effective in promoting relaxation and reducing muscular tension as well as other physical symptoms of anxiety.

4. **Tricyclic antidepressants.** Concerns about long-term use of benzodiazepines prompted many physicians to favor tricyclic antidepressants (e.g., amitriptyline [Elavil], imipramine [Tofranil], and nortriptyline [Pamelor]). Although effective in the treatment of anxiety, tricyclic antidepressants can cause significant side effects.

and how to begin the seemingly mystifying process of therapy.

- **Time and energy.** Concerns about devoting time and energy from already busy schedules abound, even though counseling, for instance, can be a source of energy, not a drain.

- **Money.** Whether it’s difficulty finding affordable treatment or unawareness of insurance options, the cost of therapy may prevent people from pursuing treatment.

In addition, say experts, normal anxiety and clinically significant anxiety are not always easily differentiated in individual cases. Accordingly, many people may not know when they might actually need or benefit from professional treatment.

“The line drawn from a normal or common experience of anxiety to something that may meet the criteria for a disorder is one of dimensions, not category,” remarks Douglas Mennin, PhD, a psychology professor and researcher at Hunter College of the City University of New York (CUNY). “The data show that people exist along a continuum in how much they worry. But worry becomes problematic when it starts to impact a person’s life in ways that make it hard to do things they would do or need to do. This could involve worry and rumination about something in the future that might go badly, something [they] lost in the past, or something [they] want to get back or make sure doesn’t happen again.”

As Dr. Mennin explains, the excessive worry associated with GAD can interfere markedly with a person’s ability to function, adversely impacting both their professional and personal life. The anxious mind may repeatedly drift into worrisome thoughts about any number of perceived threats to the point at which it becomes difficult to concentrate or complete tasks. Unrelied, a person can also feel less motivated to engage in enjoyable activities and more motivated to withdraw from friends and close relationships.

“These kinds of functional implications, the ability to operate in the world, with the distressed mind so taken with future threats or the feeling of their body being uneasy, can make it hard for the person to engage in life,” says Dr. Mennin. “Diagnostically, this is a key feature.”

The degree to which symptoms of physical anxiety—feeling ill at ease in the body—impact an individual are another marker for professional intervention. As Dr. Mennin notes, “There’s a difference between being a little concerned about a future threat and having either tension or perhaps stomach-related ailments, and experiencing more serious fear-related problems like shortness of breath and panic attacks.”

Treatment head to toe

What treatment options exist for anxiety disorders? A range of psychotherapeutic approaches are in use, including the following:

- **Cognitive behavioral therapy (CBT).** A well-established method, CBT essentially focuses on helping individuals gain insights into how their thinking and behavior patterns may be contributing to their anxiety or depression.

Accordingly, patients learn new coping mechanisms and other skills to help reduce or eliminate anxious feelings; they are actively involved in their recovery. Typically, patients begin to benefit from CBT over the course of 12 to 16 weeks.

At times a variety of behavioral therapy techniques, such as relaxation and breathing exercises, may be used in combination with CBT. As well, multiple therapies represent adaptations of the basic CBT model.

- **Exposure therapy (ET).** One such offshoot of CBT is ET, which is often used to treat anxiety associated with phobias or OCD. The idea is that through gradual exposure to
a feared situation or object or in a supportive therapeutic environment, ET patients can unlearn their anxiety response toward the source of their distress.⁸

**Dialectical behavioral therapy (DBT).** Another therapy in the CBT category is DBT,⁸ which was originally developed to treat chronically suicidal patients with borderline personality disorder.⁹ With a focus on psychosocial and relationship skills, the goal of DBT is to help individuals become more adept at regulating and tolerating emotional distress. Mindfulness practices drawn from Eastern meditation are among the techniques used in this approach.⁸

**Acceptance and commitment therapy (ACT).** Another option is ACT, which seeks to help patients learn skills and strategies to live more in the moment and become more psychologically flexible and less judgmental in the ways they experience situations or events.⁸

**Interpersonal therapy (IPT).** The focus of IPT is on relationship dynamics that may be adversely affecting a patient’s mental health. Interpersonal therapy encourages healthier expressions of emotion by identifying underlying or hidden psychological issues in a person’s life and relationships. It can be used to address anxiety and depression issues in adult, adolescent, and elderly patients. Like the CBT model, therapy typically involves 12 to 16 weekly, one-hour sessions.⁸

**Eye movement desensitization and reprocessing (EMDR) therapy.** Finally, a relatively newer therapy that may be especially helpful for panic attacks, phobias, and the anxiety associated with PTSD is EMDR. A trained counselor uses guided eye movements—similar to the rapid eye movement (REM) stage of sleep—to change the way the brain processes information. Some research shows EMDR to be especially useful in treating anxiety related to psychological trauma. The therapist uses an integrated psychotherapy approach to help the patient process the effects of EMDR.⁸

### Progress ahead

**Emotion regulation therapy (ERT).** At the Regulation of Emotion in Anxiety and Depression (READ) Lab at Hunter College, Dr. Mennin (with colleague David Fresco, PhD, of Kent State University) has pioneered development of a newer therapeutic approach called emotion regulation therapy (ERT). The therapy integrates elements of CBT, dialectical, mindfulness-based, and other emotion-focused treatments as it strives to help individuals better understand and regulate their emotional states.¹¹

“My work is particularly interested in refractory or difficult-to-treat cases of generalized anxiety disorder and major depression,” says Dr. Mennin. “As much as cognitive and behavioral treatments are effective for many forms of anxiety, treatment can be elusive for those who have what I would call ‘busy minds,’ where there’s worry and rumination accompanied by a lot of repetitive, negative self-focused thought. These internal focuses can make it very difficult for someone to engage effectively in what are otherwise successful treatments. This is a core challenge in anxiety treatment.”

Untreated, such patterns of anxiety can also gradually worsen, becoming more entrenched and difficult to treat. Indeed, warns Dr. Mennin, unrelieved anxiety can be a gateway to depression, substance abuse, and even physical illness through inflammatory channels. Accordingly, ERT puts an emphasis on recognizing and addressing patterns in anxious thinking when they first happen and are usually easier to treat.

“We look at emotions like a snowball going down the hill,” explains Dr. Mennin. “It starts on the top sort of fluffy and soft and pristine. And then, as the snowball rolls down the hill, it picks up dirt and twigs—which are like the worry and critical self-talk we’ve described—becoming hard and icy, and eventually it gets dammed up.

“What we’re trying to do is help our patients get better at identifying their emo-
The trial investigated the efficacy of combining CBT with motivational interviewing (MI). This therapy incorporates a set of patient-centered communication techniques in which the therapist focuses on being the following:

- Empathetic
- Nonjudgmental
- Supportive

Such techniques help individuals express their own reasons for change and take responsibility for their own behavior. Communication tools include the following:

- Asking open-ended questions
- Reflective listening
- Sharing the agenda setting
- Eliciting pros and cons of change
- Providing information using the elicit-provide-elicit technique
- Inquiring about the importance and confidence of making a change
- Summarizing the conversation

By combining MI with CBT, investigators hoped to achieve better outcomes. “Our goal was to take a well-known, commonly applied therapy and see if we could improve it,” says Michael Constantino, PhD, a lead investigator in the study and professor of psychological and brain sciences at the University of Massachusetts Amherst. “CBT has historically been the gold-standard treatment for generalized anxiety disorder, but the response rates are actually quite sobering. Among the anxiety disorders, generalized anxiety tends to be a notoriously stubborn condition.”

With Toronto colleagues Henny Westra at York University and Martin Antony at Ryerson University, the clinical trial found CBT with MI more effective than CBT alone in helping patients overcome their possible ambivalence or resistance toward changing long-standing patterns of emotional worry. In the study, the results of which were recently published in the Journal of Consulting and Clinical Psychology, benefits from this combination therapy were most clearly found in the year following conclusion of therapy.

As Dr. Constantino explains, “People with generalized anxiety, not unlike people with other conditions but perhaps especially with this disorder, are often quite ambivalent about giving up their excessive worry or their anxieties.” Though they may recognize this worry is excessive, which can become debilitating, “they also often see worry as being an important mechanism of readiness and control in their life. As such, they may fear relinquishing this level of control.”

Accordingly, MI encourages the therapist to, in a sense, get alongside the patients, not to teach or instruct them in what to do, but rather help them to feel in charge of their own therapy. In this spirit, the therapist emphasizes qualities of empathy, validation, and collaboration in the relationship with the patient to empower and support the patient’s own desire for change.

“To put it simply, from the therapist’s perspective, rather than telling you to change, motivational interviewing tries to help you to understand why it’s hard for you to change,” says Dr. Constantino. “And then to help you develop your own cogent and hopefully potent arguments for why change could be beneficial. But as a therapist, you do it much more from a stance of being very client-centered and nondirective than being agenda-driven, or as someone who has all the answers.”

**Up-pill battle**

While anxiety disorders generally tend to be undertreated, a related concern among experts is the overuse of medication as a first-line treatment.

“The meta-analyses of treatment suggest that treatment for all anxiety disorders without medication over a 12-month period is more effective than treatment with medication,” says Dr. Wehrenberg. “It’s the case that most patients should first be referred for psychological evaluation and treatment before medicating. Generally, the person who gets anxiety as an outcome of persistent stress is going to be the most responsive to therapy alone.”

Dr. Mennin agrees overuse of antianxiety medication is a concern in the health care system. “As we know, medication isn’t really a first-line treatment for anxiety. In fact, it’s often a problematic treatment. It can be useful when someone is in a particularly acute state, but medications like benzodiazepines are overprescribed. The problem with drugs such as Xanax [alprazolam], Klonopin [clonazepam], or Ativan [lorazepam] is that they get negatively reinforced. That is, people take these drugs as circumstances require when they’re most upset, such as when they’re going on an airplane. But then the brain learns that the drug was necessary because there was a threat that was averted. So the idea that airplanes are scary gets solidified. … The drugs especially that have an immediate effect, like benzodiazepines, should be used sparingly.”

In addition to overprescribing, proper prescribing represents an equally important concern, suggests Dr. Mennin. “Whether it’s a referral to a psychiatrist or the primary care physician’s own knowledge of a psychopharmacological
intervention for anxiety, when medication is indicated it’s important to consider SNRIs [serotonin-norepinephrine reuptake inhibitors] and SSRIs [selective serotonin reuptake inhibitors] over benzodiazepine use.”

In fact, SNRIs and SSRIs are antidepressant medications that have been shown to also be effective treatments for the following:  
• GAD  
• Panic disorder  
• Social anxiety disorder  
• OCD  
• PTSD

For patients with social anxiety, beta-blockers are also sometimes prescribed to help control rapid heart rate and other symptoms.  

Of the same mind

In an uncertain world where stress and anxiety are common, health care providers have a special responsibility to provide appropriate medical care for anxiety disorders. Above all, the concerns of highly anxious patients should be taken seriously, validating their health concerns even when no underlying physical condition is identified. In this, all members of the health care team have a role to play.

“Given the sort of amorphous nature of anxiety, without clear physical concomitants or causes, it can be easy for health care staff to tend to dismiss a patient’s anxiety,” says Dr. Mennin. “I would encourage providers to first validate their patients’ concerns about having anxiety. Even when staff just say to a patient, ‘It can be hard to feel anxious,’ this can go a long way.”

Indeed, such validation and support for anxious patients should be a staff priority, agrees Sandra Troupe, CMA (AAMA), of Matteson, Illinois, a now retired medical assistant who worked for 35 years in both primary and psychiatric care settings.

“In many cases, patients with an anxiety disorder first present with symptoms that are physiologic, but when they go through testing nothing is found to substantiate the symptoms,” says Troupe. “But if the patient is then told, ‘Well, we can’t find anything right now, we think it’s all in your head,’ that can be the worst thing you can say to a patient with anxiety.”

In fact, symptoms related to an underlying anxiety disorder might include the following:  
• Frequent headaches  
• Gastrointestinal distress  
• Back pain  
• Muscle tension or pain  
• Urinary symptoms

Of course, the inverse can also be true—an underlying physical illness or other factor can also contribute to an anxiety disorder. This is why a visit to a primary care provider should be the first step in a proper diagnosis and treatment. For example, an anxiety disorder might be related to any of the following:  
• Overactive thyroid or low blood sugar  
• Prescription medication, causing or exacerbating anxiety symptoms  
• Diagnosis of a physical illness or condition

Depending on the physician’s evaluation, the next step may be a comprehensive mental health evaluation.

Over the course of her career, Troupe has seen health care providers become more sensitive to patient concerns over anxiety. “Fortunately, the difference I see is that anxiety issues are more readily recognized today than in the past,” she concludes. “In my opinion, the response to it has improved.”

Cannot stress enough

For those suffering from an anxiety disorder, timely and appropriate health care intervention can offer effective treatment for many patients. Generally, patients with anxiety benefit most when there is a good working relationship between their primary care provider and a mental health professional. Such comprehensive care can take into account coexisting diagnoses, lifestyle factors including diet, exercise, sleep, and work stress, and other contributory factors in the individual’s anxiety profile.

While most experts agree medication is sometimes indicated, it is also usually only a short-term solution for many with an anxiety disorder. “Medication can make you feel better, but it doesn’t really teach you anything,” concludes Dr. Wehrenberg. “Psychotherapy teaches you things. We can empower patients to manage anxiety for the rest of their lives if they take advantage of psychotherapy.”

In a stressful world, health care providers will likely continue to encounter many patients dealing with anxiety symptoms. As such, providers have an obligation to help their patients better understand and respond to the damaging impact of their excessive fears and worries, including making timely referrals to a psychologist or other mental health professional when necessary.

“In a world that feels more unsafe, where strife and conflict are common, avoidance is really the chief problem of anxiety,” concludes Dr. Mennin. “It goes back to that classic quote, ‘We have nothing to fear but fear itself.’ It’s actually avoiding something that we’re afraid of that solidifies the anxiety.”

In this sense, perhaps the larger challenge for both providers and patients is not to avoid, downplay, or obscure anxiety issues as they arise, but to clearly recognize their impact. With such awareness as a starting point, it will then become possible for every patient with an anxiety disorder to know relief is possible and at hand.
References


