

Stress and anxiety are a normal part of life. When anxiety is not too severe it can be beneficial because it helps you prepare for a situation. If you did not feel nervous about an upcoming test, or giving a talk at your job, you would not prepare for the situation. However, when the feelings of stress and anxiety become overwhelming, and interfere with one's ability to function, then the person may be suffering from an anxiety disorder.

Inappropriate or excessive anger can cause significant impairment. Problems with anger control might result in problems at work to the point of job loss, can disrupt relationships with family and friends, and can sometimes result in legal difficulties.

Anger is a symptom, not a disorder. Anger is prominent in several different psychiatric disorders. The disorders most commonly associated with anger problems are described below

DISORDERS ASSOCIATED WITH ANGER

IED, PTSD, BPD, BIPOLAR, MDD, ASPD

Many people with high levels of anxiety also experience depression. It is important to have a thorough psychiatric examination to determine if the problem is depression, an anxiety disorder, or both. Individuals with anxiety disorders may also have problems with drugs or alcohol, and it is important to recognize how substance use contributes to the overall clinical picture.

Physical symptoms are common. Anxious individuals often complain of headaches or muscle aches, nausea or nervous stomach, heart racing, or breathing problems. Because anxiety is associated with several physical problems, many individuals first go to their family doctor for treatment.

There are several different anxiety disorders. It is not sufficient to be diagnosed with clinical anxiety or an anxiety disorder, because the different anxiety disorders are treated differently. Each of the 7 anxiety disorders is described briefly below.

Panic Disorder is characterized by feelings of intense fear or terror that come on out of the blue, in situations where there is nothing to fear. A panic attack is a fear reaction that occurs in situations that typically do not provoke a fear reaction. The most common physical symptoms of a panic attack are heart racing or pounding, chest pain, shortness of breath or choking, dizziness, trembling or shaking, feeling faint or lightheaded, sweating, and nausea. Before an individual is told that what they are experiencing is a panic attack they often worry that they might die, lose control, or go crazy. Many people go to the emergency room after having a panic attack. About 2-3% of the population has experienced panic disorder at some time in their lives.

Agoraphobia frequently develops in persons with panic disorder. People with agoraphobia avoid (or try to avoid) situations that they think might trigger a panic attack, or situations from which they think escape might be difficult if they have a panic attack. At the extreme, individuals with agoraphobia do not leave the house. More commonly, individuals will avoid certain situations such as crowded stores, highways, being far from home, waiting on lines, etc.

Social Phobia is characterized by extreme anxiety about being judged negatively by others in social situations. People with social phobia believe that "all eyes are on them" and fear being embarrassed or humiliated in front of others. The most common social phobia is public speaking. Other social phobias are writing in public, eating in front of others, parties, asking someone on a date, or talking in a business meeting or classroom. Most people feel self-conscious and somewhat anxious in these types of social situations. However, in the person with social phobia the anxiety is excessive and disrupts their life. Social phobia is the most common anxiety disorder—about 10% of Americans suffer from social anxiety disorder.

Specific Phobia, as the name implies, is characterized by extreme fear of specific objects. The most common specific phobia is fear of animals—especially dogs, snakes, insects and mice. Other

specific phobias are flying, heights, enclosed places, deep water, and blood. As with the all anxiety disorders, specific phobia is diagnosed only when the fear is distressing or causes impairment in your life. As many as 1 in 10 people have had a specific phobia.

Obsessive-Compulsive Disorder (OCD) is characterized by repetitive and intrusive thoughts or images that are unwelcome (obsessions), and/or repetitive behaviors that you feel you cannot control (compulsions). Most often the compulsive behavior is done to reduce the anxiety associated with the obsessive thought (e.g. repeated hand washing because of fear of germs, repeated checking the stove because of fear that the house might burn down). Many people with OCD are aware that their obsessive thoughts or compulsive behaviors are senseless and excessive, and therefore are embarrassed to mention them. Once thought to be very rare, recent studies suggest that as many as 2-3% of the population have OCD.

Generalized Anxiety Disorder is characterized by chronic excessive worrying about such things as health, money, work, the future, family, being on time, etc. The anxiety is difficult to control, and associated with such symptoms as concentration problems, insomnia, muscle tension, irritability, and physical restlessness. Preval

Posttraumatic Stress Disorder (PTSD) occurs to some people who have experienced traumatic events such as childhood physical or sexual abuse, rape, wartime combat, physical assault, natural disasters, or serious accidents. PTSD can also occur after witnessing a violent or tragic event. The symptoms of PTSD are varied and include intrusive thoughts about the event, nightmares, and flashbacks. Avoidance of persons, places, and things that are reminders of the traumatic event is common. Some people lose interest in usual activities, give up on goals for the future, and have a general sense of emotional numbness. Recent research indicates that up to 10% of the population has experienced PTSD as some point in their lives.

CAUSES OF ANXIETY DISORDERS

Many factors are involved in the cause of anxiety disorders—genetics, stressful life events, biological factors, physical illness, medications, conditioning, drugs, alcohol, and childhood experiences—and these factors may differ for different individuals. Not everyone who has a parent with an anxiety disorder will develop an anxiety problem. Nor will a stressful situation cause everyone to feel the same way. It is probably better to think about risk factors, rather than causes, for developing anxiety disorders.

TREATMENT

Anxiety Disorders are one of the most treatable psychiatric disorders. More than 80% of depressed people improve with treatment. Before beginning treatment it is important to get a thorough evaluation to rule out potential causes of anxiety (illnesses, medications, alcohol), and to evaluate for the presence of other psychiatric disorders. Many individuals with anxiety disorders also experience depression and substance use disorders. Also, many individuals have more than one anxiety disorder.

The most common types of treatment are psychotherapy and medication, and often both are used together. Treatment must be tailored for each individual, but there are some standard approaches. Behavior therapy helps individuals modify and gain control over the anxiety. Often this involves teaching individuals how to cope with the anxiety upon exposure to the feared situation. Relaxation techniques are frequently taught. In cognitive therapy focuses on the person's thought patterns, and learning to identify how one's thoughts may be distorted or unrealistic. Many therapists use

the techniques of both behavior and cognitive therapy to treat anxiety disorders. Many different medications are used to treat anxiety disorders, and often are used along with cognitive-behavior therapy.