

# Anxiety

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## PATIENT FACT SHEET

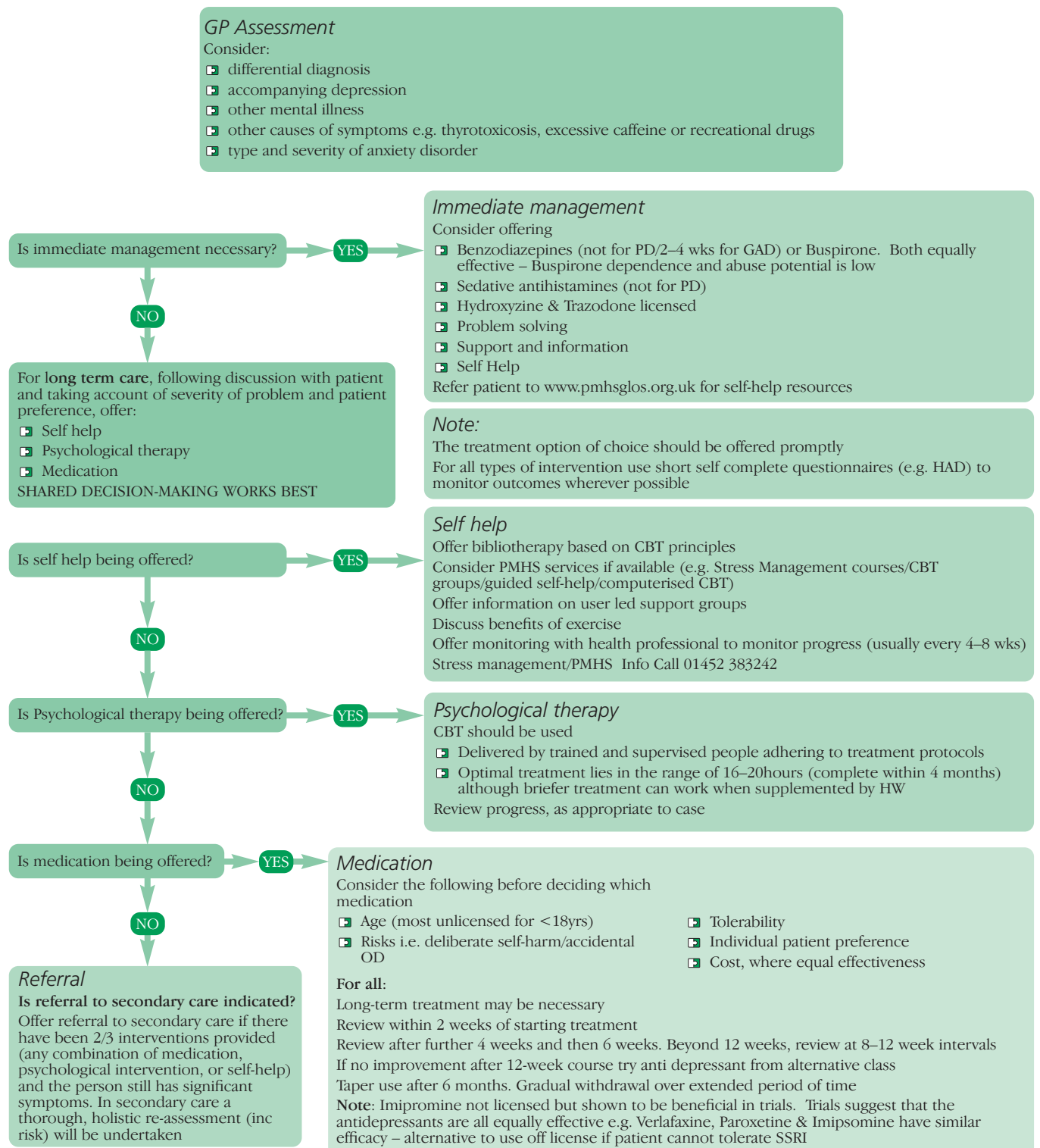
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# Algorithm for the management of anxiety disorders in primary care (1)

Footer: This guideline gives general guidance only and cannot replace clinical judgment for individual cases. The algorithm is adapted from NICE Draft Guideline for GAD and PD with or without agoraphobia 2004. Recommendations regarding prescribing are from BMJ Clinical

Evidence June 2001. Psychological treatment recommendations are from NICE and Treatment Choices in Psychological Therapy and Counselling DoH 2001. NICE Guidance on OCD awaited (due 2005)



# Treatment guideline for primary care management of individuals with anxiety(2)

## Generalised Anxiety Disorder (GAD)

- Multiple symptoms of anxiety or tension include; **physical arousal** (e.g. **dizziness, dry mouth, chest pains**), **mental tension** (e.g. **worry, poor concentration, fear of catastrophe**) **physical tension** (e.g. restlessness, inability to relax)
- Symptoms may last for months and recur regularly. Often, they are triggered by stressful events in those prone to worry.
- Prevalence = 5% (accounts for 30% of GP psychiatric consultation)

Cognitive and Behavioural Therapies are effective. Failure of CBT or significant co morbidity, then use SSRI or SNRI at low dose gradually increasing to maximum tolerated dose. Physical activity may be beneficial.

Generalised anxiety disorder that does not respond to Buspirone or a benzodiazepine is treated with an antidepressant.

Antidepressants licensed for this indication include the SSRI Paroxetine and SNRI Venlafaxine **XL**. Doses should be adjusted as per BNF.

Imipramine is likely to be beneficial in GAD although this is an unlicensed indication.

## Panic Disorder (PD)

- Unexplained attacks of intense fear without obvious cause, often leading to fear of another attack

Cognitive Behavioural advice and support to help patient face fears. Applied relaxation may

also be effective for panic. SSRI, Citalopram and Paroxetine are licensed (doses as per BNF).

No trial data comparing the different SSRI's. Treat for a minimum of 12 months. SSRI's can cause initial increased anxiety, education about this event is likely to improve adherence with medication.

In panic disorders (with or without agoraphobia) resistant to antidepressants, a benzodiazepine may be considered (unlicensed). A benzodiazepine may also be used as a short-term adjunctive therapy at the start of antidepressant treatment to prevent the initial worsening of symptoms.

Imipramine is likely to be beneficial in those suffering from panic disorder although this is an unlicensed indication.

## Phobic Disorders (inc agoraphobia and social phobia)

- (Agoraphobia) unreasonably strong fear of people, specific places or events
- Fear/avoidance of specific situations.

Exposure-based treatments and CBT have shown efficacy in the treatment of agoraphobia and simple phobias. Exposure and cognitive therapy are effective for the treatment of social phobia. Failure of CBT or significant co morbidity, use an SSRI, gradually increasing the dose, after 2 to 4 weeks. SSRI's, Paroxetine, Citalopram are licensed, the dose is built up gradually after 2–4 weeks. The RIMA Moclobemide is also licensed for social phobia, continued for 8–12 weeks to assess

efficacy (doses as per BNF). A beta-blocker such as Propranolol at a dose of 40mg daily increased gradually to 40mg tds prn may be helpful in performance anxiety with symptoms such as palpitations, sweating and tremor or non-generalised social phobia. Oxprenolol is also licensed. Clomipramine is licensed in phobic states. Benzodiazepines not recommended in UK unless previous treatments have failed.

## Obsessive Compulsive Disorder (OCD)

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- ❑ Distressing recurrent and persistent thoughts or acts which person recognises as their own, but has no apparent conscious control.

Behaviour therapy (exposure with relapse prevention) and cognitive therapy appears effective. Psychological treatments appear to produce results similar to those achieved by drug treatments. The SSRI's Paroxetine, Fluoxetine, Fluvoxamine and Sertraline are all licensed for this indication. No evidence of a difference in efficacy between the SSRI's therefore choice is dependent on side effect profile. The dose should be increased gradually to maximum licensed dose (as per BNF recommendations). Adequate trial is 12 weeks at maximum licensed dose. Treat for at least 12 months. Discontinuation should be gradual. Clomipramine may also be effective, but has cholinergic and cardiac side effects. Blood level monitoring and ECG recommended at high doses. There is limited evidence to support combination of antipsychotic and SSRI in patients not responding to SSRI alone.

## Post Traumatic Stress Disorder (PTSD)

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- ❑ Significant functional impairment, anxiety and depression, avoidance, autonomic arousal, intrusive memories, flashbacks

and nightmares following exceptionally threatening or catastrophic event or situation.

Psychological treatment may have an impact on PTSD; evidence suggests that this may be limited, and may reduce symptoms of depression and anxiety rather than primary PTSD symptoms. Best evidence is available for exposure and CBT methods. Some evidence for hypnotherapy and psychodynamic therapy.

Failure of CBT or significant co morbidity. Treat with SSRI's Paroxetine or Sertraline (licensed in females only).

### *Additional notes*

**Antidepressants:** The licensing of SSRIs and related classes is varied dependant on the indication being treated. The 2 drugs licensed for GAD are Paroxetine 20mg and Venlafaxine XL 75mg.

**Benzodiazepines:** Longer acting compounds such as diazepam are preferred in short-term use and for withdrawal regimes. They carry a risk of dependence, sedation and industrial/road accidents. They should be avoided late in pregnancy and breastfeeding. May be useful as an adjunct to antidepressants in first 1–2 weeks. They should not be used in patients with suicidal ideation or a history of alcohol or substance abuse. Benzodiazepines are indicated for the short term relief (two to four weeks only) of anxiety that is severe, disabling or subjecting the individual to unacceptable distress, occurring alone or in association with insomnia or short term psychosomatic, organic or psychotic illness. The use of benzodiazepines to treat short-term “mild” anxiety is inappropriate and unsuitable. Benzodiazepines should be used to treat insomnia only when it is severe, disabling, or subjecting the individual to extreme distress. For information on withdrawal of benzodiazepines see BNF.

# Anxiety checklist

A. Feeling tense or anxious?

B. Worrying a lot about things?

If YES to any of the above, continue below

1. Symptoms of arousal and anxiety?
2. Experienced intense or sudden fear unexpectedly or for no apparent reason?

Fear of dying

Trembling or shaking

Numbness or tingling sensations

Fear of losing control

Chest pains or difficulty breathing

Feelings of unreality

Pounding heart

Feeling dizzy, lightheaded or faint

Nausea

Sweating

3. Experiences fear/anxiety in specific situations leaving familiar places travelling alone, eg train, car, plane crowds confined places/public places

4. Experiences fear/anxiety in social situations speaking in front of others social events eating in front of others worry a lot about what others think or self-conscious?

## Summing up

Positive to A, B and 1, recurring regularly, negative to 2, 3 and 4: Indication of **generalised anxiety**

Positive to 1 and 2: indication of **panic disorder**

Positive to 2 and 3: indication of **agoraphobia**

Positive to 3 and 4: indication of **social phobia**

## Note:

### If there is more than one disorder present:

- best to treat an alcohol problem first if present
- if low mood, treatment for depression takes priority over anxiety

### If patient has an identified disorder:

- see relevant guideline to help determine treatment plan
- use relevant handouts with the patient to help explain the disorder
- provide self-help leaflets and explain how this should be used
- set up a follow up visit(s) to review treatment

### If patient appears to have subthreshold disorder(s):

(positive responses to many questions, but not enough to fulfil the diagnostic criteria for a disorder):

- medication may not be necessary
- use the relevant advice and support to patient and family section of the guidelines and provide patient leaflets
- use relevant handouts with the patient to help explain the disorder
- indicate that you are available for consultation should the need arise.

# Drug treatments for anxiety

## Drugs known as ANXIOLYTICS

*Drug group: The beta-blockers*

Drugs available	Oxprenolol	Propranolol
Brand name(s)	Trasicor Slow-Trasicor Apsolox	Litarex Inderal, Inderal-LA
Forms available		
Tablets	✓	✓
Capsules		✓
Liquid		✓
Injection		✓

Some other beta-blockers may have similar effects.

## What are beta-blockers used for?

In lower dose, beta-blockers can be used to help treat the symptoms of anxiety e.g. palpitations, sweating, shakiness etc. They are more usually used to help heart conditions such as hypertension (high blood pressure), angina, arrhythmias etc.

## How do beta-blockers work for anxiety?

When you are anxious, your brain becomes more active and alert. Your brain may then make more of the chemical messengers called noradrenaline and adrenaline. These will then cause your body to have a faster heart rate, shake, sweat etc. and make you feel more anxious. The beta-blockers reduce the effect of these transmitters and so reduce the physical symptoms of anxiety. There are other drug treatments for anxiety e.g. the benzodiazepines (diazepam etc.).

## How should I take them?

*Tablets and capsules:*

Tablets or capsules should be swallowed with at least half a glass of water whilst sitting or standing. This is to make sure that they reach the stomach and do not stick in the throat. The capsules are a 'sustained-release' preparation and should not be sucked or chewed.

*Liquid:*

Your pharmacist should give you a medicine spoon. Use it carefully to make sure you measure the correct amount. Ask your pharmacist for a medicine spoon if you do not have one. Shake the bottle well before use.

## When should I take my beta-blocker?

Take your medication as directed on the medicine label. Try to take them at regular times each day. Taking them at meal times may make it easier to remember as there is no problem about taking either of these drugs with or after food.

## How long will the beta-blocker take to work?

They should start to work on your symptoms fairly soon after you start to take them e.g. within a few hours. After that your doctor may need to change the dose to suit you.

## How long will I need to keep taking them for?

This should be discussed with your doctor as different people respond differently. The beta-

blockers are best taken in a fairly low a dose as a 'first aid' measure.

## Are the beta-blockers addictive?

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The beta-blockers are not addictive. They only act on the physical symptoms of anxiety. It is not a good idea to stop them suddenly though (see next question).

## Can I stop taking the beta-blocker suddenly?

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It is best not to stop taking a beta-blocker suddenly if you have been taking them regularly every day for more than about 4 to 6 weeks, although there probably would be no great problem. A gradual reduction in your dose is probably best.

## What should I do if I forget to take a dose?

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Start again as soon as you remember unless it is almost time for your next dose. Do not try to catch up by taking two or more doses at once as you may get more side-effects. If you miss several doses start again when you remember. Tell your doctor about this next time you meet.

## What sort of side-effects might occur?

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### *Common*

**Side effect:**  
Fatigue

**What happens:**  
You feel tired all the time. This may happen early on in treatment and should go away.

**What to do about it:**  
If you feel like this for more than a week after starting the beta-blocker, tell your doctor. It may be possible to adjust your dose slightly.

**Side effect:**  
Cold extremities

**What happens:**  
Your toes and fingers feel cold. This may happen early on in treatment and should go away.

**What to do about it:**  
If you feel like this for more than a week after starting the beta-blocker, tell your doctor. It may be possible to adjust your dose slightly.

### *Uncommon*

**Side effect:**  
Stomach upset

**What happens:**  
This includes feeling sick and getting diarrhoea (the runs).

**What to do about it:**  
After starting the beta-blocker, If you feel like this for more than a week tell your doctor.

**Side effect:**  
Sleep disturbances

**What happens:**  
You can't sleep very well and may have nightmares.

**What to do about it:**  
If you feel like this for more than a week after starting the beta-blocker, tell your doctor.

**Side effect:**  
Dizziness

**What happens:**  
Feeling light-headed and faint, especially when you stand up.

**What to do about it:**  
Don't stand up too quickly. Try and lie down when you feel it coming on. Don't drive. Let your doctor know next time you meet.

**Side effect:**  
Wheeziness

**What happens:**  
When you find it difficult to breathe, and your chest feels tight.

**What to do about it:**

This may happen if you have asthma. Contact your doctor now.

**☑ Side effect:**

Bradycardia

**What happens:**

A very slow pulse (under 50 beats per minute).

**What to do about it:**

Contact your doctor now.

### Rare

**☑ Side effect:**

Skin trouble

**What happens:**

For example, a rash or itching that you haven't had before.

**What to do about it:**

Contact your doctor now.

**☑ Side effect:**

Dry eyes

**What happens:**

Your eyes feel dry.

**What to do about it:**

Contact your doctor.

*Adapted from UK Psychiatric Pharmacy Group leaflets, with kind permission (www.ukpogg.org)*

Do not be worried by this list of side effects. You may get none at all. There are other rare side effects. If you develop any unusual symptoms ask your doctor about them next time you meet.

## Will the beta-blocker make me drowsy?

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Some people do feel a little drowsy, particularly at the start of treatment, but this should wear off. If you do feel drowsy, you should not drive (see over) or operate machinery until you know how they affect

you. You should be careful as they may affect your reaction times.

## Will the beta-blocker cause me to put on weight?

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It is not thought that the beta-blockers cause any great changes in weight although it has been reported that a few people put on a small amount of weight over several years. If, however, you do start to have problems with your weight tell your doctor next time you meet as he or she can arrange for you to see a dietician for advice.

## Will the beta-blocker affect my sex life?

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Beta-blockers do not have any known significant effects. Higher doses may reduce blood pressure in some people (which is often why they are prescribed), which may have a detrimental effect in some men's ability to achieve an erection. In some people, reduced anxiety may be an advantage.

## Can I drink alcohol while I am taking a beta-blocker?

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Alcohol may slightly reduce the effect of your beta-blocker, but this is unlikely to be a problem.

## Are there any foods or drinks that I should avoid?

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You should have no problems with any food or drink other than alcohol (see above).

## Will the beta-blocker affect my other medication?

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You should have no problems if you take other medications although a few problems can occur. Make sure your doctor knows about any other medicines you are taking.

Make sure your doctor knows about any heart, breathing, thyroid or diabetic problems you have had in the past e.g. you should not normally take a beta-blocker if you have asthma.

The beta-blockers can 'interact' with some other drugs e.g. for high blood pressure, glaucoma and some anti depressants. This does not necessarily mean the drugs can not be used together, just that you may need to follow your doctors instructions very carefully. You should tell your doctor before starting or stopping these or any other drugs.

## If I am taking a contraceptive pill, will this be affected?

It is not thought that the contraceptive pill is affected by either of these drugs.

## Will I need a blood test?

You should not need to have a blood test to check on your beta-blocker, although your doctor may want to check your blood for other reasons.

## Can I drive while I am taking a beta-blocker?

The beta-blockers can reduce your ability to carry out skilled tasks such as driving or operating machinery. You may also feel drowsy when you start to take them. Until these effects wear off or you know how your drug affects you do not drive or operate machinery. You should be careful as they may affect your reaction times.

It is against the law to drive or attempt to drive when unfit through drugs or to be in charge of a vehicle when unfit through drugs. It is a good idea to let your insurance company know if you are taking these drugs. If you do not, and you have an accident, it could effect your insurance cover.

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# Treatments for anxiety

## Drugs known as ANXIOLYTICS

(often wrongly called the ‘minor tranquillisers’)

*Drug group: The benzodiazepines*

Drugs available	*Alprazolam	*Bromazepam	Chlordiazepoxide	*Clobazam	*Clorazepate dipotassium	Diazepam	Lorazepam	Oxazepam
Brand name(s)	Xanax	Lexotan	Librium Tropium	Frisium	Tranxene	Many brands 1	Ativan	Serenid
Forms available								
Tablets								
Capsules								
Liquid								
Injection								

(\* means that these products are not available on the UK NHS for anxiety)

1. Diazepam is available as Atensine, Tensium and Rimaprim, as well as the better known Valium. It is also available as suppositories and rectal tubules.
2. Many related drugs are available worldwide (about 40 in total).

## What are they used for?

The benzodiazepines are ‘calmers’. They help to calm you down and can make you sleepy. They are therefore used to help to treat, but not cure, the symptoms of anxiety, such as tension, feeling shaky, sweating and difficulty in thinking straight. They also have muscle relaxing properties and some can be used to help epilepsy, particularly ‘status epilepticus’ e.g. diazepam

## How do they work?

When you are anxious, your brain becomes more active. Your brain may then make a

chemical messenger (or ‘neurotransmitter’) called GABA which makes you feel calmer. GABA is the brains naturally occurring ‘calmer’. The benzodiazepines make the action of GABA more powerful and this helps calm the brain down.

## How should I take them?

### *Tablets and capsule:*

Tablets and capsules should be swallowed with at least half a glass of water whilst sitting or standing. This is to make sure that they reach the stomach and do not stick in the throat.

### *Liquids:*

Your pharmacist should give you a medicine spoon. Use it carefully to make sure you measure the correct amount. (Ask your pharmacist for a medicine spoon if you do not have one).

Shake the bottle well before use as the drug can settle to the bottom and cause you to receive a lower dose at the start and too high a dose at the end of the bottle.

## When should I take them?

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Take your medication as directed on the medicine label. Try to take them at regular times each day. Taking them at meal times may make it easier to remember as there is no problem about taking any of these drugs with or after food. If the instructions say to take them once a day this is usually best at bedtime as they should make you drowsy and help you to sleep.

## How long will they take to work?

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They should start to work fairly soon after you start to take them. After that your doctor may need to change the dose to suit you.

## How long will I need to keep taking them for?

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This should be discussed with your doctor as different people respond differently.

Benzodiazepines are very safe drugs if used sensibly. They are best taken in as low a dose as possible for a short time e.g. as a 'first aid' measure. Usually this should be no longer than about one month to help you get over your problems and for other treatments to start working. If you need to take them for longer you should discuss this regularly with your doctor. Some people with long-term problems may need to take them for longer.

## Are they addictive?

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Due to the effects that benzodiazepines have on the brain they can sometimes produce 'dependence' or 'addiction' in people if taken regularly every day for more than about 4 to 6 weeks. Dependence or addiction means that you cannot manage without them because if you stop them you get withdrawal symptoms. In the worst cases withdrawal symptoms from the benzodiazepines could include anxiety, tension, panic attacks, poor concentration,

difficulty in sleeping, nausea, trembling, palpitations, sweating and pains and stiffness in your face, head and neck. These withdrawal symptoms could occur several days after stopping your benzodiazepine. They may last from one to three weeks but can go on for months. If you have taken them for a long period of time your doctor will need to take you off your benzodiazepine gradually. This will be by reducing your dose slowly over a period of time to reduce the chance of withdrawal effects.

It is also true to say that many people suffer no withdrawal symptoms when they stop benzodiazepines, even if they have been taking them for many years. You should thus make sure that you discuss your particular treatment with your doctor.

## Can I stop taking them suddenly?

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It is best not to stop taking them suddenly if you have been taking them regularly every day for more than about 4 to 6 weeks. If you do, you may get some of the withdrawal effects mentioned above. If you take them only when really necessary (e.g. for 1 or 2 weeks during a severe attack of anxiety and then have several weeks without them) this is better than taking them all the time and can prevent you becoming addicted. You should talk about this with your doctor.

## What should I do if I forget to take them?

---

Start again as soon as you remember unless it is almost time for your next dose. Do not try to catch up by taking two or more doses at once as you may get more side effects e.g. sleepiness. If you miss several doses start again when you remember. Tell your doctor about this next time you meet.

## What sort of side-effects might occur?

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### Common

**☑ Side effect:**

Drowsiness

**What happens:**

It can last for a few hours after taking your dose, or longer.

**What to do about it:**

Don't drive or use machinery. Discuss with your doctor if you can take your benzodiazepine at a different time of the day.

**☑ Side effect:**

Dizziness

**What to do about it:**

Don't stand up too quickly. Try and lie or sit down if you feel it coming on. Don't drive.

### Less common

**☑ Side effect:**

Ataxia

**What happens:**

Being unsteady on your feet.

**What to do about it:**

Discuss with your doctor when you next see him or her.

### Rare

**☑ Side effect:**

Aggression

**What to do about it:**

Discuss this with your doctor. He or she may want to adjust your drug or dose.

**☑ Side effect:**

Headache

**What to do about it:**

Try aspirin or paracetamol. Your pharmacist will be able to advise if these are safe to take with any other drugs you may be taking.

**☑ Side effect:**

Confusion

**What to do about it:**

Discuss with your doctor when you next see him or her. He or she may want to adjust your drug or dose.

**☑ Side effect:**

Hypotension

**What happens:**

Low blood pressure -this can make you feel dizzy, particularly when you stand up.

**What to do about it:**

It is not dangerous. Don't stand up too quickly. If you feel dizzy, don't drive.

**☑ Side effect:**

Amnesia

**What happens:**

Loss of short-term memory or difficulty in remembering.

**What to do about it:**

It is not dangerous. Discuss with your doctor if you are worried.

**☑ Side effect:**

Rashes

**What to do about it:**

Stop taking the drug and see your doctor now.

*Adapted from UK Psychiatric Pharmacy Group leaflets, with kind permission (www.ukppg.com)*

Do not be worried by this list of side effects. You may get none at all. There are other rare side-effects. If you develop any unusual symptoms ask your doctor about them next time you meet.

## Will they make me drowsy?

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Depending on the dose these drugs should help to calm you down but they can calm you down too much and send you to sleep! At a usual dose they may make you feel a bit drowsy anyway. If you are taking them at night

you may feel drowsy the next morning so you should not drive (see below) or operate machinery until you know how they affect you. You should be careful as they may affect your reaction times.

## Will they cause me to put on weight?

---

It is not thought that the benzodiazepines cause any changes in weight. If, however, you do start to have problems with your weight tell your doctor next time you meet as he or she can arrange for you to see a dietician for advice.

## Will it affect my sex life?

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Benzodiazepines do not have any known significant effects. Drowsiness may have some effect. In some people, reduced anxiety may be an advantage.

## Can I drink alcohol while I am taking these?

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If you drink alcohol while taking these drugs it may make you feel more sleepy. This is particularly important if you need to drive or operate machinery and you must seek advice on this. They may affect your reflexes or reaction times. They can also increase the effects of alcohol and so it is best to avoid alcohol.

## Are there any foods or drinks that I should avoid?

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You should have no problems with any food or drink other than alcohol (see previous).

## Will they affect my other medication?

---

You should have no problems if you take other medications although a few problems

can occur. Make sure your doctor knows about all the medicines you are taking. The benzodiazepines can 'interact' with other sleeping drugs and some antidepressants by increasing their sedative effect, although your doctor should know about these. Some other medicines e.g. the painkiller coproxamol ('Distalgesic') can make you drowsy. Combined with your benzodiazepine this could make you even drowsier. This does not necessarily mean the drugs can not be used together, just that you may need to follow your doctors instructions very carefully. You should tell your doctor before starting or stopping these or any other drugs.

## If I am taking a contraceptive pill, will this be affected?

---

It is not thought that the contraceptive pill is affected by any of these drugs.

## Will I need a blood test?

---

You will not need to have a blood test to check on your benzodiazepine.

## Can I drive while I am taking them?

---

The benzodiazepines can reduce your ability to carry out skilled tasks such as driving or operating machinery. You may also feel drowsy the day after you take them. Until these effects wear off or you know how your drug affects you do not drive or operate machinery. You should be careful as they may affect your reaction times. It is against the law to drive or attempt to drive when unfit through drugs or to be in charge of a vehicle when unfit through drugs. It is a good idea to let your insurance company know if you are taking these drugs. If you do not, and you have an accident, it could affect your insurance cover.

# Patient fact sheets

## 1 Anxiety

### Anxiety is common and treatable

An anxiety problem does not mean that you are weak or that you are losing your mind or that you have a personality problem. Severe anxiety is a problem that can be overcome with treatment. Effective treatments are available.

### What is anxiety?

The word 'anxiety' is used to describe the mental and physical response to feared and threatening situations. This reaction may include trembling, choking, increased heart rate, sweating, feelings of unreality and so on. Anxiety is a normal response experienced by everyone at times. Nearly being hit by a car, sitting for an exam or giving a public talk are all examples of situations in which most people would experience some anxiety.

**You are likely to be suffering from an anxiety disorder if you have any of the following:**

- The anxiety reaction occurs frequently
- Your fears are out of proportion to the situation

- You start to avoid places or situations where you experience anxiety
- It interferes with your working, social or family life.

### Different forms of anxiety

- 1 Panic disorder
- 2 Agoraphobia
- 3 Social phobia
- 4 Generalised anxiety

**Try to work out which the following descriptions best fit your situation.**

#### 1. *Panic disorder*

People who suffer from 'panic disorder' are likely to experience attacks of sudden and intense anxiety. These panics cannot be associated with events occurring around the person. The person is generally free from anxiety in between panics.

**Common symptoms of panic disorders include:**

#### Psychological symptoms

- fear of dying

- ☑ fear of going crazy
- ☑ feelings of unreality

#### Physical symptoms

- ☑ tightness or pain in the chest
- ☑ shortness of breath
- ☑ choking sensation
- ☑ nausea
- ☑ pounding heart
- ☑ numbness/tingling sensation in fingers and feet
- ☑ light-headedness
- ☑ sweating
- ☑ hot and cold flushes
- ☑ trembling
- ☑ dizziness

Panics are also common with the other anxiety disorders. However, those panics are easier to predict because they mostly occur in response to the feared situation(s).

## 2. Social phobia

The main feature of 'social phobia' is the fear of being the focus of attention or subject of criticism. People with this disorder may worry that they will do something silly or embarrassing in front of others. Often social phobia is experienced in many different social situations. This leads to the avoidance of these situations.

#### Commonly feared situations include:

- ☑ speaking in front of others
- ☑ asking questions
- ☑ eating in front of others
- ☑ writing in front of others
- ☑ being the centre of attention
- ☑ social activities such as lunches, dinners, parties, marriages, religious gatherings/festivals etc.

## 3. Agoraphobia

People who have agoraphobia experience psychological and physical anxiety and often panics, in particular places or situations, in which:

- ☑ there is a sense of being trapped, or being unable to escape
- ☑ the environment is different and unfamiliar
- ☑ it would not be easy to get help, or being unable to leave should the need arise
- ☑ they have had a panic before.

This leads to the avoidance of many situations and can severely affect day-to-day life. In extreme cases people who suffer from agoraphobia find it difficult to leave the house.

#### Examples of commonly feared or avoided situations are:

- ☑ leaving home, travelling alone, crowds, public places.

For further information on phobias refer to 'Overcoming particular fears and phobias' on page 00.

## 4. Generalised anxiety disorder

Generalised anxiety is different from the other anxiety disorders. The experience of anxiety is not linked to specific situations or to a fear of having panic attacks. It is ongoing general anxiety, tension and excessive worrying about normal events and the future. You may feel worried most of the time about things which might go wrong or find that you are tense without knowing exactly what you are worried about. But you are less likely to have all the feelings that are listed under 'panic' and 'phobias', such as fear of dying or fear of going crazy.

## What may trigger anxiety?

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There are many possible triggers for anxiety. It often starts during periods of psychological or physical stress.

**Examples of psychological and physical stress include:**

### Psychological

- ❑ relationship break-ups
- ❑ severe arguments
- ❑ loss of someone close
- ❑ loss of a job
- ❑ lack of sleep
- ❑ work pressure
- ❑ financial problems
- ❑ physical, sexual and emotional abuse.

### Physical

- ❑ physical illness
- ❑ excessive use of alcohol
- ❑ domestic violence
- ❑ abuse of other drugs
- ❑ trauma.

### *Breathing too quickly and deeply*

When people experience stress they have a natural tendency to breathe more quickly and deeply. It is surprising for people to learn that breathing too quickly and/or deeply (also known as ‘over breathing’ or ‘hyperventilation’) can itself bring on anxiety. Breathing too quickly lowers the amount of carbon dioxide in your lungs and by a complicated series of processes this causes physical symptoms of anxiety or panic.

**Other important things to note are:**

- ❑ You can get physical anxiety by slightly over breathing for a long time. So, over breathing does not have to be obvious to you or to others.

- ❑ If you slightly over breathe, even a yawn or sigh can trigger a panic attack or physical symptoms of anxiety.

- ❑ Changing the way you breathe can be useful for managing anxiety.

**Over breathing is a habit and it takes time to change.**

### *Worry and negative thinking*

When people experience stress, there is also a tendency to worry more than usual. Worry and unrealistic or negative thinking can trigger anxiety or make it worse.

**For example, you can:**

- ❑ concentrate entirely on unpleasant things, or dwell on them and ignore good things
- ❑ spend a lot of time worrying about something that may never happen
- ❑ think everything is going wrong when only one thing has actually gone wrong
- ❑ misinterpret what other people are doing – for example, assuming that other people are looking at you and thinking how silly you are.

Often changing the way you think and reducing worry can be the key to managing anxiety.

**Worry and negative thinking is a habit and it takes time to change.**

## What is anxious thinking?

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Being anxious affects the way you think, as well as in how you feel. Once you are feeling anxious, you tend to look on the black side of everything and imagine that unpleasant and frightening things are going to happen. These thoughts then make you even more anxious. Everyone looks ahead and tries to foresee and avoid problems. But in anxious thinking, the balance between expecting the worst and expecting good things is disturbed.

## Can you relate to the example below?

Disagreement with a colleague...

Person A

Person B

She doesn't agree with me; She thinks what I said was stupid

*So we have a different point of view. That is OK. I have a right to my opinion*

I am a fool, I should not talk

*It was interesting to discuss our different ideas*

I can not handle it; I am getting out of here

*If she has a problem, then too bad*

Person A – anxiety/panic

Person B – interested/stimulated

## Identify anxious and negative thinking

Negative and frightening thoughts can be difficult to spot because they become a habit, they can flash quickly into your mind and most of us are not used to noticing our thoughts.

**Learning to recognise unrealistic, frightening thoughts and to balance them with more realistic, reassuring ones can be very helpful. However, changing your way of thinking is quite difficult at first and you will need to keep working at it. It may help to enlist the help of someone you trust.**

When you are anxious, you tend to think in particular ways that are distorted. These are called 'thinking errors'. Here are some common examples. Try to spot the ones that apply to you.

- ❑ **Thinking the worst**, e.g. 'The pain in my chest means there is something wrong with my heart'
- ❑ **Predicting that the worst** will happen, e.g. 'They won't like me. They'll think I'm stupid'

- ❑ **Exaggerating negatives**, e.g. 'I made a complete mess of it. It was an absolute disaster'
- ❑ **Overgeneralising** – if something happens once, you think it will always happen, e.g. if you feel anxious at the supermarket checkout, thinking 'I'm always anxious when I go out'
- ❑ **All or nothing thinking**, e.g. 'Unless I do it with no mistakes at all, I have failed'
- ❑ **"Mind reading"** or imagining that you know what other people are thinking, e.g. 'I can tell they are thinking what a fool I am'.

You may also have **beliefs** about yourself and about other people that are unrealistic. Anxious people often imagine that other people are judging them harshly. Here are some examples of beliefs that make people more likely to be overly anxious. Mark the ones that apply to you.

- ❑ When people look at me they are examining what I do, or evaluating me harshly.
- ❑ If I get criticised it means that I am wrong.
- ❑ If I make a mistake that means that I am a failure.
- ❑ If I don't agree with people they won't like me.
- ❑ To be a good person I have to be nice to everyone.
- ❑ If someone is hurt or offended by what I say or do, this means I am a bad person.
- ❑ If I show emotion it means that I am weak.
- ❑ People will think that there is something wrong with me if they see that I am anxious.
- ❑ The opinions of other people about me are very important.

- I am afraid that I look or sound silly to other people.
- Approval is very important to me.
- When people see me behave like this they will talk badly of me to others.

Now if you have other unrealistic beliefs write them below or use separate sheet of paper eg if someone is late, I assume there has been an accident.

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### *How do you change the way you think?*

You may have been thinking in an unrealistic or a negative way for some time now, so you may find it quite difficult to change negative thoughts, such as 'I'm useless. I can't do anything right'. You may need help from a friend or from your health worker. **Remember you can learn to think more realistically and this will make a huge difference in your life, just give yourself time.**

Here are some suggestions:

**First**, write down any negative or frightening thoughts as soon as possible after the event. If it's difficult to spot any thoughts, try noticing when you feel down and ask 'what went through my mind just before I started feeling anxious'

**Second**, ask yourself, is this thought realistic and true? In order to do this, it may help to...

- consult someone outside the situation for their opinion
- ask yourself whether everyone would have the same thought or belief in the same situation
- ask yourself if the belief is true in every situation
- examine the other similar situations
- examine other explanations for the event occurring
- ask yourself if you could be making a mistake in the way you are thinking

**Third**, counter each unrealistic/negative thought with more realistic, reassuring ones

- these should be positive and helpful
- include thoughts which give you a positive affirmation
- try and produce as many useful alternative views as possible.

### *Examples*

Please read the following example and then try to create your own examples. Try to find solutions to them using the same method.

SITUATION: Anxious eating in a restaurant

**Unreasonable frightening or negative thoughts might be:**

- I am sure they know that I am anxious because my fork is shaking
- They will think that I am crazy
- They will think that I am a fool
- I hope they will not tell anyone I am odd
- I wish I could get out of here

**Resulting Feelings:** Panic

**Balancing reassuring or positive thoughts:**

- It is unlikely that they have noticed my anxiety
- It is more noticeable to me than to them
- If they were to think anything they would probably only think that I was shy
- Even if they did think that I was anxious they would not think badly of me

- ☑ I will try to stay focused on the meal and our conversation

**Resulting feelings:** Manageable anxiety

It is important that you make these statements even when you don't really believe them. If you make reassuring or positive statements often, you will find that the frightening or self-critical thoughts that used to occur gradually disappear.

Now you can work through your own examples. Write down a situation that has made you anxious and any thoughts you may have had and the resulting feelings. Next, opposite each frightening thought, write down a more balanced thought and any new feelings. You will find that after practising this technique for a while, you get much better at balancing your thoughts.

**Remember it will take time to change the way you think and feel.**

## How is anxiety treated?

Feeling anxious does not necessarily mean you have a problem. Anxiety is a normal response that everyone has to certain situations. But anxiety can get out of hand; sometimes it reaches disabling proportions.

**The aim is not to get rid of all anxiety but rather to reduce it to manageable proportions.**

The best way to manage anxiety is through psychological help (counselling) and social support. With different psychological methods, it is possible to:

- ☑ control and stop panic attacks
- ☑ confront feared situations previously avoided
- ☑ change negative and unrealistic thinking and reduce worry

**Psychological methods include:**

- ☑ breathing control

- ☑ relaxation
- ☑ problem solving
- ☑ balancing anxious thinking with reassuring thoughts (cognitive therapy)
- ☑ gradually facing the things that you fear (graded exposure).

These psychological methods are often taught in **Stress Management Courses**.

Tablets are sometimes prescribed for anxiety. Tranquillisers can make people feel calmer. They also help with difficulties sleeping. They work quite quickly but can be addictive. Because of this they are recommended for short term use and only when the anxiety experienced is very severe and psychological methods are also being used. Anti-depressants are sometimes also prescribed, especially for someone who feels depressed as well as anxious. These tablets work quite slowly at first and may take two weeks to work properly. They sometimes have side-effects – such as a dry mouth. They are not addictive and are usually given over quite a long time. Beta blockers slow down the activity of the heart and they are sometimes prescribed to control a fast or irregular heartbeat and other bodily symptoms of anxiety. They may be useful in the short term treatment of 'stage fright' or panic symptoms, though they do not help people to stop avoiding the things they fear. Your doctor will explain what he or she is prescribing for you and why. You can also ask the pharmacist who gives you the tablets.

Tablets do not solve problems or cure anxiety in the long term. Tablets are an important help but, in the long run we all have to solve our problems ourselves. It is still important to try to do other things as well to overcome your anxiety.

## How to reduce anxiety

The first thing to do is to be clear about what the problem is. The next two exercises will

help you describe and understand the problem.

## 1 Identify your symptoms of anxiety

Mark on the scale how much you experience each symptom. If you have other symptoms, write them on another piece of paper and also rate them.

Symptom	Symptom severity			
	Not at all	Mild	Moderate	Severe
<b>Psychological</b>				
worry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fear of loss of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fear of dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fear of going crazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
feelings of unreality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical</b>				
trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tightness/pain in the chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shortness of breath/choking sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
pounding heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hot and cold flushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dizziness/light-headedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2 Identify situations or places that you fear or avoid

It is common for people to experience anxiety in certain situations or places but not in others. It is also common for people to avoid those situations so that they can avoid the feeling of anxiety.

Do you fear or avoid anything? Use the list below to identify any situations you avoid or fear. Add any that are not listed. Discuss them with your doctor and/or counsellor or someone else you trust.

Symptom	Symptom severity			
	Not at all	Mild	Moderate	Severe
<b>Fear or avoidance</b>				
<b>Places/situations</b>				
Eating or drinking with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being watched or stared at	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking to people in authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being criticised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for directions in the street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ordering in a restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for help in a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travelling alone or by bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking alone on busy streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going into crowded shops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the movies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*You can repeat this exercise every week, so that you can see the progress you are making.*

Some methods of reducing anxiety are appropriate for certain types of anxiety problems. For example, learning controlled breathing is particularly useful for controlling panics and gradually facing the situations and things that you fear (exposure) is particularly useful for phobias. Discuss what is most appropriate for you with your health worker.

Remember: Most people have ups and downs as they get over their problems, and occasional set-backs are normal. They do not mean that you are not making progress overall.

As you start to tackle the problems you used to avoid, your anxiety will probably increase. This is only to be expected. By confronting your difficulties you will improve your confidence and self-esteem which will make it much easier to deal with anxiety.

### 3 Try physical exercise

Specifically, aerobic exercise is the form of exercise most consistently shown to reduce anxiety, and the duration should be of more than twenty minutes. Anxiety reduction achieved through aerobic exercise is similar to the reduction achieved through meditation or relaxation.

### 4 Check your caffeine intake

Try to avoid drinking too much tea and coffee as caffeine can increase anxiety levels.

### 5 Check your alcohol intake

People who are anxious may try to cope with the anxiety by drinking more alcohol. This makes things worse. Guidelines for what is 'low-risk' drinking are presented below. Individuals will differ in terms of what level will cause harm.

Because alcohol is a drug it can lower your mood leaving some people feeling depressed.

#### for men

- ☑ up to 3 units of alcohol per day, with a maximum of 21 units per week spread throughout the week (including at least 2 alcohol free days per week)

#### for women

- ☑ up to 2 units of alcohol per day, with a maximum of 14 units per week spread throughout the week (including at least 2 alcohol free days per week)

**As a rough guide, there's ONE unit of alcohol in:**

- ☑ half a pint of ordinary strength (3.5 or 4% ABV) beer, lager or cider
- ☑ a small glass (125ml) of lower strength wine (8 or 9% ABV)
- ☑ a single 25 ml pub measure of spirits (40% ABV)

In a typical day how many units of alcohol do you have?

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On how many days in a typical week do you drink?

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Is this above the safe limits for your gender?

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If you would like help to reduce your drinking, ask your health worker for more information.

### 6 Dealing with worries and problems

If you find that you are worrying, endlessly turning over your different problems in your head, try putting your worry to a useful purpose. Pick out one or two problems that seem really important and make a decision to resolve them. You may like to ask a friend to help you.

Sit down and list any problems you want to deal with. Go through the following steps for each problem:

1. Say exactly what the problem is. You may find it consists of several problems.
2. List 5 or 6 possible solutions for each problem – write down any ideas that occur to you, not merely the 'good' ideas.
3. Evaluate the good and bad points of each idea in turn.
4. Choose the solution(s) that best fits your needs.

5. Plan exactly the steps you will take to put the solution into action, and try them out.
6. Review your efforts after carry out the plan. Praise all efforts. If unsuccessful, use the experience to plan a better strategy and try again.

Your health worker can give you more information about problem solving techniques.

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# 2 Distinguishing between a panic attack and a heart attack

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Before we distinguish between a panic attack and a heart attack it is important to define what a panic attack is. A panic attack usually has three important features:

- ❑ It consists of intense fear and anxiety
- ❑ It usually comes on fairly suddenly
- ❑ It usually lasts a relatively brief time

Panic is usually accompanied by a sense that something awful is about to happen. You may think that you will die, or go mad, or make a complete fool of yourself, or something else... there are as many different fears as there are people that panic. For some people, panic comes 'out of the blue'. In other words, the panic attack is completely unexpected and does not appear to be triggered by anything. Other people can recognise particular situations which are likely to trigger an attack.

Panic attacks are very common and they are not a sign of serious mental illness. We know that as many as one in ten of the general public have at least one panic attack in their life. Many people have panics for a while, but then the panics go away. For others, they may be a problem for a long time. Many people wait years before they tell anyone or seek professional help, and some people never seek help at all.

People who have panic attacks commonly fear that they are having a heart attack. This fear makes the panic worse. As some of the symptoms of a panic attack are also experienced during a heart attack (eg chest pain), it is understandable that people may mix them up. If chest pain is recurrent or long-lasting, it is wise to have a thorough medical investigation. However, if your doctor has ruled out heart disease, then it is very

unlikely that subsequent chest pain is caused by a heart attack. The information below may be helpful in telling the symptoms of panic and a heart attack apart.

Ischaemic heart disease is very rare in young women. Young women are the group most likely to experience panic disorder. Heart disease does NOT cause panic attacks and panic attacks do NOT cause heart disease.

Generally, if you are prone to panic attacks and you experience another similar attack, it is probably best for you to sit quietly and use the slow breathing exercise for about five to ten minutes. It may also be helpful to ask yourself 'Did I die or have a heart attack the last time I experienced these symptoms?'

However, if the pain is still present after ten minutes of slow breathing, you are advised to seek medical advice.

## Distinguishing between a panic attack and a heart attack

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### ❑ **Symptom:** Pain

#### **Heart attack:**

May or may not be present. If present, the pain is often described as a crushing feeling (like someone standing on the chest).

Pain, if present, is not usually made worse by breathing or by pressing on the chest, is usually persistent and lasts longer than 5–10 minutes

#### **Panic attack:**

Any pain is usually described as 'sharp'. The pain tends to be localised over the heart and is usually made worse by breathing in and out and pressing on the centre of the chest. Pain usually disappears within about 5–10 minutes.

☐ **Symptom:** Tingling

**Heart attack:**

Tingling, if present, is usually in the left arm

**Panic attack:**

Tingling is usually present all over the body.

☐ **Symptom:** Vomiting

**Heart attack:**

Common

**Panic attack:**

Nausea may be present but vomiting is less common.

☐ **Symptom:** Breathing too quickly or deeply

**Heart attack:**

A heart attack does not cause you to breathe too quickly or too deeply (hyperventilation) – panic does. With a heart attack you may feel a little short of breath. It is possible however, to have a heart attack and then start panicking. In this case, hyperventilation is a symptom of panic not of the heart attack

**Panic attack:**

Breathing too quickly or too deeply (hyperventilation) is an extremely common panic response which precedes most panic attacks.

*Adapted with permission from World Health Organisation Collaborating Centre for Research & Training for Mental Health, eds. WHO Guide to Mental Health in Primary Care. London: Royal Society of Medicine Press, 2000.*

# 3 Controlling over-breathing

You may find yourself breathing faster for several reasons such as during strenuous exercise or if you've experienced a sudden shock. In these situations an increased rate of respiration is a perfectly normal response. Some people can, however, develop a habit of over-breathing, especially when they are stressed or worried.

It is surprising for people to learn that breathing too quickly and/or deeply (also known as over-breathing or hyperventilation) can itself bring on anxiety. Breathing too quickly lowers the amount of carbon dioxide and increases in your lungs. This upsets the chemical balance in your blood which the oxygen causes physical symptoms of anxiety. Other important things to note are:

- ❑ You can get physical anxiety by slightly over breathing for a long time. So, over breathing does not have to be obvious to you or to others.
- ❑ If you slightly over breathe, even a yawn or sigh can trigger a panic attack or physical symptoms of anxiety.
- ❑ Changing the way you breathe can be useful for managing anxiety.
- ❑ By controlling over-breathing you are less likely to experience symptoms of anxiety and panic.

## Getting to know your breathing habits

The following exercises will help you learn more about your breathing habits. First check to see if you have any of the following symptoms of over-breathing.

Symptom	Yes	No	Not sure
Shallow frequent breathing more than 10–12 breaths a minute at rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your chest sometimes feels over-expanded or tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You or others have noticed that you sigh or yawn quite a bit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You often gasp or take deep breaths particularly in situations that make you anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Slow breathing to reduce anxiety/panic

When you get physical symptoms of anxiety, for example breathlessness, it feels like you are not breathing enough. The natural response is to breathe in more. However, if you do try to get more air by breathing in more, it just makes the problem worse. The best solution is to slow down your breathing even though you may feel that you should speed it up. Now we suggest a slow breathing technique to stop the unpleasant feelings of anxiety.

The aim of this exercise is to slow your breathing rate to 8–10 breaths per minute. Remember to breathe in using your abdomen (not your chest) and through your nose.

- ❑ Begin by focusing your attention on your breathing.
- ❑ Practice pragmatic breathing. This means breathing by using your diaphragm to draw out into your lungs.
- ❑ Place your hand on your stomach above the waist and you will notice with

diaphragmatic breathing your stomach will rise and fall with each breath. Try to reduce any movement in your upper chest and shoulders.

- ❑ Now breathe in slowly to the count of 3 and pause for 3 seconds.
- ❑ Then slowly breathe out to the count of 3 seconds.
- ❑ Pause for 3 seconds before breathing in again.
- ❑ Continue this exercise for 5 minutes or so.
- ❑ Practice this exercise regularly 5–6 times a day and you will find you can control your breathing.
- ❑ Try to check and slow down your breathing during the day.
- ❑ Use the slow breathing technique whenever you get anxious.

This technique can be used anywhere and only takes a few minutes. Remember the technique of slow breathing sounds very simple and it is very effective, but it will take practice to master the technique.

## The paper-bag technique

This method of controlling over-breathing increases the amount of CO<sub>2</sub> in the blood-stream simply by restricting the amount of O<sub>2</sub> that enters your lungs and increasing your intake of CO<sub>2</sub>. This takes place as you breathe back in the air you have already exhaled – (don't worry, you are still absorbing ample amounts of oxygen). This method does not involve as much practice as the slow breathing technique, but obviously is less easily used in public.

- ❑ When you feel panicky place a small paper bag over your mouth and nose. Keep the bag firmly in place by holding it close to your face with your hands. Try not to allow any gaps where the air can escape.
- ❑ Now breathe slowly and regularly into the bag. Keep breathing in and out into the

bag keep breathing in and out into the bag until the panic attack begins to subside and your breathing becomes easy.

- ❑ A similar affect can be achieved by cupping your hands around your nose and mouth and breathing slowly.

To use this technique, you will need to carry a paper-bag with you in your hand or pocket. In public, the hand-cupping technique is more convenient. If you find a private place where you can use the paper-bag, however, the technique will help restore the balance of gases in your blood quickly and so help to control your anxiety.

## Distraction techniques

It is useful to find some thing to take your mind of your symptoms. Focusing your attention on your symptoms usually makes them worse.

Here are a few suggestions:

### ❑ The rubber band technique

Wear a rubber band loosely around your wrist. When you feel a panic attack starting, stretch the rubber band and let it snap back. Often this short, sharp sensation of pain will be enough to redirect your attention away from your symptoms. This can give you the chance to start controlling your breathing.

### ❑ Counting

Some people find it helpful to count objects in their environment, such as window panes or railings etc divert themselves from an imminent panic.

Recite a poem or nursery rhyme in your head.

It is important for you to find a technique which works for you when you feel you are over-breathing or panicky, so that you can face difficult situations with the confidence that you can be in control.

# 4 Learning to relax

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Many people find that learning to relax helps them reduce worry and anxiety. It can also help improve sleep and relieve physical symptoms caused by stress, such as headaches or stomach pains. **Learning to relax is a skill and takes practice before it can be done properly.**

You may already have learned a relaxation exercise or you may want to try a relaxation or yoga class at an adult education class or other centre near you. If not, here is a guide on how to relax. This exercise should take about 15–20 minutes. However, if you have only 5 minutes to spare, 5 minutes is better than nothing.

## 1. Find a quiet and relaxing place

Choose a comfortable chair where you won't be disturbed. Make sure you take the phone off the hook. You may need to explain to your family or friends what you are doing so that they do not disturb you. Telling them may also reduce any embarrassment you may feel.

## 2. Clear your mind

Try to clear your mind of all worries or disturbing thoughts. If these worries or thoughts drift back into your mind while you are relaxing, do not try to stop them, just let them float gently across and out of your mind without reacting to them. Let your mind be clear and calm.

## 3. Practice the slow breathing method

Breathe in for 3 seconds and breath out for 3 seconds, thinking the word 'relax' every time you breathe out. Let your breathing flow smoothly. Imagine the tension flowing out of your body each time you breathe out.

## 4. Relax your muscles

For each of the muscle groups in your body, tense the muscles for 7–10 seconds, then relax for 10 seconds. Only tense your muscles moderately (not to the point of inducing pain). Don't try to force relaxation. Simply let go of the tension in your muscles and allow them to become relaxed. Relax your muscles in the following order:

**Hands** – clench one fist tightly, then relax. Do the same with the other hand

**Lower arms** – bend your hand down at the wrist, as though you were trying to touch the underside of your arm, then relax

**Upper arms** – bend your elbows and tense your arms. Feel the tension in your upper arm, then relax

**Shoulders** – hunch your shoulders up as if trying to touch your ears with them, then relax

**Neck** – stretch your neck gently to the left, then forward, then to the right, then to the back in a slow rolling motion, then relax

**Forehead and scalp** – raise your eyebrows, then relax

**Eyes** – screw up your eyes, then relax

**Jaw** – clench your teeth (just to tighten the muscles), then relax

**Tongue** – press your tongue against the roof of your mouth, then relax

**Chest** – breathe in deeply to inflate your lungs, then breath out and relax

**Stomach** – pull your tummy in to tighten the muscle, then relax

**Upper back** – pull your shoulders forward with your arms at your side, then relax

**Lower back** – while sitting, lean your head and upper back forward, rolling your back into a smooth arc thus tensing the lower back, then relax

**Buttocks** – tighten your buttocks, then relax

**Thighs** – while sitting, push your feet firmly into the floor, then relax

**Calves** – lift your toes off the ground towards your shins, then relax

**Feet** – gently curl your toes down so that they are pressing into the floor, then relax.

### 5. Enjoy the feeling of relaxation

Take some slow breaths while you sit still for a few minutes enjoying the feeling of relaxation.

Some people find that playing calming music helps them to relax. However, it is important to choose music that you find particularly restful and does not evoke stormy feelings.

**Practice once or twice a day for at least eight weeks. During the day, try relaxing specific muscles whenever you notice that they are tense.**

## Recognising tension

Many people find learning to relax difficult. This is because being tense has become a habit.

Use the chart below to help you see where and when you get tense. Write in the situations when you've noticed different muscles becoming tense. You might have been doing something (such as shopping). Or waiting to do something (such as a test). Write in what it was. Write it in next to the muscles which became tense. As you become more aware of when you get tense, add the situations to your chart. In those situations, practise parts of your relaxation routine to overcome the tension

Breathing

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Hands

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Arms

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Shoulders

---

Neck

---

Forehead

---

Jaw

---

Chest

---

Stomach

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Back

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Legs

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## Autogenic relaxation

Autogenic relaxation simply means focusing on two aspects of the relaxation response – increased blood flow and decreased muscular tension. It does this by concentrating on three things that we feel when relaxing: *warmth* – which is a sensation we experience when more blood reaches the extremities, such as the arms, legs, hands and feet and *heaviness* which is what we feel when the muscles are relaxed and *easy natural breathing*.

Autogenic relaxation does not require you to force anything. Just let yourself go. Become aware of how, when and where you are tense and allow the tension to melt away. Let any distracting thoughts go through and out of your mind.

Autogenic relaxation can be done lying down or sitting in a supportive armchair.

### What to do

When you are comfortable, lying or sitting, take a deep, diaphragmatic breath. Exhale gently and notice that first pleasant feeling of relaxation. There is no need to move during autogenics unless you want to make yourself more comfortable. Simply unwind, allowing yourself to focus on the sensations of

relaxation. The following phrases help you to do this. Say them to yourself 3 times, pausing after each repetition. Take your time, keeping your breathing regular, calm and relaxed.

*I am at peace with myself and fully relaxed*  
*My right arm is heavy* (if left handed you may want to start with your left hand)  
*My left arm is heavy*  
*My right leg is heavy*  
*My left leg is heavy*  
*My neck and shoulders are heavy*

*Take a deep, full breath and unwind even further*

*My right arm is warm*  
*My left arm is warm*  
*My right leg is warm*  
*My left leg is warm*  
*My neck and shoulders are warm*  
*My heartbeat is calm and regular*  
*My breathing is calm and regular*  
*My stomach is warm and calm*  
*My forehead is cool and calm*

**Take some time to enjoy the sensations of relaxation; when you are ready say to yourself – I am refreshed and completely alert.**

*Adapted with permission from World Health Organization Collaborating Centre for Research and Training for Mental Health, eds. Who Guide to Mental Health in Primary Care. London: Royal Society of Medicine Press, 2000.*

## Visualisation

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We use visual imagery all the time, although most of the time we are not aware of it. We use our “mind’s eye” to reconstruct things from the past and to predict what might happen in the future.

Our imagination is a powerful force which can help or hinder us. Without imagination it is difficult to solve problems, as for this we need to think of different ways of doing things and that requires the use of our imagination.

Unfortunately anxious people often use visual imagery in negative or unhelpful ways, such as imagining the worst possible outcomes. If, however you can train your imagination to be your “good friend” you will have a powerful tool constantly at your disposal.

You can use visualisation to help you to succeed. Before you go into a stressful situation, visualise the situation one step at a time. Visualise yourself doing well and coping with your anxious feelings and the situation. Visualise yourself using your coping strategies to good effect, controlling your breathing and calming and encouraging yourself with positive “self talk”. Visualise a positive outcome and you feeling good about yourself and your achievements.

Or you might like to visualise a peaceful place where you can relax and feel calm; perhaps a beautiful garden or a sunny beach.

# 5 Overcoming particular fears (phobias)

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It is not known for sure why some people have fears that seem, even to them, to be irrational – such as a fear of eating in front of people, fear of being away from a safe place or fear of dogs. However, we do know what maintains the fears and keeps them going: avoidance. Avoiding the thing that you fear gives an immediate sense of relief in the short term. But in the long term, the avoidance leads to embarrassment, lack of confidence and an increase in the fear. This can cause a vicious cycle. To break the cycle and overcome the fear, it is essential that you face the thing that you are afraid of. This is easier to do if you do it early on, when you first notice that there is a problem. If the fear you want to tackle is long-standing, it can still be overcome, but will take longer and require more persistence and help from others.

The key strategy for overcoming your fear involves constructing a plan to gradually expose yourself to what you fear, in small steps, so that you tackle what you fear without becoming too frightened. Make a list of the situations you avoid and that make you anxious, even if only mildly so. Then arrange these situations in order of difficulty.

Here are some examples of how a feared situation might be tackled:

## *Example 1: fear of using public transport*

**With a friend:**

- ☐ walk to local bus stop to study the timetable.
- ☐ wait at the bus stop. Allow bus to arrive. But do not get on.

- ☐ wait at bus stop. Allow bus to arrive. Get on and off again.
- ☐ catch the bus, go one stop and walk home.
- ☐ catch bus, go two stops and walk home.
- ☐ catch bus to local shops. Walk home.
- ☐ catch bus to local shops. Catch bus home.

**Repeat the activities on your own.**

## *Example 2: fear of eating in public*

**With a friend:**

- ☐ go to a coffee shop with a friend. Order coffee but do not drink it.
- ☐ go to coffee shop with a friend. Order coffee and drink it.
- ☐ have a sandwich in a coffee shop with a friend.
- ☐ have dinner in restaurant with a friend.
  - vary the time of day that you go
  - go into quiet and then busy shops/cafes
  - go to informal and formal places

**Repeat the activities on your own.**

## *Example 3: feeling uncomfortable with groups of people*

- ☐ organise and go to a social event with a group of friends
- ☐ organise and go to a social event with a group of friends and some acquaintances
- ☐ organise and go to a social event with acquaintances only

- ☑ organise and go to a social event with work colleagues- vary the social events
  - vary the time of the day
  - vary the formality of the events.

#### *Example 4: fear of leaving the house*

- ☑ walk alone to front gate.
- ☑ walk alone along street to first lamp post.
- ☑ walk alone along street and stand outside the local store.
- ☑ go into shop with friend.
- ☑ walk alone and go into shop without buying anything.
- ☑ go into supermarket with friend.
- ☑ go alone and buy something from the local store.
- ☑ go alone to the supermarket and buy something.

#### *Here are some general guidelines to help you make your own plan:*

- ☑ Build up slowly: start with easy tasks and build up to harder tasks. The first step should make you slightly anxious but not frighten you so much you can hardly tackle it.
- ☑ Only move on to a harder task when you feel comfortable with the task you are working on
- ☑ Practise tasks regularly, once a day is better than twice a week
- ☑ Plan things you enjoy so that you have something to look forward to each time you move on a step.
- ☑ Expect set-backs and do not give up because of them. Everyone's confidence varies. If something is too hard, find ways of breaking it down into smaller steps or go more slowly

- ☑ Discuss your problems with your doctor and/or your counselor or a friend you trust.
- ☑ Get someone to help and encourage you. Give them a copy of the leaflet 'Helping someone else overcome a phobia'
- ☑ Do not use alcohol or drugs to cope with the feared situation
- ☑ Learn and practise the breathing, rational thinking and relaxation exercises before you start, so that you can use them to help you reduce anxiety while you gradually face the fears.

#### *Specific guidelines:*

- ☑ Always stay in the situation until your anxiety level drops. If you leave the situation while your anxiety is high or when you are in a panic you will experience relief. But this will make your anxiety worse the next time you are confronted with a similar situation.
- ☑ Use slow breathing strategies to control physical anxiety
- ☑ Use 'rational thinking' strategies to replace unrealistic/negative thinking
- ☑ Use relaxation before you expose yourself to the feared situation

Your health worker can give you more information about slow breathing, dealing with anxious thinking and relaxation. Ask for the leaflets on these topics.

Remember: The rate of progress is different for different people. It does not matter how slowly you go. As long as you are practising, you will keep progressing and will get there in the end.

## Keeping track of your progress

### Exposure form and overall rating of how you feel

We recommend that you use this form every week to monitor your symptoms of anxiety for situations in which you have carried out exposure exercises.

#### SITUATION:

**Example: getting used to speaking and asking for assistance**

Fear or avoidance score

Week	specific task	not at all	mild	moderate	severe
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most people have ups and downs as they get over their problems. Occasional setbacks are normal. They do not mean that you are not making progress overall.

# 6 Helping someone else overcome a phobia

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When someone is working to overcome a phobia, it can be enormously helpful to them to have the support of a relative, partner or friend. The leaflet has been written to help you to provide this support. It should be read in conjunction with the leaflets: How to Overcome a Phobia and Anxiety and How To Reduce It.

## What is a phobia?

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Phobias are fears of particular things or situations, such as a fear of eating in front of people, fear of being away from a safe place or fear of dogs. While it is not known for sure why people develop these fears, we do know what maintains the fears and keeps them going: avoidance. Avoiding the thing that is feared gives an immediate sense of relief in the short term. But in the long term, the avoidance leads to embarrassment, lack of confidence and an increase in the fear. This can cause a vicious cycle. To break the cycle and overcome the fear, it is essential for the person to gradually face the thing that they are afraid of. This takes real courage – especially if the fear is a long-standing one – and is easier for most people to do with help from others.

## Deciding if this is the right thing for you to do

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To help your friend, you will need to be sure that:

- ❑ Your friend wants your help and you are happy to give it. It is best if both of you read all the information you have been given on anxiety and phobias and then discuss it together.
- ❑ You are able to appreciate that your friend's feelings are real, even if the danger is not. Your friend needs real courage to face the fear and it is important not to belittle his or her feelings. If you are having trouble understanding the feeling, think about a time when you have been really scared.
- ❑ You have the time to support your friend without feeling put-upon or resentful. The amount of time needed will vary according to the role you take. For example, if your friend is afraid of travelling on a bus and you decide to accompany your friend on some bus trips, that will take more time than if you decide that your role is simply to help plan the trips and listen to how they went. The important thing is that you don't take on more than you can do. Your friend needs to be able to rely on you to do what you promise with good will.
- ❑ You can support your friend without doing things for them that they need to do for themselves. For example, if your friend is afraid to go into shops, you may go with them as part of the plan, but should not take over and do the shopping for them. Think of going with a friend to a hospital appointment when you know that they are expecting bad news. You cannot turn the news into good news or face it for them, but you can be there with them.
- ❑ You can support and encourage your friend while also leaving them in control of the decisions. They must be comfortable with the plan to overcome their fear. They must go at the pace at which they are comfortable, however slow this might seem to you.

## What you can do to help

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### *Helping devise the plan of action*

The key strategy for overcoming the fear involves devising a plan of gradual exposure to the thing or situation that is feared, but in small steps, so that the person tackles things which are a little bit frightening but not overwhelmingly frightening. It can be enormously helpful to have someone to help with this, to ensure that the plan is clear and realistic. You can help in choosing the steps to be taken and help your friend to avoid the common pitfalls, such as making the steps in the plan too large or too vague. See the examples in the leaflet on facing specific fears.

### *Provide companionship for some steps in the plan*

For some phobias, it can be tremendously helpful for the person to face some of the most feared situations with the support and companionship of a trusted friend. This can be a step on the way to facing the feared situation alone.

### *Listening to reports of how the steps in the plan have gone*

Your friend can report back to you the results of his or her steps in the plan. You can listen, understand the courage that your friend is showing in facing things that cause him or her fear. You can celebrate successes and help your friends to deal with setbacks. Setbacks are to be expected and are not a sign of failure. They are often a sign that the step has been too big or that one step has not been practised enough before going on to the next. If a step is too big, help your friend to break it down into more manageable ones.

### *Help to plan rewards*

It takes a great deal of courage to overcome a phobia and every step should be celebrated as

an achievement. However, some people with phobias (and other forms of anxiety) feel that they are stupid to have the fear in the first place and that they do not deserve rewards for their efforts in overcoming the fear. You can help your friend to choose something that they will enjoy and encourage them to indulge themselves a little after each step in the plan. The list of pleasant things to do may give you some ideas. Your friend needs to choose something that works for them. It is better that the reward is not alcohol, cigarettes or caffeine as these are unhelpful ways of dealing with anxiety. It helps if the reward comes quickly after the goal is reached.

## A special situation

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Sometimes a person, especially a family member, takes over doing things for someone in order to help them. For example, a woman became gradually frightened of going away from home. Her husband tried to help her by doing all the shopping for her so that she did not have to leave home alone. If you are in this situation, the step by step plan will mean that you gradually reduce the things that you do for your partner or friend. In this case, it may be useful for you and your partner to discuss your plan with a third party who is less involved, such as your doctor or counsellor.

# 7 What is Obsessive Compulsive Disorder (OCD)

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OCD is an anxiety disorder in which people feel they have no control over certain thoughts or ideas which seem to force themselves into consciousness. These repeated thoughts – obsessions – are often frightening and distressing or seem so unacceptable that they cannot be shared with others. They often include a belief in impending death or disaster involving themselves or others.

The obsessions, even if they seem unrealistic, cannot be dismissed or reasoned away. They create unbearable anxiety, which often makes people feel quite helpless. The anxiety can only be relieved by performing the particular ritual that neutralizes the devastating thoughts. But the relief from the anxiety is always temporary.

This could be something like repeatedly opening and closing doors, washing hands, counting, checking locks, cleaning; in other words, exaggerated elements of everyday actions and routines.

For example, Peggy was a teacher, but she had acquired an obsession: protecting herself from AIDS and cancer germs. When she came to see a therapist she was at the point of where she had not been able to bring food into her apartment for six months. She spent five hours a day washing her hands and showering. If a checkout supermarket assistant looked poorly, she switched to another. Her laundry required many re-washings due to her fears. She tried not to shake hands or brush against people, and she segregated her ‘clean’ clothes – those she had worn in her apartment – from her ‘dirty’ clothes – those she had worn outside the apartment. Peggy wasn’t quite sure that touching contaminated objects would cause

her to contract cancer or AIDS. But she also couldn’t be sure that it wouldn’t. So she kept on performing the rituals, just in case.

This irresistible urge to carry out such rituals is known as compulsion.

## What are the signs of OCD

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OCD is similar to a phobia. In both cases, fear brings anxiety and panic and may cause:

- ▣ Rapid heartbeat
- ▣ Churning stomach
- ▣ Dizziness
- ▣ Shortness of breath
- ▣ Sweating and trembling

We all occasionally worry about whether the gas is turned off or the door is locked, and we all talk about being obsessed with work, football, etc. Many of us indulge in rituals without thinking or engage in compulsive behaviour such as straightening objects, cleaning more than is necessary, etc.

Obsessive-compulsive disorder, however, involves extreme, of this kind of behaviour. Someone would be described as having OCD if they experience obsessions or compulsions, or both, to a degree that affects their daily life or causes them distress. For some, this might mean spending five hours a day washing like Peggy or repeating the same action (going up and down stairs) over and over again. They are compelled to do so by the fear that it was not done right or that something awful will happen if they do not do it.

It has been estimated that between one and three per cent of the population experiences

symptoms of OCD, although only those severely affected may seek help.

## What sort of help can I get?

The symptoms for OCD can be quite distressing. While there is no immediate cure, there are a number of different treatments available.

### *Medication*

Medication is the first choice of treatment; and can be helpful, either on its own or in conjunction with psychological therapy.

### *Psychological therapy*

There are several kinds of talking treatments available. The most evidence-based treatment for OCD is cognitive-behavioural therapy. This type of therapy aims to identify connections between thoughts, feelings and behaviour, and to help develop practical skills to manage your thoughts and behaviours. Behaviour therapy has also been shown to be effective, psychologists in particular, may employ this practical approach to help some people face fears and reduce their rituals. It is also known as exposure therapy or desensitisation.

Your GP surgery may be able to advise you of counsellors trained in the above techniques who may be able to help. Therapy is also available through the NHS however strict criteria for assessment is applied due to the large demand for treatment. Private therapists are available but do charge a fee.

## What can I do to help myself?

### *Self-help groups*

It can be useful to share experiences and methods of coping with others. Triumph Over Phobia (TOPS) UK hold weekly self-help groups in both Gloucester and Cheltenham. You can call their national number 01225 330 353 for more details of groups in your area.

They also have information booklets and books on a range of anxiety disorders including OCD.

### *Relaxation techniques*

Some people have found relaxation techniques useful in teaching them how to reduce tension by improving their breathing. Physical exercise can also help to relax muscles.

### *Reading*

There are many good self-help books available to buy or to borrow from your local library. A few are listed below:

**Getting Control: *Overcoming Your Obsessions and Compulsions***, 1991 by Lee Baer Plume Books. Available from TOPS UK.

**Obsessive Compulsive Disorder: *New Help for the Family***, by Gravitz & Broatch 1998 Partners Publishing Group.

**The OCD Workbook: *Your Guide to Breaking Free From Obsessive Compulsive Disorder*** by Hyman & Pedrick 2000 New Harbinger Publishers.

**Tormenting Thoughts & Secret Rituals: *The Hidden Epidemic of Obsessive Compulsive Disorder***, by Ian Osborn 1999

**Understanding Obsession & Compulsions: *A Self-help Manual***, by Frank Tallis 1992 Sheldon Press

*Understanding Obsessions and Compulsions* by Frank Tallis 1992 Sheldon

All books listed above are also available to purchase off the internet at [www.amazon.co.uk](http://www.amazon.co.uk).

# 8 Useful organisations

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## *Triumph Over Phobia (TOPS) UK*

PO Box 1831, Bath BA2 4YW

**Tel:** 08456 009601

**Email:** [Triumphoverphobia.com](mailto:Triumphoverphobia.com)

## *Obsessive Action Aberdeen Centre*

22-24 Highbury Grove London N5 2EA

**Tel:** 0207 2264000

## *National Phobics Society Zion Centre*

339 Stretford Road, Hulme,  
Manchester M15 4ZY

**Tel:** 0161 227 9898

**Email:** [Nationalphobic@btconnect.com](mailto:Nationalphobic@btconnect.com)

Helpline and recommendations for local private therapists

## *First Steps to Freedom*

7 Avon Court, School Lane,  
Kenilworth CV8 2GX

**Tel:** 0845 1202916

Telephone helpline and tele conference self-help group.

## *British Association for Cognitive-Behavioural Therapists*

PO Box 9, Accrington BB5 2GD

**Tel:** 01254 875277

Can provide a list of therapists in your area. Please note most therapists may charge a fee ranging from £30 – £45 per session.

[www.babcp.com](http://www.babcp.com)

# 9 Post traumatic stress

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In recent years, much has been learned about how people are affected by the experience of events which seriously threaten their safety or the safety of their family or friends. It is not only the survivors of such traumatic events who are affected, but also people who are bereaved, helpers, rescuers and others who have worked with the survivors or the bereaved.

## Common reactions during the trauma

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When we experience a threatening event our bodies automatically respond in a way that allows us to protect ourselves or escape from the situation. This 'fight-or-flight' response involves an increase in heart rate, blood pressure, muscle tension and breathing rate. All these changes help us to physically deal with danger or to leave the situation very quickly if necessary.

During an extremely traumatic event this reaction will be very strong. The common reactions experienced may include:

- ☑ shock
- ☑ numbness
- ☑ anger
- ☑ pounding heart
- ☑ fast breathing
- ☑ excitement
- ☑ disbelief
- ☑ intense fear
- ☑ confusion
- ☑ trembling or shaking
- ☑ sweating
- ☑ nausea

Remember, however, that while these responses are to be expected, it is usually helpful to discuss the responses and feelings with somebody when they occur.

## Common reactions during the days following the trauma

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It is also common for individuals to continue to experience a number of thoughts, images and feelings for some days, or even weeks, following the trauma. Again, these reactions are common and are a sign that the body is recovering from a severe stress.

The most commonly reported reactions include:

- ☑ **Anxiety or fear** of danger to self or loved ones, being alone, being in other frightening situations, and having a similar event happen again
- ☑ **Avoidance** of situations or thoughts that remind you of the traumatic event
- ☑ **Being easily startled** by loud noises or sudden movements
- ☑ **Flashbacks** where images of the traumatic event come into your mind suddenly for no apparent reason, or where you mentally re-experience the event
- ☑ **Physical symptoms** such as tense muscles, trembling or shaking, diarrhoea or constipation, nausea, headaches, sweating, tiredness
- ☑ **Lack of interest** in usual activities, including loss of appetite or interest in sex
- ☑ **Sadness or feelings** of loss or aloneness
- ☑ **Shock** or disbelief at what has happened; feeling numb, unreal, isolated, or detached from other people.

- ❑ **Sleep problems** including getting to sleep, waking in the middle of the night, dreams or nightmares
- ❑ **Problems with thinking**, concentration, or remembering things (especially aspects of the traumatic event)
- ❑ **Preoccupation** with thinking about the trauma
- ❑ **Guilt and self-doubt** for not having acted in some other way during the trauma, or for being better off than others, or feeling 'responsible' for another person's death or injury
- ❑ **Anger or irritability** at what has happened; at the senselessness of it all; at what caused the event to happen, often asking 'Why me?'

Not everyone will experience all of these reactions, or experience these reactions to the same extent. There may also be other reactions to add to the list. However, in most cases, these symptoms will disappear after a short period of time (i.e., a few hours, days, or weeks).

## Psychological responses to traumatic stress – what to do:

### *Immediately after the event*

- ❑ Make sure you are with people. Do not go home to an empty house – ask a friend or relative to stay with you.
- ❑ Talk about the incident with others. Talking will help you get over the reactions.
- ❑ Remind yourself that the event is over and that you are now safe.
- ❑ If possible get some physical exercise. This will help to 'burn off' some of your tension and anxiety.
- ❑ Avoid alcohol, sedatives, or sleeping pills (they will only dull the experience and not

allow you to deal with your feelings properly).

- ❑ Restrict stimulants (such as tea, coffee, chocolate, cola, or cigarettes) because you do not want to make your body even more agitated than it already is at present.
- ❑ Try to eat something even if you do not feel like eating.
- ❑ If you cannot sleep, do not lie in bed tossing and turning – get up and do something until you feel tired.

### *How to handle the next few days*

- ❑ Remind yourself that your reactions are a normal result of trauma and will pass in time.
- ❑ Try to get back into your normal routine as soon as possible. You may need to gradually introduce yourself to tasks that seem difficult.
- ❑ If you feel uncomfortable, scared or anxious, take some long, slow breaths and remind yourself that you are safe and that the trauma is over.
- ❑ Make sure that you are doing things that are relaxing and enjoyable – be kind to yourself.
- ❑ Continue to talk to your family, friends and colleagues about the trauma. This will help you to get over your feelings. Even if you feel a bit distant from other people, do not reject their support. Do not be afraid of your feelings.
- ❑ Work on your general stress levels by ensuring that you have adequate sleep, a good diet and regular exercise. Practice relaxation to help reduce nervous tension.
- ❑ Drive more carefully and be more careful around the home and with machinery. Accidents are more common after severe stress.

- ❑ Allow yourself time to deal with the memories. You will need commitment and patience. There may be some aspects of the experience that will be difficult to forget.

**If your reaction continues to seriously disrupt your life, please talk to your health worker.**

*Adapted with permission from World Health Organization Collaborating Centre for Research and Training for Mental Health, eds. Who Guide to Mental Health in Primary Care. London: Royal Society of Medicine Press, 2000.*

# 10 Exam stress

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An exam creates some stress, but there's an ever-increasing load of stress on pupils studying for big exams. Pressure comes from family, teachers and yourself to do well and secure a place at university. Anxiety can reach such a level that concentration is impaired, making studying all but impossible.

Having a positive attitude towards the exam is a good start towards passing it. Believe you'll pass! Visualise your exam paper marked 'A'. Eliminate any thoughts of failure. But of course – Study!

## Tips for passing

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- ▣ Besides keeping up-to-date on class work and homework, occasionally through the year (or term) go back and do a little review.
- ▣ As the dreaded day approaches, start your intensive study in plenty of time to avoid cramming at the end.
- ▣ Discipline yourself to do the required amount of study each day, remembering to take breaks every 30–60 minutes. Walk around, stretch, do a little exercise, breathe some fresh air, think about something entirely different for 10 minutes. This clears the brain and relaxes the muscles before the next stretch.
- ▣ Buy a pack of file cards (index cards). On one side write down the question and on the other side write the answer. Use these for whatever you find hardest to remember – events in history, dates, etc. Keep a few with you so you can flip through them when you have a spare moment.
- ▣ It may be a useful trick to make up a rhyme such as 'A pint is a pound the world around'. OR remember a formula or quote by memorising the first letter in each word and forming those letters into a word, however silly that nonsense words turns out to be.
- ▣ Find one or more friends who are studying for the same test. Each one writes out the 20 questions he/she feels are most likely to be asked. Get together. Each one reads out his/her questions and the others try to answer. Be prepared to stick to the exercise rather than goofing off and watching TV. If you feel discouraged at the end of the session, take courage. It pointed out where you need to concentrate your study.
- ▣ In the weeks just before the exam, make sure you get adequate sleep and eat properly.
- ▣ The night before the exam, lay out everything you're going to need for the next day.
- ▣ Make sure you get your quota of sleep – 8–9 hours. Since your study has been well planned, you won't need to burn the midnight oil and walk into the exam like a zombie.
- ▣ The big day is here! You couldn't do better than start with a few minutes of yoga and meditation.
- ▣ Breakfast is essential. The brain needs some fuel.

## Face to face with the exam

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- ▣ Read the whole exam through first. This tells you which parts will require the most time. Make a rough assessment of time to be allowed for each section, then each question. Be a clock-watcher, so you don't cut yourself short of time toward the end.

- ❑ Read directions carefully! You may be told 'Answer two of the following questions'. Some students barge ahead and answer all four. They've only wasted valuable time, and the usual way of marking such a paper is to accept the two first answers, which may not be the ones the student did best at.
- ❑ When you begin to feel tired, take a min-break. Look up and relax your eyes by looking into the distance. Do some finger stretches and even a few neck and shoulder exercises. Relax your body and regulate your breathing. Picture this exam graded 'A'. Put yourself ahead in time and focus on your favourite things to. All of this should only take between 2–3 minutes. Then back to work, feeling renewed.
- ❑ When you've finished, put all scrap paper in one pile, all exam papers in another, in order. Check your paper carefully.
- ❑ Read all instructions again and check to see that you have answered the required number of questions.
- ❑ Starting with question one, read the question – then your answer. Make sure you haven't omitted a part. Have you answered what was asked? No matter how much information you give, it counts for little if you didn't answer what was asked.
- ❑ Is your writing easy to read?
- ❑ Just before handing in your paper, make one final check that all parts of your exam are there in correct order, the pages numbered and your name on each one. Then – go and celebrate!

GOOD LUCK WITH YOUR EXAMS!

*Taken from: Bad Hair Day? A Guide to Dealing with Everyday Stress by Nancy Scott Cameron, Element Children's Books, 2000.*

# 11 Resources and organisations for anxiety, panic and phobias

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## National organisations

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### *Association for Post-natal Stress*

145 Pawers Road  
25 Jerdan Place, London SW6 7EB

**Tel: 0207 386 0868**

Mon–Wed–Fri 10am–2pm. Tue–Thu 10am–5pm. Network of volunteers (recovered sufferers) to support UK sufferers. Free service: offer reassurance and advice. Fact sheets – contact with other recovered mothers by phone, post or email

### *First Steps to Freedom*

7 Avon Court, School Lane Kenilworth  
Warwickshire CV8 2GX

**Helpline: 0845 1202916**

Also run telephone self-help group by conference call.

### *National Phobics Society*

339 Stretford Road, Hulme,  
Manchester M15 4ZY

**Tel: 0161 227 9898**

**Email: [Nationalphobic@btconnect.com](mailto:Nationalphobic@btconnect.com)**

£16 annual subscription offer helpline and can recommend local private therapists.

### *No Panic (local groups)*

93 Brands Farm Way, Telford TF3 2JQ

Helpline: **01952 590545** 10am–10pm;  
Head Office: **01952 590005**;

Information line: **0800 783 1531**

For further information pack, helpline and advice also run telephone conference recovery courses. £10 joining fee and quarterly newsletters.

### *Obsessive Action*

22–24 Highbury Grove, London N5 2EA

**Tel: 020 7226 4000**

Volunteer helpline. Tue, Wed and Thurs 9.30am–5.00pm

### *Saneline – National Mental Health Helpline*

**Tel: 0845 6678000**

Open 12 noon–2am – midnight and offers telephone counselling for a range of mental illnesses.

### *Samaritans*

**Tel: 08457 909090**

24 hour crisis counselling helpline

### *The Council for Involuntary Tranquilliser Addiction*

Cavendish House, Brighton Road, Waterloo,  
Liverpool L22 5NG.

Helpline: **0151 932 0102** (10am–1pm Mon–Fri).

## Local organisation

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### *Agoraphobic Support Group*

Gloucester Association for Mental Health  
Belsize House, Brunswick Square, Gloucester  
GL1 1UG

**Tel: 01452 416575**

Listening service and give advice about appropriate services.

### *Gloucestershire Counselling Service*

**Tel: 01453 766 310**

Personal, relationship and family counselling throughout county.

### *Triumph Over Phobia (TOP UK)*

(local groups Gloucester & Cheltenham)  
PO Box 1831, Bath BA2 4YW

**Tel: 08456 009601** (office)

**Email: triumphoverphobia.com**

### *Primary Mental Health Team*

Local Stress management Workshops across Gloucestershire, Daytime, Evening and Saturdays.

**Tel: 01452 383242** (office hours 9am–5pm)

**www.pmhglos.org.uk**

## Suggested reading

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*Understanding Stress* by Professor Greg Wilkinson. (Published in Family Doctor series in association with BMA, available from Lloyds Chemists and some Tesco stores)

*Managing Your Mind: The Mental Fitness Guide* by Gilian Butler and Tony Hope. (Oxford University Press, 1996)

*Self-help for Your Nerves* by Claire Weeks

*Overcoming Panic* by Derrick Silove and Vijaya Manicavasagar (Robinson, 1997)

*Coping Successfully with Panic Attacks* by Shirley Tickett (Sheldon Press)

*Anxiety, Phobias and Panic Attacks* by Elaine Sheehan (Element Guide Series)

*Living with Fear – Understanding and Coping with Anxiety* by Isaac Marks M.D. (McGraw Hill). Available from TOPS UK (address below)

*The Panic Book Suitable for Children & Adults* by Neil Phillips. Available from TOPS UK – PO Box 1831 Bath BA2 4YW

*Panic Attacks* by Christian Ingkam (Thorsons 1997)

*Overcoming Social Anxiety & Shyness* by Gillian Butler (Robinson 1999)

*The Relaxation & Stress Reduction Workbook* Davis, Robbins, Eshelman & McKay (New Harbinger 1995)

*Teach Yourself: Managing Stress* Looker, Terry & Gregson, Olga (Teach yourself books 1997)

**Audiotapes** Coping with exam nerves, Coping with depression, Coping with sleep problems, Feeling good (self-esteem/assertiveness), Coping with pain, The relaxation kit & Coping with stress at work. Available from Relaxation for Living, 29 Burwood Park Rd, Walton-on-Thames, Surrey KT12 5LH. SAE only. Talking Life, PO Box 1, Wirral L47 7DD. Tel: 0151 632 0662. Fax: 0151 632 1206.

### *Classes and activities*

**Adult classes** in yoga, medication, relaxation and assertiveness are commonly held in local schools or in Colleges of Further Education, during the day and evening. These are not just for people with anxiety problems, but can help you relax and perhaps have some fun at the same time. Leisure Centres run different kinds of exercise classes, which may also help. Ask your doctor, nurse or counsellor if they think any of these are appropriate for you.