

[ANXIETY: Counseling and Treatment-From Huntley, Cary and Rolling Meadows](#)

People with generalized anxiety disorder (GAD) go through the day filled with exaggerated worry and tension, even though there is little or nothing to provoke it. They anticipate disaster and are overly concerned about health issues, money, family problems, or difficulties at work.

People with GAD cannot get rid of their concerns, even though they usually realize that their anxiety is more intense than the situation warrants. They are unable relax, startle easily and have difficulty concentrating.

Physical symptoms that often accompany the anxiety include, but are not limited to, fatigue, headaches, muscle tension, muscle aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, having to go to the bathroom frequently, feeling out of breath and hot flashes.

GAD affects about 6.8 million Americans and about twice as many women as men. It comes on gradually and can begin across the life cycle, though the risk is highest between childhood and middle age.

It is diagnosed when someone spends at least 6 months worrying excessively about a number of everyday problems. There is evidence that genes play a modest role in GAD.

Other anxiety disorders, depression, or substance abuse often accompany GAD, which rarely occurs alone. It is commonly treated with medication an/or cognitive-behavioral therapy.

Treatment of Anxiety Disorders

Anxiety disorders are typically treated with medication, specific types of psychotherapy, or both. Treatment choices depend on the problem and the persons preference.

Before treatment, a doctor must conduct a careful diagnostic evaluation to determine whether the symptoms are caused by an anxiety disorder or a physical problem. If an anxiety disorder is diagnosed, the type of disorder must be identified, as well as any coexisting conditions, such as depression or substance abuse.

Sometimes alcoholism, depression or other coexisting conditions have such a strong effect on the individual that treating the anxiety disorder must wait until the coexisting conditions are brought under control.

People with anxiety disorders who have already received treatment should tell their current doctor about that treatment.

If they received medication, they should tell their doctor what medication was used, what the dosage was at the beginning of treatment, whether it was ever increased or decreased, what side effects occurred and whether the treatment helped them significantly. If they received psychotherapy, they should describe the type of therapy, how often they attended sessions and how much the therapy helped.

Often people believe that they have failed at treatment or that the treatment did not work for them when, in fact, it was not given for an adequate length of time or was administered incorrectly. Sometimes people must try several different treatments or combinations before they find the one that works for them.

Medications

Medication will not cure anxiety disorders, but it can keep them under control while the person receives psychotherapy, often from a psychologist. The principal medications used to treat anxiety disorders are antidepressants, anti-anxiety drugs and beta-blockers which control some of the physical symptoms.

With proper treatment, many people with anxiety disorders can lead normal, fulfilling lives.

Antidepressants

Antidepressants were developed to treat depression but are also effective for anxiety disorders. Although these medications begin to alter brain chemistry after the very first dose, their full effect requires about 4 to 6 weeks before symptoms start to fade. It is important to continue taking these

medications long enough to let them work.

SSRIs

Some of the newest antidepressants are called selective serotonin reuptake inhibitors, or SSRIs. SSRIs alter the levels of the neurotransmitter serotonin in the brain, which, like other neurotransmitters, helps brain cells communicate with one another.

Fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), paroxetine (Paxil) and citalopram (Celexa) are some of the SSRIs commonly prescribed for panic disorder, OCD, PTSD, and social phobia. These drugs are also used to treat panic disorder when it occurs in combination with OCD, social phobia or depression.

Venlafaxine (Effexor), a drug closely related to the SSRIs, is also used to treat GAD. These medications are started at low doses and gradually increased until they cause side effects or produce a beneficial effect.

SSRIs have fewer side effects than older antidepressants, but they sometimes produce slight nausea or jitters when people first start to take them. These symptoms fade with time, however.

Some people also experience sexual dysfunction with SSRIs, which may be helped by adjusting the dosage or switching to another medication.

Tricyclics

Tricyclics are older than SSRIs and work as well as SSRIs for anxiety disorders other than OCD. They are also started at low doses that are gradually increased.

They sometimes cause dizziness, drowsiness, dry mouth and weight gain, which can usually be corrected by changing the dosage or switching to another medication.

Tricyclics include imipramine (Tofranil), which is prescribed for panic disorder and GAD and clomipramine (Anafranil), which is the only tricyclic antidepressant useful for treating OCD.

MAOIs

Monoamine oxidase inhibitors (MAOIs) are the oldest class of antidepressant medications and the ones most commonly prescribed for anxiety are phenelzine (Nardil), followed by tranylcypromine (Parnate) and isocarboxazid (Marplan), which are useful in treating panic disorder and social phobia.

People who take MAOIs cannot eat a variety of foods and beverages (including cheese and red wine) that contain tyramine or take certain medications, including some types of birth control pills, pain relievers (such as Advil, Motrin and Tylenol, cold and allergy medications and herbal supplements; these substances can interact with MAOIs to cause dangerous increases in blood pressure.

MAOIs can also react with SSRIs to produce a serious condition called serotonin syndrome, which can cause confusion, hallucinations, increased sweating, muscle stiffness, seizures, changes in blood pressure or heart rhythm and other potentially life-threatening conditions.

Anti-Anxiety Drugs

High-potency benzodiazepines combat anxiety and have few side effects other than drowsiness. Because people can develop a tolerance to them and may need higher and higher doses to get the same effect, benzodiazepines are generally prescribed for short periods of time, especially for people who have abused drugs or alcohol or who become dependent on medication easily.

One exception to this rule, however, is people with panic disorder, who can take benzodiazepines for up to a year without harm. Clonazepam (Klonopin) is used for social phobia and GAD, lorazepam (Ativan) is helpful for panic disorder and alprazolam (Xanax) is useful for both panic disorder and GAD.

Some people experience withdrawal symptoms if they stop taking benzodiazepines abruptly instead of tapering off, and anxiety can return once the medication is stopped. These potential problems have led some physicians to shy away from using these drugs or to use them in inadequate doses.

Buspirone (Buspar), an azapirone, is a newer anti-anxiety medication used to treat GAD. Possible side effects include dizziness, headaches, and nausea. Unlike benzodiazepines, buspirone must be taken consistently for at least 2 weeks to achieve an anti-anxiety effect.

Psychotherapy

Psychotherapy involves talking with a trained mental health professional, such as a psychologist, social worker, or counselor, to discover what caused an anxiety disorder and how to deal with its symptoms.

Cognitive-Behavioral Therapy

Cognitive-Behavioral Therapy (CBT) is very useful in treating anxiety disorders. The cognitive part helps people change the thinking patterns that support their fears and the behavioral part helps people change the way they react to anxiety-provoking situations.

For example, CBT can help people with panic disorder learn that their panic attacks are not really heart attacks and help people with social phobia learn how to overcome the belief that others are always watching and judging them. When people are ready to confront their fears, they are shown how to use exposure techniques to desensitize themselves to situations that trigger their anxieties.

People with OCD who fear dirt and germs are encouraged to get their hands dirty and wait increasing amounts of time before washing them. The therapist helps the person cope with the anxiety that waiting produces; after the exercise has been repeated a number of times, the anxiety diminishes.

People with social phobia may be encouraged to spend time in feared social situations without giving in to the temptation to flee and to make small social blunders and observe how people respond to them. Since the response is usually far less harsh than the person fears, these anxieties are lessened.

People with PTSD may be supported through recalling their traumatic event in a safe situation, which helps reduce the fear it produces. CBT therapists also teach deep breathing and other types of exercises to relieve anxiety and encourage relaxation.

Exposure-based behavioral therapy has been used for many years to treat specific phobias. The person gradually encounters the object or situation that is feared, perhaps at first only through pictures or tapes, then later face-to-face.

Group therapy is particularly effective for social phobia. Often homework is assigned for participants to complete between sessions.

There is some evidence that the benefits of CBT last longer than those of medication for people with panic disorder, and the same may be true for OCD, PTSD, and social phobia. If a disorder recurs at a later date, the same therapy can be used to treat it successfully a second time.

Medication can be combined with psychotherapy for specific anxiety disorders, and this is the best treatment approach for many people.

Taking Medications

Before taking medication for an anxiety disorder:

1. Ask your doctor to tell you about the effects and side effects of the drug.
2. Tell your doctor about any alternative therapies or over-the-counter medications you are using.
3. Ask your doctor when and how the medication should be stopped. Some drugs cannot be stopped abruptly but must be tapered off slowly under a doctor's supervision.
4. Work with your doctor to determine which medication is right for you and what dosage is best.
5. Be aware that some medications are effective only if they are taken regularly and that symptoms may recur if the medication is stopped.

How to Get Help for Anxiety Disorders

If you think you have an anxiety disorder, the first person you should see is a psychologist, psychiatrist or your family doctor. It must be determined whether the symptoms that alarm you are due to an anxiety disorder, another medical condition or both.

If an anxiety disorder is diagnosed, the next step is usually contracting with a mental health professional to provide treatment. The practitioners who are most helpful with anxiety disorders are psychologists and therapists who have training in cognitive-behavioral therapy and/or behavioral therapy and who are open to using medication if it is needed.

You should feel comfortable talking with the mental health professional you choose. If you do not, you should seek help elsewhere.

Once you find a mental health professional with whom you are comfortable, the two of you should work as a team and make a plan to treat your anxiety disorder.

Remember that once you start on medication, it is important not to stop taking it abruptly.

Certain drugs must be tapered off under the supervision of a doctor or bad reactions can occur. Make sure you talk to the doctor who prescribed your medication before you stop taking it.

If you are having trouble with side effects, it is possible that they can be eliminated by adjusting how much medication you take and when you take it. Most insurance plans, including health maintenance organizations (HMOs), will cover treatment for anxiety disorders. Check with your insurance company and find out.

If you do not have insurance, the Health and Human Services division of your county government may offer mental health care at a public mental health center that charges people according to how much they are able to pay. If you are on public assistance, you may be able to get care through your state Medicaid plan.

Ways to Make Treatment More Effective

Many people with anxiety disorders benefit from joining a self-help or support group and sharing their problems and achievements with others. Internet chat rooms can also be useful in this regard, but any advice received over the Internet should be used with caution, as Internet acquaintances have usually never seen each other and false identities are common.

Talking with a trusted friend or member of the clergy can also provide support, but it is not a substitute for care from a psychologist or other mental health professional. Stress management techniques and meditation can help people with anxiety disorders calm themselves and may enhance the effects of their therapy.

There is preliminary evidence that aerobic exercise may have a calming effect. Since caffeine, certain illicit drugs and even some over-the-counter cold medications can aggravate anxiety disorders, they should be avoided.

Check with your physician or pharmacist before taking any additional medications. Also, the family is very important in one's recovery. Ideally, the family should be supportive and should not trivialize the disorder or demand improvement without treatment.

About the Author

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