



Thrive



ANXIETY

A handbook for caregivers on Anxiety



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1 What is anxiety disorder?

Anxiety disorder is a feeling of nervousness, apprehension, fear, or worry that may occur without a cause, or it may occur based on a real situation but may be out of proportion to what would normally be expected. Severe anxiety can have a serious impact on daily life.

2 What causes anxiety disorder?

The problem of anxiety may be caused by a mental condition, a physical condition, the effects of drugs, or from a combination of these. The doctor initially checks to see if your anxiety is caused by a medical condition. Conditions as varied as anaemia, asthma attack, infection, drug intoxication or withdrawal, or a number of heart conditions are just a few examples of medical problems that can be associated with anxiety.

3 Types of anxiety

Common types of anxiety include the following mental conditions.

3.1 Panic disorder

In addition to attacks of anxiety, called panic attacks, common symptoms of panic disorders are stomach upset, palpitations (feeling your heart beat), dizziness, and shortness of breath. These same symptoms also can be caused by caffeine consumption, amphetamines, an overactive thyroid, abnormal heart rhythms, and other heart abnormalities. The panic attack sufferer may experience their mind going blank or that they somehow do not feel real, in that they feel as if they are looking at themselves from outside of themselves. In order to qualify for the diagnosis of panic disorder, the individual would experience repeated panic attacks rather than just one episode.

3.2 Generalized anxiety disorder (GAD)

Those who endure this condition experience numerous worries that are more often on the mind of the sufferer than not. Those worries interfere with the person's ability to sleep or otherwise function.

3.3 Phobic disorders

People with phobias experience irrational fear that may rise to the level of panic attacks in response to a specific thing or situation. Examples of phobias include fears of spiders (or insects in general), open spaces, closed-in spaces, air travel, heights, and social anxiety.

3.4 Obsessive-compulsive disorder (OCD)

Individuals with this condition either suffer from invasive and upsetting thoughts (obsessions) or engage in irresistible, often repetitive behaviours (compulsions). Examples of obsessions include worries about germs or having items in a particular order. Examples of compulsions include counting items or activities, avoiding walking on cracks, or avoiding touching doorknobs.

3.5 Separation anxiety disorder

Considered a disorder of children, separation anxiety disorder can be diagnosed when a child becomes extremely anxious in response to anticipating or being separated from one or more caregiving adults (usually a parent).

3.6 Stress disorders

- Stress at work or school
- Stress in a personal relationship such as marriage or friendships
- Financial stress
- Stress from an emotional trauma such as the death of a loved one, a natural disaster, being a victim of crime, physical abuse or sexual abuse
- Stress from a serious medical illness
- Side effects of medication
- Intoxication (being "high" on) with an illicit drug, such as cocaine or amphetamines

- Withdrawal from an illicit drug, such as opiates (for example, heroin) or from prescription drugs like Vicodin, benzodiazepines, or barbiturates
- Symptoms of a medical illness
- Lack of oxygen: In circumstances as diverse as high altitude sickness, emphysema, or pulmonary embolism (a blood clot with the vessels of the lung)

4 Anxiety Symptoms

4.1 Panic disorder

Symptoms can present as recurrent episodes of panic attacks, worries about having an attack, about what it means, or changing the way one behaves because of the panic attacks, and last for at least a month. Panic attacks are separate and intense periods of fear or feelings of doom developing over a very short time frame, like ten minutes, and they're associated with at least four of the following:

- Palpitations
- Sweating
- Trembling
- Shortness of breath
- Sense of choking
- Chest pain
- Nausea or other stomach upset
- Dizziness
- A feeling of being detached from the world
- Being unable to think, feeling as if the mind has gone blank
- Fear of dying
- Numbness or tingling
- Chills or hot flashes

4.2 Generalized anxiety disorder

This is characterised by excessive, unrealistic, and difficult to control worries over a period of at least six months. It's associated with three of the following:

- Restlessness
- Easily tired
- Trouble concentrating
- Irritability
- Muscle tension
- Sleep problems

4.3 Phobic disorders

These are characterised by intense, persistent, and recurring fear of certain objects (such as snakes, spiders, or blood) or situations (such as heights, speaking in front of a group, or public places). These exposures may trigger a panic attack.

4.4 Stress disorders

Anxiety (also known as post-traumatic stress disorder, PTSD) is caused by the exposure to either death or near-death circumstances such as fires, floods, earthquakes, shootings, automobile accidents, or wars. Other traumatic events may not have had the threat of death or near-death, but resulted in the severe injury or threat thereof. Examples of such trauma include victimisation through physical or sexual abuse, witnessing the abuse of another or over-exposure to inappropriate material (for example, exposure of children to pornographic images or acts). The traumatic event is re-experienced in thoughts and dreams.

Common behaviours include the following:

- Re-experiencing the trauma, either when awake (flashbacks) or when asleep (nightmares)
- Avoiding activities, places, or people associated with the triggering event
- Difficulty concentrating
- Difficulty sleeping
- Being hyper vigilant (you closely watch your surroundings)

- Feeling a general sense of depression, irritability, doom and gloom with diminished emotions such as loving feelings or aspirations for the future.

5 When to Seek Medical Care

Call your doctor when the signs and symptoms of anxiety are not easily, quickly, and clearly diagnosed and treated.

- If the symptoms are so severe that you believe medication may be needed
- If the symptoms are interfering with your personal, social, or professional life
- If you have chest pain, shortness of breath, headaches, palpitations, dizziness, fainting spells, or unexplained weakness
- If you are depressed and feel suicidal or homicidal

When the signs and symptoms suggest that anxiety may have been present for a prolonged period (more than a few days) and appear to be stable (not getting worse rapidly), you may be able to make an appointment with your doctor for evaluation. But when the signs and symptoms are severe and come on suddenly, they may represent a serious medical illness that needs immediate evaluation and treatment in a hospital's emergency department.

6 Screening for anxiety

The doctor will take a careful history, perform a physical examination and order laboratory tests as needed. Certain assessments and tests will be done by a qualified health professional.

- If you have another medical condition that you know about, there may be an overlap of signs and symptoms between what is old and what is new.
- Just determining that anxiety is psychological does not immediately identify the ultimate cause. Often, determining the cause requires the involvement of a psychiatrist, clinical psychologist, or other mental health professionals.

7 Anxiety Management and Treatment

7.1 Self-Care at Home

In certain cases, you may treat anxiety at home without the involvement of a doctor. These are limited to anxiety attacks of short duration in which you know the cause, the anxiety is short, it goes away by itself, and the cause can be eliminated. For example, you may be anxious over an upcoming meeting, a final exam, or a pending job interview. In such circumstances, stress may be relieved by such actions as these:

- Talking it out with a supportive person
- Meditation
- Picturing yourself successfully facing and conquering the specific fear
- Watching TV
- Taking a long, warm bath
- Resting in a dark room
- Deep-breathing exercises

7.2 Medical Treatment for Anxiety

Treatment depends on the cause of the anxiety.

- When the cause of anxiety is a physical ailment, treatment is directed toward eliminating that ailment. For example, if your thyroid gland were overactive and causing anxiety, the treatment might involve surgery and various thyroid-regulating medications.
- When the cause is psychological, the underlying cause needs to be discovered and, if possible, eliminated or controlled. For example, if the cause is difficulty in a marriage, the doctor may suggest marital counselling. Withdrawal from a substance of abuse is often addressed with drug abuse treatment.
- Sometimes, the cause cannot be identified. In such cases, the only treatment option is control of symptoms.

- In the past, anxiety was treated with drugs in a class known as benzodiazepines. This class of medications is currently used much less often to treat anxiety due to the possibility of addiction. Examples of medications from this group include:
 - Diazepam (Valium)
 - Alprazolam (Xanax)
 - Lorazepam (Ativan)
 - Clonazepam (Klonopin)
- Another anti-anxiety drug that is not a benzodiazepine is buspirone (BuSpar).
- Neurontin is an anti-seizure medication that has been found to be helpful in treating anxiety for some people, but little organized research has indicated whether or not it is effective in addressing anxiety disorders.
- Drugs of the SSRI class (selective serotonin reuptake inhibitors that are also used to treat depression) are sometimes prescribed and include the following:
 - Sertraline (Zoloft)
 - Paroxetine (Paxil)
 - Fluoxetine (Prozac)
 - Escitalopram (Lexapro)
 - Citalopram (Celexa)
 - Venlafaxine (Effexor): This medication has chemical properties of the SSRI class as well as blocking the reuptake of norepinephrine, another neurotransmitter.
- In addition, psychotherapy may be useful. Helping the anxiety sufferer combat whatever unrealistic beliefs that may underlie the anxiety (cognitive therapy) or developing ways to manage worries (behavioral therapy) are psychotherapeutic approaches that are often used.

7.3 Other measures

7.3.1 Follow-up

Anxiety should be addressed and treated with your doctor. Establish an ongoing relationship. By encouraging your doctor's familiarity with you and by having follow-up sessions on a regular basis, you may cope with your problems and resolve them more effectively. These

steps may also help you deal with medical conditions that might otherwise go undiagnosed and untreated.

7.3.2 Prevention

Prevention of anxiety essentially involves an awareness of life's stresses and your own ability to cope with them. This can often be a difficult task in our busy and hectic 21st century lifestyles. In essence, you might develop coping mechanisms for all of life's stresses.

Strategies might include these:

- Physical well-being through exercise, healthy eating habits, and adequate rest
- Avoiding the use of caffeine, illicit drugs, or the inappropriate use of stimulants or other prescription medications
- Meditation
- Relaxation exercises including deep breathing
- Visualisation
- Interpersonal skills in dealing with difficult people and situations or parenting skills training in dealing with your children

8 Twelve steps for caregivers to helping someone who has anxiety

1. Understand what a panic attack is.

A panic attack is a sudden attack of extreme fear even though there's no actual danger present. It can occur without warning and for no obvious reason. In extreme cases, the symptoms may be accompanied by an acute fear of dying. Although they are quite distressing, panic attacks are not usually life-threatening and can last from 5 – 20 minutes. It is important to note that the signs and symptoms of a panic attack can be similar to those of a heart attack. Panic attacks are not fatal. There has been no one on record to die from a panic attack that anyone knows of anywhere in the world.

2. If this is the first time the individual has had something like this, seek emergency medical attention.

When in doubt, it is always best to seek immediate medical attention. If the individual has diabetes, asthma or other medical problems, seek medical help.

3. Find out the cause of the attack.

Talk to the individual and determine if he or she is having a panic attack and not another kind of medical emergency (such as a heart or asthma attack) which would require immediate medical attention.

4. Establish if there is a cause for the fear and either try to remove it or consider taking the individual away from the source of distress to a quiet area.

Sometimes a person with panic disorder will already have techniques or medication which they know will help them get through the attack, so ask them if there is anything you can do.

5. Speak to them in a reassuring but firm manner.

Be prepared for the possibility of the individual having an intense desire to escape. Try and get them to calm down (and in order to do this, you need to remain calm yourself). Ask the individual to remain still, but never grab, hold, or even gently restrain them; if they want to move around, suggest that they stretch, do jumping jacks, or go with you for a brisk walk.

If they're at their home, suggest organizing the closet or other vigorous cleaning up as an activity. With their body keyed for fight or flight, directing the energy toward physical objects and a finite, constructive task can help them deal with the physiological effects. Also the actual accomplishment may change their mood, while a different activity to focus on may help break the anxiety - especially if the anxiety is over a social or emotional situation where panic and excitement would not help and might make things a lot worse.

6. Do not dismiss their fears in any way by saying things like "there's nothing to worry about" or "it's all in your mind" or "you're overreacting".

The fear is very real to them at that moment, and the best you can do is help them cope - minimizing or dismissing the fear in any way can make the panic attack worse. Just try to reassure them that "it's okay", and move on to breathing.

Emotional threats read as life and death threats to the body. That's why it's important to take their fears seriously. If their fears are not grounded in reality and they're reacting to the past, providing some specific reality checks can help.

Asking the question "Are you reacting to what's going on right now or to something in the past?" in a calm and neutral way may help the panic attack victim organize his or her thoughts to recognise flashbacks versus immediate danger signals. Listen and accept whatever answer is given – sometimes people who have been in abusive situations before have very strong reactions to real warning signs. Asking questions and letting them sort out what they're responding to is the best way to support them.

7. Stay calm and don't pressure the individual.

This is not the time to force the individual to come up with answers or to do things that will make their anxiety worse. Minimize the stress levels by being a calming influence and let them get into a relaxed state. Don't insist they figure out what caused their attack as this will just make it worse.

Listen supportively if they spontaneously try to sort out what it is they're reacting to. Don't judge, just listen and let them talk.

8. Encourage them to try to control breathing.

Regaining control of their breathing will help eliminate the symptoms and will help calm them down. Many people take short, rapid breaths when they're panicking, and some people hold their breath. This reduces the oxygen intake which will cause the heart to race. Use one of the following techniques to help bring their breathing back to normal:

- Try counting breaths

One way of helping them to do this is to ask the individual to breathe in and out on your count. Begin by counting aloud, encouraging the individual to breathe in for 2 and then out for 2, gradually increase the count to 4 and then 6 if possible until their breathing has slowed down and is regulated.

- Get them to breathe into a paper bag

If the individual is receptive, offer a paper bag, but be aware that for some people, the paper bag itself may be a trigger of fear, especially if they've had negative experiences with being pushed into it during previous panic attacks. Also, since this is done to prevent hyperventilation, it may not be necessary if you're dealing with someone who holds their breath or slows their breathing when they panic. If it is necessary, however, this should be done by alternating around 10 breaths into and out of the bag, followed by breathing without a bag for 15 seconds. It is important not to overdo the bag breathing in case carbon dioxide levels rise too high and oxygen levels fall too low, causing other more serious medical problems.

- Breathing exercises

Get them to breathe in through the nose and out through the mouth, making the exhale in a blowing fashion like blowing up a balloon. Do this with them.

9. Keep them cool.

Many panic attacks can be accompanied by sensations of warmth, especially around the neck and face. A cold object, ideally a wet washcloth, can often help minimize this symptom and aide in reducing the severity of the attack.

10. Don't leave them alone.

Stay with them until they have recovered from the attack. Never leave someone who is struggling to breathe. A person with a panic attack may seem like they're being unfriendly or rude, but understand what they are going through and wait until they're back to normal. Ask them what has worked in the past, and if and when they have taken their medication.

11. Remember that the feelings are real and that their thoughts may be racing.

Reassure them that you will get them help, do not leave them alone but do not hesitate to seek immediate medical attention including an ambulance. The individual may be acting on feelings, but they can act in ways that put themselves in immediate risk of serious harm.

12. Seek medical help.

If the symptoms do not subside within 15 minutes, consider seeking urgent medical advice. Don't go making it seem like a major life or death situation, because it's usually not, but when in doubt, make the call, even if only for advice. Also, remember that a visit to the ER could only be more stressful. The ER doctor most likely will give the patient Valium or Xanax and possibly a Beta-Blocker like Atenolol to calm the heart and the adrenaline in the body. Some panic attacks, however, may last for hours, and bringing the individual to a hospital could make things worse. If this is the first time he or she has had a panic attack, they may want to seek medical attention because they are frightened of what is happening to them. If they've had panic attacks in the past, however, they may know that getting emergency care will worsen their state. Ask them. This decision will ultimately depend on the individual's experience and your interactions with him or her.

9 Tips for caregivers

As a caregiver, it is possible to get stressed out and tired yourself. Looking after loved ones who are sick is not an easy task. It is important for you to take care of yourself in the process.

Caregiver stress can occur when a caregiver is looking after his/her loved one and is overwhelmed by looking after their physical, health/medical, emotional, financial, and spiritual needs. Some symptoms of caregiver stress are:

- Being easily irritated, angered or saddened
- Mood swings, crying suddenly
- Feeling frustrated, angry or guilty
- Constant fatigue and tiredness
- Sleep problems
- Change in eating habits
- Relationship problems between family members
- Withdrawal or isolation, and lack of interest in activities you used to enjoy
- Frequent headaches, stomach aches and other physical symptoms

Here are a few guidelines you can use to help alleviate your anxiety:

- Recognise and admit that you are feeling stressed and anxious.
- Become aware of your body's symptoms. Don't let them scare you, let them tell you what is going on.
- Try to pinpoint what it is you are anxious about. What happened yesterday? What were you thinking about before you went to bed? If you can't pinpoint it, don't worry about it and move on.
- Have a support group of friends and family who will understand you in your role as a caregiver.

It is NOT a sign of weakness to seek help. It would, in fact, be beneficial to you and your loved ones.

10 How to help yourself as a caregiver

Even caregivers can get sick. Feeling stressed as a caregiver is not an unusual side effect of the role, but the time to become alarmed is when disruptive and unfounded thoughts about money, family or health consume your day. If your worrying has become excessive or unbearable and it interferes with your work, private or social life, you may have generalized anxiety disorder (GAD).

Some symptoms of GAD include trembling, fatigue, muscle aches, heart palpitations, sweating, and shortness of breath, headaches and chills. Symptoms can begin at any phase of life and the disorder is highly treatable. Treatment of GAD consists of medication, cognitive-behavioural therapy and dietary change. Research shows hyperventilation and excessive caffeine intake can be directly attributed to generalized anxiety disorder. If you drink coffee or other drinks with caffeine you could be increasing the severity and persistence of your GAD symptoms.

You should feel comfortable consulting your doctor about any physical symptoms of GAD, like headaches or shortness of breath, as well as any non-physical symptoms, like tension or worrying. Without proper treatment of GAD, other physical and emotional illnesses such as

clinical depression, substance abuse and irritable bowel syndrome can develop. Being a caregiver is a rewarding but challenging role.

More primary care providers today are taking an interest and becoming more involved in the treatment of their patient's mental health, according to the National Mental Health Association in the USA. If you are experiencing any symptoms of generalized anxiety disorder, you deserve proper and timely treatment.

11 Myths about anxiety

Myth 1:

One way to get rid of bad or disturbing thoughts is to snap a rubber band on your wrist every time you have the thought.

Fact: While this was once popular, more recent studies have shown that suppressing your thoughts makes them stronger and more frequent.

Think of it this way: The thoughts you resist persist.

Myth 2:

If a panic attack gets too bad, you can pass out or lose control.

Fact: It's very unlikely you will faint, which is caused by a sudden drop in blood pressure. During a panic attack your blood pressure does not fall; it actually rises slightly.

Myth 3:

If you have an anxiety disorder, it is important to avoid stress and situations that make you feel "stressed".

Fact: Treating yourself as if you are fragile and avoiding risk ultimately leads to a sense of demoralisation. Avoiding anxiety tends to reinforce it. You can be anxious and still do whatever you have to do.

Myth 4:**Always carry a paper bag in case you hyperventilate.**

Fact: Treating yourself as if you are fragile and avoiding risk ultimately leads to a sense of hopelessness. Avoiding anxiety tends to reinforce it. You can be anxious and still do whatever you have to do.

Myth 5:**Medications for anxiety are addictive so they should be taken only if absolutely necessary.**

Fact: First-line medications for anxiety disorders (the SSRI and SNRI antidepressants) are not addictive. Benzodiazepines might be helpful in the short term, but they can lead to increased tolerance and dependence after long-term use.

Myth 6:**Medication is the only treatment for anxiety disorders.**

Fact: Medication can be effective.

But scientific research shows that cognitive-behavioral therapy, or CBT, may be just as or more effective than medication (or a combination of CBT and medication) for most people, especially in the long run.

Myth 7:**If you eat right, exercise, avoid caffeine, and live a healthy lifestyle, your anxiety will go away.**

Fact: While some of your anxiety might go away, your disorder won't be cured. Anxiety disorders are certainly sensitive to stress, but stress does not cause them. You need more help than just reducing your stress. You may need to face your fears, learn new facts about your symptoms, stop avoiding, learn tolerance for some experiences, or change how you think, feel, and behave with respect to other people.

Myth 8:

A never-ending supply of compassionate reassurance from family and friends and assistance in avoiding stress are good for someone with anxiety problems.

Fact: Well-meaning friends and family can inadvertently get caught up in reassurance compulsions and also help maintain fears by keeping you from facing them. Compassionate and kind encouragement to move through anxiety and doubts, instead of avoiding them, is more helpful.

Myth 9:

A Panic Anxiety Attack is not really an illness.

Fact: The National Institute of Mental Health begs to differ. If left untreated, this can seriously debilitate and affect someone's life.

Myth 10:

If your parents and grandparents had Panic Disorder, you will too.

Fact: True. Genetics have been linked to causing panic disorders that can span generations. However, this is just one of its many known causes and is not the sole basis for diagnosing this disorder.

Myth 11:

There are no cures for Panic Attacks.

Fact: People respond differently to treatments. What might work for some may not be applicable to others. This is why it's important to seek professional help to determine the right treatment program for the individual.

Myth 12:

Panic attacks are deadly.

Fact: No. It may seem like that for someone having an attack but it's just the body's natural defensive reaction to (an exaggerated) perception of threat or danger. Being a natural body response, these attacks cannot kill.

12 Interesting quotes on anxiety

Anxiety does not empty tomorrow of its sorrows, but only empties today of its strength.
Charles Spurgeon

The greatest mistake you can make in life is to continually fear you will make one. ~**Elbert Hubbard,**

Worrying is like a rocking chair, it gives you something to do, but it gets you nowhere. ~**Glenn Turner**

Worry never robs tomorrow of its sorrow, it only saps today of its joy. ~**Leo Buscaglia**

Fear is static that prevents me from hearing myself. ~**Samuel Butler**

Fear has a large shadow, but he himself is small. ~**Ruth Gendler**

To fear is one thing. To let fear grab you by the tail and swing you around is another. ~**Katherine Paterson**