

CRAMOND MEDICAL PRACTICE



2 Cramond Glebe Road Edinburgh EH4 6NS

ANXIETY

AND HOW TO WORK WITH IT

**INCLUDES SECTIONS ON
PANIC ATTACKS,
ANXIETY DISORDER, & PHOBIAS**

ABOUT ANXIETY

Anxiety is the experience of having a feeling of unease, worry or fear. It can be mild or severe. It is often caused by a situation of stress, either at home or at work, or – most likely – a combination or a build-up of such situations. About 1 person in 20 has a problem with anxiety (‘anxiety disorder’) at some point in their life.

Anxiety is not an illness. Most of the time it is a perfectly natural and normal way to feel. It often has a useful purpose. It is your body’s natural alarm system, and it peps you up to deal with any difficulties you might have. It also keeps you alert and aware of possible difficulties.

Anxiety becomes a problem when it gets out of control, or if people have a problem controlling their level of anxiety, or when the anxiety happens at inappropriate times. They may feel apprehensive, nervous, fearful or tense. This can happen quite suddenly. They may have difficulty concentrating, or sleeping properly, or they may be waking early. Sometimes the cause of the anxiety is unclear and so people become more afraid, think they are going mad, or having a stroke, or something like that. Whilst this is very understandable, these fears are almost certainly groundless.

Anxiety is a feeling, based on a perception of danger (real or imaginary) that prepares you physically to deal with the danger through the stimulation action of adrenaline. The anxiety you feel is real, and it is not in your imagination. The physical feelings and sensations of anxiety actually happen to you. They can be very strong. Many of the symptoms are somatic (feelings of choking, dizziness, feeling light-headed, face flushed, numbness or tingling, wobbliness in legs, etc.) Other physical symptoms can include heart racing or pounding, indigestion, chest pains, butterflies or cramps in the stomach, breathing difficulties, choking sensations, dizziness, blurred vision, blushing, wobbly legs, or a fear of dying. In serious cases of prolonged anxiety, there can even be gastrointestinal upsets and problems, like ulcers, can be exacerbated. The chances are that these are all symptoms of anxiety.

Anxiety can also cause a person to be much more aware of every sensation in their body: though these are usually misinterpreted and they think something may actually be physically wrong with them. Sometimes the symptoms are quite vague, or change, and so there is a difficulty in diagnosing that these symptoms are caused by an anxiety disorder.

Anxiety however – in itself – is not dangerous. You don’t die of anxiety - these physical feelings will not hurt you in any way at all. You can learn how to cope with these feelings, and then they will become less frightening. In extreme cases, anxiety can sometimes be felt like a sudden ‘attack’. Then it can be described as a ‘panic attack’ or ‘panic disorder’. You are not having a heart attack, though it is quite a good idea to go to the hospital to have this checked out the first time it happens. There is a section about panic attacks later on in this booklet. There are other different levels of, and specific types of, anxiety and some of these are mentioned in this booklet.

Anxiety can also affect you mentally, and in your behaviour. Anxiety can accompany some other conditions, like depression, or be the basis of, or add to, other conditions, like phobias or compulsions. If you have taken some time off work, then you might become fearful that this will affect your job, or chances of promotion, or that you might be judged unfairly. This can increase low self-esteem and reduce your ability to judge a situation well. Your anxiety may thus escalate.

Anxiety can affect the way you think. Shakespeare wrote: *“There is nothing good or bad, but thinking makes it so.”* There is a tendency to think in ‘all-or-nothing’ terms, to jump to conclusions, to personalise, to focus on the negative, or to exaggerate what you imagine might happen: this is referred to as ‘awful-izing.’

Anxiety can affect your behaviour: what you do and how important it feels to do it. Anxiety often drives you to do things right away, without hesitation, or impulsively, occasionally too much so. Sometimes it can turn into repetitive behaviour (doing thing over and over again), or avoidance behaviour (not doing things) or avoiding other people, or crowds, or social situations that seem difficult. One can even become a bit phobic. Sometimes people may become unable to go to work, or may want/need to have time off sick. There are things you can do.

SELF-HELP FOR ANXIETY

Treatment:

The usual recommended treatment for anxiety is to start with self-help (exercise, relaxation & information) at first. Understanding that many of your symptoms are probably caused by anxiety is often a major eye-opener.

Official guidelines recommend counselling or therapy, often Cognitive Behaviour Therapy (CBT), as the next level of intervention, with medication being used later, but only in more severe cases. This type of 'stepped-care' treatment is reasonably successful, and nearly all patients really do get better reasonably quickly from the time of starting such treatment.

Self-Soothing:

Anxious people can first 'prepare' themselves for this type of treatment for their anxiety, and this can really increase the efficacy of these non-medical approaches. This preparation work can be described as 'self-mothering', 'self-soothing' or giving oneself 'solace'. There are various ways to do this.

The child's security blanket or favourite teddy bear are childhood examples of 'transitional objects' that provide solace. In an adult, such examples may take the form of a ritual 'cup of tea', listening to a favourite piece of music, reading a book, or getting under the duvet for a while. Shopping is a slightly more expensive form of self-soothing. Putting on a favourite CD; wearing one's special sweater; having a bowl of 'chicken soup'; are all cheaper and well-tried ways. What is your method? Seriously, what works for you?

In the control of anxiety, it is very important to give yourself a pleasant, soothing, relaxing experience quite quickly. Then you can start to cope with your anxiety much better. Take yourself off somewhere 'safe' and soothe yourself a little. Knowing, consciously, that you can do something very simple that is not only pleasant and safe, but also staves off the chance of further suffering, is a very important first step.

Conscious Control:

The next important thing is to address some of these anxieties directly. The anxiety may be real, but, in itself, it is NOT going to kill you. It is important to realise there is nothing to be afraid of in these feelings. You may have become "Afraid of the Fear" itself. Do NOT Panic. Do NOT try to run away from, or fight off these feelings. The solution is simple. You must sit with them; breathe gently; just let them be; let them pass away and change; and not let them affect you. This is simple, but not necessarily very easy to do at first. Practice makes it easier.

Sometimes your anxiety is centred on the 'fear,' or the 'pain' of possible suffering, or anticipation of another bout of depression, or of failing, or having a migraine, or whatever. Work with controlling this. The trick is to breathe. Stay in control and **breathe**. Don't let the thoughts continue to go round and round, or start to escalate; don't fight them; don't run away; just breathe. It is easy to say, and harder to do. But this is all you have to do, for now. Breathe!

As you begin to master the initial anxiety – and you will – then you can start to use your imagination. Imagine the fear or the anxiety getting smaller and smaller. Give it a form or a shape: like a black dog, or a spikey orange shape. Then imagine this shape or object getting quieter, or smaller, or softer, or a nicer colour. Work to reduce the images of your anxiety.

As you get better at this, you can deliberately start going into situations where you used to feel anxious. Just keep your thoughts under control, and keep breathing. If you have been having palpitations whenever you get in to a high place, or a small confined space, or in a situation where you are a little phobic, deliberately start to go back to these places, when it is nice and quiet – and just breathe. Stay a few seconds or a minute or two and breathe. Take it one step at a time. Try to get back, as soon as possible, to doing all the things that you stopped doing because of your anxiety. You will feel a little anxious at first; but then it will pass. Stay in control. Don't hurry the process. Use whatever little tricks you have. Do it with friends, if that works for you, or alone, if it doesn't.

Remember – try NOT to leave a situation until the anxiety, the fear, or the panic, has diminished and until you have felt that you are in charge of your feelings. Any moment of anxiety

is another opportunity to practice these techniques. Plan your ‘targets’ and be specific: *“I will go to the supermarket and stay in there at least 10 minutes. I will buy at least five items. I will not go to the shortest queue. I will breathe and wait till my anxiety goes down.”*

Practice makes perfect and you will feel stronger and better each time. Don’t just do it once: do it several times. Don’t let yourself take things easy: keep at it. Don’t procrastinate or put off tackling these situations: persist. Just keep doing these sorts of things until you master many of your anxieties. There may be a few set-backs, but you will recover from them. The anxieties may not go away completely, but they will become much less disabling, and you will become much more confident in dealing with them.

What Not To Do:

It is usually not advised to take any medication for anxiety, though occasionally one of the ‘tranquillisers’ are prescribed for a very short period of time, and analgesics (like codeine) are sometimes self-prescribed. However these substances are quite addictive and, if you over use these, you might discover that you soon have another problem to cope with.

Other substances (like alcohol, cigarettes and ‘soft drugs’) that people often turn to when anxious are also not advised: even though some of them are legal. They also tend to be addictive, taxed, expensive, and the relief is of very short duration. Another way of coping with anxiety, ‘comfort eating’ just helps you to put weight on: it doesn’t remove your anxiety.

Try to Avoid:

Too much tea, coffee, or caffeinated drinks, as they can make you more agitated. Don’t smoke too much: it has a similar effect. Don’t take too much sugar or salt for similar reasons. Don’t drink too much. Don’t eat too little – or too much. Try to avoid overworking and being overtired. Avoid too little relaxation – you are going to need to be strong, rested and ready to go. It is also not a good idea to cut yourself off from people, friends or family as a way of avoiding anxious situations.

Different Benefits:

These self-help methods of consciously utilising your own internal resources and maintaining a balanced life-style are also useful and effective for people with other issues, like chronic pain. They work by providing a solid basis for recovery; by increasing a sense of internal balance; by adding to a growing sense of relaxation, harmony, and peace. Physiologically, more beneficial hormones, some of them called endorphins, are being released into your body from your brain, and these really help you to relax. These can also act as an anaesthetic. In such a slightly more relaxed state, your body-mind’s own resources and healing processes become optimised, your immune system strengthens, and your internal self-regulation is gradually restored. This is not any sort of New Age belief, but well-researched psychobiology mixed with common sense.

Medication:

Most of the anti-anxiety medications (like the benzodiazapine anxiolytics or ‘tranquillisers’), whilst being effective, are not necessarily recommended as they often have quite – sometimes very – addictive ‘side-effects’ and so any treatment for anxiety through medication is usually limited to the lowest possible dose for the shortest possible time.

Several antidepressants are licensed for anxiety, phobias and panic disorders. Obviously, some people are so debilitated by their anxiety that they may need some medical help to get them out of a state of anxiety to a point where they can act coherently and address their anxieties, but these are usually only a very short-term solution and only in extreme cases.

Extensive studies have shown that for many people (at least 40%, as much as 55%, occasionally 70%), a placebo is just as effective as the medication being tested. Medications and drugs can create dependencies, some are addictive, and some may have side effects. The root cause of the anxiety is also not being addressed. So, please don’t reach for a bottle of pills. There are other, better, ways.

OTHER SELF-HELP TECHNIQUES

Exercise: Any activity that promotes endurance, flexibility or strengthening is a natural antidepressant and also helps with anxiety. Exercise, and in particular aerobic exercise, improves circulation, brings increased blood flow and oxygen to the brain, releases endorphins, the body's natural pain-killing chemicals, and boosts serotonin. The overwhelming sense of being unsure or being anxious can make it very difficult to sustain even simple tasks, much less get out and do some regular exercise. Aerobic exercise is becoming a much more recognized form of therapy. It is widely acknowledged that if you can discipline yourself to do some form of exercise regularly; you will almost definitely feel better for it. Even a brisk walk once a day is a very good start. Get a friend or family to help you with your motivation. Aim for 30-45 minutes of aerobic exercise 3-4 times a week, if you can.

You will not be able to relax significantly until you have burnt off all the 'stress hormones' in your body generated by your anxiety, except by doing aerobic exercise regularly. There are also lots of suggestions about "Fitting More Exercise Into Your Life" in the parallel leaflet on Depression.

Diet: Good nutrition supports the optimal functioning of your body and brain. Try to eat a balanced diet of healthy foods. Eating as much organic produce as possible will help to minimize the intake of chemicals and preservatives, which can cause problems in sensitive individuals. Another part of nutritional self-care is cutting back on sugar, salt, sweets and alcohol. Studies have shown that too much sugar (in any form) can foster anxiety as well as depression. Alcohol can also have a negative effect. Eat the more complex carbohydrates. Drink plenty of water. Try not to eat comfort foods or ready-prepared and processed foods. Eat little and often: have bowls of fruit and nuts to hand. "Smoothies" are good.

Sleep: Try to develop a good sleep schedule - a regular time of going to sleep and arising - and stick to it. Sleep irregularities are among the early warning signs of both anxiety and depression. A good night's sleep can really help towards helping anxiety. Prepare yourself: don't eat too late; take some very gentle exercise before you go to bed; have a bath; read a book for a little when in bed.

Breathe: One of the most powerful ways to impact your emotions and the involuntary nervous system is through your breathing. If you are stressed or startled or angry, stop, close your eyes and focus your breathing. Inhale slowly through your nose, directing the air deep into your chest and belly. Then exhale slowly through your mouth. Repeat this 5-10 times and you will see how this simple technique works. Don't stop breathing – properly.

Keep a Journal: Writing in a diary or journal is one of the best self-help methods you can use. Put down new sights and smells, new experiences of any kind. Note down things that you have done during the day and how you felt doing them. Especially write about your feelings. Write every day, if possible. It may help to write at the same time every day, maybe after dinner or before you get ready for bed. Write for yourself only. Try not to censure it. Don't worry about the spelling or punctuation. You are the only person who should ever read it.

Natural World: Spend some time in nature: it is very relaxing. Whether it's watching a moonrise over a mountain peak, a sunset over the ocean, or simply taking a leisurely walk in your city park, or by a river, spending time in nature imparts its healing touch.

Prayer: If you believe that prayer can have an effect, take some regular time to pray, both by yourself and/or with other people. Meditation involves stilling the mind so that we can hear the "still small voice" of God within and be open to spiritual guidance. This is also very relaxing and a great aid towards reducing anxiety.

RELAXATION

It is also very important to relax as well. This helps you to re-balance your basic body functioning (Autonomic Nervous System), which often gets overstressed. For most people suffering from anxiety or under stress, it is very difficult to relax – for 2 main reasons: (1) they (think they) don't have the time; and (2) they are so stressed (full of stress hormones) that they just cannot relax easily. It is therefore necessary to 'build-in' a programme of relaxation (ideally once or twice a day for 20 minutes) and this should be done sometime after you have done your exercise routine. The many various relaxation techniques that we look at in a moment all have their own claimants: visualization, relaxation, prayer, humour, biofeedback, tai chi, massage and meditation are some of the choices. Most carry a significant feature: increased self-awareness.

Increased Self-Awareness: There is another method of 'tapping' into the body's own resources: through increased self-awareness, especially related to your anxiety. This is also method that can be applied to many different conditions. For anxious people, it is particularly effective. In Anxiety Management courses, promoted by various departments of various NHS Trusts, one of the first 'techniques' is to look at different forms of breathing, relaxation & imagination exercises. These all carry self-awareness as an essential component.

There are many other different ways to relax; here are several suggestions:

- **Progressive Relaxation:** You can get tapes or CD's of (usually) Progressive Relaxation exercises that tell you how first to tense, then to relax, all the various sets of muscles in your body. As you do this, you progressively relax more and more.
- **Autogenic Therapy:** I often teach people the principles of a form of Autogenic Therapy, a form of relaxation that was designed for people with hypertension, and works using a script and an image for the various parts of the body. The advantage of learning something like this system is that you can do it anywhere and without any special equipment. You can get a book that teaches you, or there are special therapists (in Edinburgh).
- **Music:** Certain types of music are very soothing and relaxing: Mozart, Chopin, some Bach, Boccherini, Albinoni, etc. Try to get some CDs or tapes and listen to these in the car, or at home, instead of the radio. Alternatively tune your car radio to Radio 3 or Classic FM rather than the news or pop music.
- **Warm Water:** This is very relaxing. Go for Radox-type baths, a nice long soak in the bath with a candle and some background music. Or get yourself to the nearest jacuzzi, maybe even in your lunch hour. Hydrotherapy is also a very well-established relaxation treatment.
- **Massage** is also an excellent form of relaxation. It does not particularly matter what type of massage, but aroma-therapy massages are now quite popular and fairly readily available. They will usually cost between £20-30 but it is an excellent investment to kick-start you into a better pattern of relaxation and self-care. Ask your partner for a foot-massage as you watch TV together. Sometimes a bit of self-massage helps: first do the scalp; then the back of the neck; then one shoulder after another; then those tense muscles at the top of the chest towards the shoulder; and then those by the collar bones; can all be massaged by yourself, taking only a minute or two, whilst at work, and without any embarrassment.
- **Breaks** are also important. You have scheduled tea-breaks at work: so take them. Don't work on through. You should have a half-hour minimum lunch break, by law: take it. Get out of the office or workplace. Don't pass up on holidays, or time in lieu. If you work from home: take 5 minutes every hour – as a minimum – and a lunch break away from your work. Arrange for quality time away, mini-breaks, long weekends, or whatever. Anything less than this is basically counter-productive in the long term.
- **Reading**, watching films or TV, listening to music or the radio, can also be very relaxing – in relatively small doses. It is best to have a regular routine and stick to it: reading the paper on the way to work; or watching the news or a favourite TV show at a set time.

GENERAL ANXIETY DISORDER

So far we have been discussing general levels of anxiety and what can be done with them. However, a few people suffer from what is called 'General Anxiety Disorder' (GAD). They are affected by levels of **unrealistic** or **excessive** anxiety, and seem to worry about nearly everything. For example, they may have consistent worries about financial matters, even though their bank balance is perfectly healthy and there is no sign of any major debts; or they worry about their health, even though they have had a recent check-up and there is nothing wrong. Their level of anxiety is much higher and much more persistent.

There is more of a psychological basis to GAD and, whilst the symptoms of GAD seem to have no particular cause, they are more intense than reasonable. The symptoms include: chronic, exaggerated worry, restlessness, tension, and irritability, problems in concentration, difficulties in going to sleep, or remaining asleep. In addition to the psychological symptoms, people with GAD often experience some physical symptoms. These can include: trembling, headaches, dizzy spells, twitching, muscle tension, aches and pains, stomach upsets, sweating. Patients with GAD often feel anxious, shaky, easily upset, and often report that they feel on edge. They are sometimes even unaware of the levels of tension and anxiety that they experience: they seem to be able to 'blank' it out, as it is (or has been) such a part of their everyday existence.

Anxiety that is based on general levels of stress or depression (already described), or on a real situation, such as financial worries from having lost one's job, is not a sign of GAD. The essential feature of GAD is an unreasonable, persistent worry that is not related to any other source or anxiety. If someone is experiencing chronic or excessive worry about events that are quite unlikely to occur, there may be a cause for to consider that that person may be suffering from GAD.

The level of anxiety experienced by people with GAD is very difficult to control consciously, and can cause considerable complications in their daily life, at home, at work, and in social settings. Most people with GAD claim that they have felt anxious for most of their entire life, and other family members usually support this. The disorder can emerge during childhood or adolescence, however, onset of the disorder in an adult is also quite common. GAD is not a mental illness; it is a psychological disorder that can be relatively easily treated.

The current expert working hypothesis is that GAD is probably caused by a combination of both biological factors and fairly extreme life events. Many people with GAD have also suffered from other medical disorders at some point in their life. There seem to be some resultant changes in the brain chemistry of people with GAD, especially particular abnormalities in the levels of the neurotransmitter, [serotonin](#). There does not seem to be a specific genetic component, however anxious behaviour can easily be 'learnt' from being brought up by an anxious parent and this can sometimes 'condense' in adulthood into GAD.

Whilst general anxiety is among the most treatable of all mental disorders, and self-help techniques are very effective for this, treatment for GAD usually involves the use of some medication, especially in severe cases. The most commonly used anti-anxiety medications are the benzodiazepines such as: diazepam, alprazolam, or lorazepam. Other drugs, such as buspirone and antidepressants, can be helpful for some individuals with GAD. SSRI's and newer antidepressants also show some benefits. Antipsychotic drugs can be useful in severe cases.

If you think that you, or a member of your family, suffers from GAD, it is really important to consult your GP: don't just assume that because they seem anxious that they must have this 'GAD' thing, and therefore ... General levels of anxiety are very common; General Anxiety Disorder is not!

PHOBIAS

For some people, their levels of anxiety are even higher and are centred in one or two specific areas. Those people suffer from what are called ‘phobias’ and they experience irrational terror, dread or panic when confronted with the ‘feared’ object, situation, or activity. Many people who suffer from a phobia develop an overwhelming desire to avoid the source of fear, so that this desire (or fear) then interferes with their job, family life, and social relationships. The person experiencing the phobia may be able to recognise the irrational nature of the fear, but that doesn’t stop it, and they can’t really do anything about it. The level of anxiety caused by the phobia can become disruptive to the person's lifestyle as they start to avoid any situation where they might experience the fear. They become almost afraid of having the ‘fear’. Physical symptoms often accompany the intense anxiety of phobias and include blushing, profuse sweating, or trembling, as well as general symptoms of anxiety, including difficulty talking, nausea or other stomach discomforts.

Phobias can take different forms.

- **Specific phobias** relate to specific objects or situations such as flying, heights, needles, spiders or snakes. They are generally more common in women than in men, and tend to emerge during childhood. They are unfounded fears of particular objects or situations. Almost an unlimited number of objects or situations can bring on specific phobias. A diagnosis can be made if any exposure to the feared object or situation causes high levels of anxiety (often experienced as a panic attack).
- **Social phobia**, sometimes called ‘social anxiety disorder’, is a fear of being extremely embarrassed in front of other people. The most common social phobia is fear of public speaking, or of being in a public place and something embarrassing happening. People might have a persistent, intense, and chronic fear of being watched and judged by others, or of being embarrassed or humiliated by something they themselves do. Their fear may be so severe that it interferes with their work, or school, or other ordinary activities. They might worry for days or weeks in advance of a dreaded social situation. Social phobia can cause diminished self-esteem and depression. To try to reduce their anxiety and alleviate depression, people with social phobia might abuse alcohol or other drugs, which can then lead to addiction. Some people with social phobia may also have other anxiety disorders, such as panic disorder and [obsessive-compulsive disorder](#). About 4% of adults suffer from social phobia. Social phobia occurs twice as often in women as in men, although (unusually) a higher proportion of men seek help for this disorder. The disorder typically begins in childhood or early adolescence and rarely develops after age 25.
- **Agoraphobia** is the fear of being in a situation that might trigger a panic attack and from which it is difficult to escape. People who have severe agoraphobia become virtually housebound. Others avoid open spaces, standing in line, large shops, or being in a crowd.

Treatment of phobias

Various forms of treatment seem to be effective for the different phobias. These can include medication or a specific form of short-term psychotherapy called cognitive-behavioural therapy (CBT). CBT is particularly useful in treating phobias. When used for specific or social phobia, this treatment is based on a procedure known as ‘exposure therapy’, which involves helping people gradually to become more & more comfortable with the objects or situations that frighten them. Therapy can also include anxiety management training and ‘cognitive restructuring’ to help people identify their misperceptions. Supportive therapy such as group therapy, or couple or family therapy can help educate relatives about the disorder and some people with social phobia can benefit from social skills training. Phobias are very treatable, once diagnosed: as many as 90% of those who seek treatment for phobias will be able to resume normal activities following treatment. Recovery can happen after only a couple of months, but can take longer, depending on individual circumstances and the severity of the disorder.

PANIC ATTACKS

What Are They?

Panic attacks are quite common, occurring in about 25% of the population. They are one of the symptoms that accompany acute stress, post-traumatic shock, or sometimes agitated depression. They are slightly more common in people with asthma or diabetes, or if you have been taking stimulants (caffeine, amphetamines) or if you are withdrawing from tranquillisers.

The experience may be very frightening, but these attacks are not dangerous in themselves. They occur more frequently in women than men, yet also in healthy young adults. An attack can last for just a few seconds, or as long as an hour, or be experienced as a series of short attacks.

There is some evidence of an inherited potential. People who experience panic attacks also seem to be those who experience stress in their respiratory and cardiovascular system, rather than anywhere else. They can be affected by changes in hormone levels (as in menstruation or the menopause). There is also a strong connection to the levels of carbon dioxide CO₂ in the bloodstream.

They are defined by a sudden onset of intense apprehension, fear or terror accompanied by physical symptoms such as difficulty in breathing, dizziness, palpitations, chest pains, tingling sensations, shaking, sweating, and feelings of unreality.

What Happens?

The panic attack often involves quite strong **physical feelings** or body reactions such as feeling breathless, one's heart racing, feeling suffocated or smothered, sudden sweating, tingling feelings, hot or cold flushes, clammy hands, shaking or trembling, ringing in the ears, upset stomach, nausea, faintness or dizziness. The **emotional feelings** involved might be a sudden rush of intense fear, or the person feeling they are losing control, or that something awful might happen to them. The **thoughts** that accompany panic attacks often include; *"I am going mad," "I am going to die," "I am having a stroke or heart attack," "I am going to embarrass myself," "I'm not normal."*

Behaviours associated with panic attacks include: the inability to sit still, fidgeting, snapping at people, pacing up & down, having to leave the room suddenly, frequent yawning, or sighing.

Sometimes the fear of having another panic attack makes one limit one's actions and either avoid places where you might be likely to have one: busy shops, crowded places; or avoid doing certain things for the same reason; exerting yourself, being alone, going to the cinema, having an argument, etc. These are called **Avoidance Behaviours**. Sometimes these can build up so as really to constrain your life.

Panic attacks can last for a few seconds or can continue for a longish period leaving one feeling shaken, tense and exhausted. People can feel as if they are having a heart attack or stroke and, the first time one happens, they often call out their G.P. or an ambulance. Once you have been diagnosed as having panic attacks or panic disorder, this sort of medical intervention should not be necessary as there are a number of other things that you can do for yourself.

Panic attacks can sometimes be predicted, especially if they have happened to you in similar circumstances. Sometimes they are unpredictable, and within a few seconds you can be in a state of panic. Sometimes one can wake up suddenly from sleep in a state of panic, which is very frightening as there is no warning of an onset. The fear of dying during such night-time panics is quite common. A form of very shallow breathing called hyper-ventilation is also quite common.

The fear of having such a panic attack can be almost as bad as the panic itself. Avoidance behaviours are quite common. If you are interpreting things as dangerous or horrible, they may seem more so and then you are in a vicious spiral. However, don't panic! – Panic attacks **are** treatable. It **is** possible to reduce the frequency of panic attacks by addressing one's general levels of anxiety and stress. It **is** possible to control an actual panic attack by taking a few very simple measures. Persistent panic attacks can also be treated pharmacologically now.

WORKING WITH PANIC ATTACKS

If you experience reasonably frequent panic attacks, there are some things that you can do to reduce the likelihood of having them; to prevent one happening; or even to stop an actual attack.

Reduce The Related Problems:

Many people who have panic attacks find that they are generally overstressed. If the panic attacks are related to your general level of anxiety or stress, you **must** do something about this first. Aerobic exercise, relaxation tapes, meditation, and therapy can all be quite affective.

Some people have a drinking problem. The alcohol itself makes you more likely to have a panic attack; then you have a drink 'to steady your nerves' and so a spiral begins. Try to stop this: get some help. Depression can also cause panic attacks, so this needs to be addressed: either by self-help techniques, counselling or psychotherapy, or by medication, or by a combination of these.

Some people have experienced a severe trauma, which is still largely unresolved. This can also precipitate panic attacks. Counselling or psychotherapy is almost always recommended here.

Be More Aware:

It is really necessary to become more aware of when you might start to feel panicky, or start to get over agitated; then you can begin to do something about it earlier. Even if the onset of a panic attack seems to be almost immediate, there is nearly always a build-up, even if it is a short one. Set up a mental alarm bell: get friends or family to give you some feed-back; become more aware of the possible 'triggers' to a panic attack; there may be also background factors like lack of sleep; general stress levels; too low blood sugar; and situations where you feel less secure.

Remember:

Remember panic attacks are the body's normal reactions that have become exaggerated. There almost certainly isn't an emergency. Nothing worse will happen. Stay in charge. Accept the feelings you have and let them run through you – don't. Stay with the present – what is happening *now*. Don't run away, don't try to avoid the situation, or try to escape. Accept what feelings you have. Don't let them control you. Try not to fight the feelings of panic; float above them.

Do Something:

It is important to do something, just one action that triggers you back into being in charge, and being in control. This might be to apply a little pressure at the pressure point in your wrist; or to make a deep long out-breath; or just to sit down. Then consciously relax any tense muscles. Focus on basic relaxation techniques. Imagine the anxiety going down, bit by bit. The fact you have done something puts you back in control and the panic lessens. All this becomes easier and more effective each time you do it.

Gradually take yourself closer to, or more often into, the situations which tend to give you panic attacks: choose 'safe' times and ways to do this: discuss the situation and your fears first; practice; and then follow through on an agreed plan of action. This is called "graded practice."

Breathe Out:

In a panic attack, it is very common to struggle for the in-breath, or to have very high, short, fast breaths. It is important – indeed absolutely necessary – to breathe in gently and breathe out much more deeply in order to change the Oxygen and CO₂ balance in your blood stream. This should stop the attack in about 10-15 seconds. Breathe in just a little: then focus on the out-breath, and then the next in-breath will follow. Force the air out of your open mouth; imagine you are fogging some glass or blowing out lots of birthday candles; even try giving a little sigh with the out-breath. Then allow the breath to come back in, slowly and gently. Repeat this for a couple of times. It works! Practice it regularly. Then you will know how to cope in a panic attack. Some people recommend breathing in and out of your cupped hands: that might work as well.

SUGGESTIONS TO PREVENT PANIC ATTACKS

- ✓ Reduce your general levels of stress. There are a number of suggestions in these pages and in other pages in the parallel booklets on Depression and Stress.
- ✓ Take regular exercise and try to relax regularly as well. This dual combination of exercise and relaxation is one of the best 'stress-busters' known to both modern medicine and all humankind. It also helps to rebalance your Autonomic Nervous System.
- ✓ Avoid caffeine and fizzy drinks. Try to reduce levels of sugar, cigarettes and alcohol. Avoid other drugs and stimulants.
- ✓ See if you can find ways to express yourself better: you don't have to be assertive, just to be clear. Take a few moments to work out what you need to say, and then say it.
- ✓ Do not worry about having to – sit down, or leave the room, or leave the store – quite suddenly. Just make a simple statement of a few words, "*I am sorry, I just have to leave for a few moments. I'll be back a bit later.*" Grab your things and then get out.
- ✓ Develop various coping strategies: sit close to the door; use the acupressure points in your wrist (same as for travel sickness); be clear about your timing (so you know when you can leave).
- ✓ Try not to bottle up your emotions. Talk to a friend about how you are feeling, or another close family member, or give someone a ring, or write it down in your journal.
- ✓ Learn to breathe properly. Use your diaphragm (just below the ribs). Put one hand on your belly and one on your chest. Breathe in slowly (count to four): both hands should rise; belly and then chest. Breathe out slowly (count to four): both hands should fall; chest then belly. Focus on expelling the out-breath.
- ✓ Eat regularly – a little and often; drink 1.5 - 2.0 litres of water per day; avoid processed foods with high salt or sugar levels; avoid all fizzy drinks; keep your blood sugar levels stable.
- ✓ Join a local support group or an internet site for people with panic attacks: if there isn't one locally, start one up – and then tell your GP and other local doctors. You won't feel so isolated, alone, weird etc. and you can discuss strategies and share feelings.
- ✓ Listen to your feelings: these are different from your thoughts. Ignoring them can cause internal stress. Ask yourself: "*What do I feel about this?*" There may be several different feelings.
- ✓ Don't set yourself too high expectations; avoid too many "*should*" or "*must*" statements; don't try to be 'best'; consider the more realistic concept of "good enough".
- ✓ Learn a relaxation technique (like the Autogenic Technique) and practise it regularly. If that doesn't work for you, join a Tai Chi class, or try some Pilates or Yoga exercises.
- ✓ Use imagery and 'take yourself' to that ideal beach, or a meadow of flowers, or beside a mountain stream. Keep that image in the forefront of your mind as you relax.
- ✓ Challenge some of your negative thought patterns: "I can't do this" or "I can't stay here". "I am going mad" or "Something dreadful will happen." You can; you are not; and it won't. Only you can change these thought patterns – and they are not your thoughts, they are the "anxiety speaking". These thoughts are symptoms of your levels of anxiety.
- ✓ Try some positive thought forms, like affirmations. "I am calm and in control." "I have the power to change this." "I feel strong and positive."
- ✓ Become more aware of the signals, and counteract them earlier. If you feel an attack coming on, think positively, sit down, breathe more easily. Take a few minutes.
- ✓ Don't depend on others being there, reassuring you, or doing it for you. It is better to rely on yourself. You can cope. You can change this pattern. It is relatively easy. These techniques actually work.

RESOURCES

- Anxiety Disorder Resource Centre:** www.anxiety-uk.org A free resource centre for people with anxiety and anxiety disorders.
- Breathing Space Scotland:** www.breathingspacescotland.co.uk A good resources for information, advice, and sign-posting for various mental health issues and a range of related problems: financial and work issues, bereavement, pain, etc. The organisation also provides telephone support for sufferers.
- Doing Well:** www.doingwell.org.uk This website offers extensive advice and information on depression, its treatments, and how it is managed. There are some useful patient's stories and an opportunity to share your own experience. There is a self-assessment function and an emphasis on the management of depression.
- MIND:** www.mind.org.uk A national and excellent advocate for people with mental health issues giving information on and self-help about depression, mental health and related issues.

Edinburgh & Lothian Resources:

- Mental Health at Work:** www.mentalhealthatwork.info/links.htm
- Edspace:** Edinburgh & Lothian Mental Health Resources: www.edspace.co.uk Go to 'Links' page.
- MoodJuice:** www.moodjuice.scot.nhs.uk This NHS Forth Valley website has a number of downloadable documents containing information on how to cope with Anger, Anxiety, Depression, Panic Attacks, Bereavement, Post Traumatic Stress, Sleep Problems, etc. with lots of local contacts and further information.
- Lothian Psychological Interactive Network (L-PIN):** A series of downloadable self-help leaflets on common mental health problems from Lothian NHS: elpsych.org/self-help-leaflets

Self-Help Books:

- Brewer, Sarah (2000) *Simply Relax: The Beginner's Guide to Relaxation*. Duncan Baird.
- Burns, D. (2000) *The Feeling Good Handbook*. Plume.
- Butler, G. & Hope, T. (1995) *Manage Your Mind*. Oxford.
- Dryden, W. (2005) *Ten Steps to Positive Living*. Orient.
- Gilbert, P. (2000) *Overcoming Depression*. Constable & Robinson.
- Lowen A. & Lowen L. (1977) *The Way to Vibrant Health: A manual of Bioenergetic exercises*. Harper.
- Rowe, D. (1996) *Depression: The Way Out Of Your Prison*. Brunner-Routledge.
- Servan-Schreiber, David (2004) *Healing without Freud or Prozac: Natural approaches to curing stress, anxiety & depression without drug and without psychoanalysis*. Rodale.
- Shealy, C Norman. (1977) *90 Days to Self-Health - Biogenics: How to control all types of stress by yourself through a complete health program of Autogenics, diet, vitamins and exercise*. The Dial Press.
- Various: **Understanding** Series: (Mind Publications); **Mental Illness** (The Health of the Nation: BAPS) **University of Abertay, Dundee** Counselling Service leaflets4; **NHS Borders: Doing Well** series; **MoodJuice** ... and many others
- Williams, C. (2002) *Overcoming depression: a five areas approach*. Arnold. (Workbook 2 Practical Problem Solving)
- Worwood, V.A. (1997) *The Fragrant Mind: Aromatherapy for Personality, Mind, Mood & Emotion*. Bantam. ISBN: 0553407996 (Introduction to Aromatherapy)
- Young, C. (2010) *Help Yourself Towards Mental Health*. Karnac Books. ISBN: 1855754746

National Organisations & Help Lines:

- MIND** Info Line, PO Box 277, Manchester, M60 3XN. Tel: 0845-766-0163
- The Samaritans** The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF. Tel: 0208-394-8300: 24-hr 08457-90-90-90
- CRUSE** Bereavement Care, 126 Sheen Road, Richmond, Surrey, TW9 1UR. Tel: 0208-939-9530
- Compassionate Friends**, 53 North Street, Bristol BS3 1EN Tel: 0117-966-5202
- SANE**, Cityside House, #1, 40 Adler St., London E1 1EE Tel: 0207-375-1002: Help-Line 0845-767-8000
- NHS Help Line** Tel: 0800-22-44-88