Anxiety disorders

An information guide

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Library and Archives Canada Cataloguing in Publication

Title: Anxiety disorders : an information guide / Neil A. Rector, PhD, Danielle Bourdeau, MD, Kate Kitchen, MSW, Linda Joseph-Massiah, RN, PhD, Judith M. Laposa, PhD.

Names: Rector, Neil A., author. | Bourdeau, Danielle, author. | Kitchen, Kate (Social worker), author. | Joseph-Massiah, Linda, author. | Laposa, Judith Megan, 1976- author. | Centre for Addiction and Mental Health, publisher.

Description: Includes bibliographical references.

Identifiers: Canadiana (print) 20230486169 | Canadiana (ebook) 20230486215

ISBN 9781771144605 (softcover) | ISBN 9781771144629 (html) | ISBN 9781771144612 (pdf)

Subjects: LCSH: Anxiety disorders—Popular works. | LCSH: Anxiety—Popular works. | LCSH: Anxiety disorders—Patients—Family relationships—Popular works.

Classification: LCC RC531 .R42 2023 | DDC 616.85/22—dc23

Printed in Canada

This publication may be available in other formats. For information about alternate formats or other CAMH publications, or to place an order, please contact CAMH Publications:
Toll-free: 1 800 661-1111
Toronto: 416 595-6059
E-mail: publications@camh.ca
Online store: http://store.camh.ca
Website: www.camh.ca

Disponible en français sous le titre :
Les troubles anxieux : Guide d'Information

7004a / 01-2024 / PMI21

This guide was produced by CAMH Education
Development: Alexxa Abi-Jaoudé, CAMH
Editorial: Laura Pastore, CAMH
Graphic design: Leonard Wyma, Donderdag
Print production: Sandra Booth, CAMH

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Acknowledgments

We would like to thank the people who shared their experiences with anxiety with us, and the people with anxiety disorders, family members and mental health professionals who reviewed earlier drafts of this guide to help shape this final version. We would also like to thank our clinical reviewers Gwyneth Zai, MD, FRCP(C), PhD, and Stefan Kloiber, MD, and education specialist Rosalicia Rondon.

Introduction

This guide is for people with anxiety disorders, their families, partners, friends and anyone else who is interested.

The many aspects of anxiety disorders covered in this book will answer some common questions and help readers discuss anxiety disorders with treatment providers.

A NOTE ABOUT LANGUAGE

People use different terms to refer to similar subjects. For simplicity and consistency, the following terms will be used in this information guide:

- *Mental health problems*: this refers to diagnosed disorders and symptoms of undiagnosed mental illnesses.
- *Substance use problems*: this refers to the problematic use (i.e., causing harm to oneself or others) of substances such as cigarettes, alcohol, cannabis, unregulated drugs, prescription drugs, inhalants and solvents.
- *Family members*: this refers to any person or group of people that someone identifies as belonging to their family or significant circle of support.

1 Anxiety and anxiety disorders

Everyone feels anxiety from time to time. Few people get through a week without some anxious tension or a feeling that something is not going to go well. We may feel anxiety when we're facing an important event, such as an exam or job interview, or when we perceive some threat or danger, such as waking to strange sounds in the night. However, such everyday anxiety is generally occasional, mild and brief, while a person with an anxiety disorder feels anxious more frequently, more intensely and sometimes for hours or even days.

Anxiety disorders are common. Research shows that one in three adults will have an anxiety disorder in their lifetime (Bandelow & Michaelis, 2015). Anxiety disorders are the most common mental health problem in women and are second only to substance use disorders in men. Anxiety disorders can make it hard for people to work or study, to manage daily tasks and to relate to others, and they can often cause a person to experience financial strain and personal suffering.

Anxiety disorders are treatable, and early intervention can help to ensure treatment success. People often live with anxiety disorders for years before they are diagnosed and treated. If you suspect that

you have an anxiety disorder, it is important to seek professional treatment as soon as possible.

The main categories of anxiety disorders are specific phobias, panic disorder, agoraphobia, generalized anxiety disorder, social anxiety disorder, selective mutism and separation anxiety disorder (American Psychiatric Association [APA], 2013).

Each of these anxiety disorders is distinct in some ways, but they all share the following features:

- irrational and excessive fear
- apprehensive and tense feelings
- difficulty managing daily tasks and/or distress related to these tasks.

In the following examples, Susan and John[1] show these common characteristics, although the precise nature of their fears differ.

Susan has had recurrent and unexpected panic attacks for the past five years:

> *It started on a night when I was driving home in the rain. I began to feel shaky and dizzy and had trouble focusing. At first, I thought it was something that I had eaten earlier, but then my mind started to drift, and I thought, "What if I pass out?" and "What if I'm dying?" I started to shake all over, and it was as if my entire body was wired. I quickly pulled the car over and called my daughter to come and get me. Since then, I've had dozens and dozens of these attacks. At first, the attacks occurred just when I was driving, but now I experience them in shopping malls, standing in line-ups and even on the bus. It seems as if I spend most of my day worrying and waiting for the next attack.*

1 All names and identifying details have been changed.

John describes a lifelong pattern of being excessively shy and fearing embarrassment in social situations:

> *For as long as I can remember, and as far back as when I was seven years old, I hated being the centre of attention. In class, I tried to remain as invisible as possible, praying that the teacher would not call upon me to answer a question. When it was my turn to make presentations, I wouldn't sleep for a week, worrying that I would forget what I was supposed to say, stumble over my words and look completely stupid. It's as if nothing's changed: now at work I dread having to attend meetings, meet with the boss, have lunch with colleagues and, the worst, give monthly reports to the team. I'm pretty sure everyone knows how uncomfortable I am, and they all probably think I look weird and sound stupid.*

To better understand the nature of anxiety disorders such as those experienced by Susan and John, we need to first explore the nature of "normal" anxiety. Later in this chapter, we'll describe the key fears and components of each major anxiety disorder.

What is normal anxiety?

A certain amount of anxiety is normal and necessary; it can lead you to act on your concerns and can protect you from harm. In some situations, anxiety can even be essential to your survival.

For example, if you were standing at the edge of a curb and a car swerved toward you, you would immediately perceive danger, feel alarm and jump back to avoid the car. This normal anxiety response is called the "fight or flight" response.

When we feel danger or think that danger is about to occur, the brain sends a message to the nervous system, which responds by releasing adrenaline. Increased adrenaline causes us to feel alert and energetic and gives us a spurt of strength, preparing us to attack (fight) or escape to safety (flight). Increased adrenaline can also have unpleasant side-effects. These can include feeling nervous, tense, dizzy, sweaty, shaky or breathless. Such effects can be disturbing, but they are not harmful to the body and generally do not last long.

How does anxiety affect us?

Whenever the fight or flight response is activated by danger, either real or perceived, it leads to changes in three "systems of functioning": the way you think (cognitive), the way your body feels and works (physical) and the way you act (behavioural). How much these three systems change depends on the person and the context.

- **Cognitive:** Attention shifts immediately and automatically to the potential threat. The effect on a person's thinking can range from mild worry to extreme terror.
- **Physical:** Effects include heart palpitations or increased heart rate, shallow breathing, trembling or shaking, sweating, dizziness or lightheadedness, feeling "weak in the knees," freezing, muscle tension, shortness of breath and nausea.
- **Behavioural:** People engage in certain activities and refrain from others as a way to protect themselves from anxiety (e.g., taking self-defence classes or avoiding certain streets after dark).

It is important to recognize that the cognitive, physical and behavioural response systems of anxiety often change together. For instance, if you are worried about your finances (cognitive), you are likely to feel on edge and nervous (physical) and may spend quite a bit of time checking your household budget and investments (behavioural). Or if you're preparing for an important exam, you may worry about doing your best (cognitive), feel tense and maybe even have "butterflies" (physical) and initially avoid studying and then cram at the last minute (behavioural).

It's important to remember that anxiety is:
- *normal* and experienced by every living organism
- *necessary* for survival and adaptation
- *not harmful* or *dangerous*
- typically *short-lived*
- sometimes *useful* for performance (at low or moderate levels).

When is anxiety a problem?

Everyone experiences symptoms of anxiety, but they are generally occasional and short-lived and do not cause problems. But when the cognitive, physical and behavioural symptoms of anxiety are persistent and severe, and anxiety causes enough distress in a person's life that it negatively affects his or her ability to work or study, socialize and manage daily tasks, it may be beyond normal range.

The following examples of anxiety symptoms may indicate an anxiety disorder if they impair life functioning:
- **Cognitive:** anxious thoughts (e.g., "*I'm losing control*"), anxious predictions (e.g., "*I'm going to fumble my words and humiliate myself*") and anxious beliefs (e.g., "*Only weak people get anxious*")

- **Physical:** excessive physical reactions relative to the context (e.g., heart racing and feeling short of breath while among crowds at a mall) that may be mistaken for symptoms of a physical illness, such as a heart attack
- **Behavioural:** avoidance of feared situations (e.g., driving), avoidance of activities that elicit sensations similar to those experienced when anxious (e.g., exercise), subtle avoidances (e.g., behaviours that aim to distract the person, such as talking more during periods of anxiety) and safety behaviours (e.g., habits to minimize anxiety and feel "safer," such as always having a cell phone on hand to call for help).

Several factors determine whether the anxiety warrants the attention of mental health professionals, including:

- the degree of distress caused by the anxiety symptoms
- the effect anxiety symptoms have on a person's ability to work or study, socialize and manage daily tasks
- the context in which the anxiety occurs.

What are the anxiety disorders?

An anxiety disorder may make people feel anxious most of the time or for brief intense episodes, which may occur for no clear reason. People with anxiety disorders may have anxious feelings that are so uncomfortable that they avoid daily routines and activities that might cause these feelings. Some people have occasional anxiety attacks so intense that they are terrified or unable to move.

People with anxiety disorders are usually aware of the irrational and excessive nature of their fears. During treatment, many say, "*I know my fears are unreasonable, but I just can't seem to stop them.*"

The major categories of anxiety disorders are classified according to the focus of the anxiety. A brief description of each is given below, based on the diagnostic criteria outlined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013). Although each anxiety disorder can have many different symptoms, one representative example has been chosen to show the typical cognitive, physical and behavioural symptoms of each disorder.

CHANGES IN WHAT IS CLASSIFIED AS AN ANXIETY DISORDER

In 2013, the DSM-5 replaced the DSM-IV. In the DSM-5, separation anxiety disorder and selective mutism are included in the anxiety disorder category, and obsessive-compulsive disorder (OCD), agoraphobia without a history of panic disorder, acute stress disorder and posttraumatic stress disorder (PTSD) are no longer classified as anxiety disorders, as they were in the DSM-IV. OCD is now found in the obsessive-compulsive and related disorders category, and PTSD and acute stress disorder are found under the trauma and stressor-related disorders category.

Although OCD, acute stress disorder and PTSD are no longer classified as anxiety disorders in the DSM-5, the information provided in this guide on cognitive-behavioural therapy, recovery, relapse prevention and considerations for families still applies to these diagnoses.

PANIC DISORDER

Panic disorder involves recurrent, unexpected panic attacks (e.g., heart palpitations, sweating, trembling) followed by at least one month of:

a) persistent concern about having another panic attack or the consequences of a panic attack (e.g., having a heart attack), and/or
b) significant behaviour changes related to the attacks (e.g., avoiding exercise or places for fear of having a panic attack) (APA, 2013).

Panic attacks may be accompanied by agoraphobia (see next category of anxiety disorder).

Examples of symptoms

COGNITIVE

- *"I'm having a heart attack."*
- *"I'm suffocating."*

PHYSICAL

- accelerated heart rate
- chest pain or discomfort
- dizziness, nausea
- trembling or shaking
- shortness of breath

BEHAVIOURAL

- avoidance of places where the person had anxiety symptoms in the past (e.g., a certain grocery store) or similar places (e.g., all grocery stores)
- avoidance of travel, crowds, line-ups
- avoidance of strenuous activities (e.g., exercise)

AGORAPHOBIA

Agoraphobia involves marked anxiety for at least six months in at least two of the following five situations:

- using public transportation

- being in open spaces
- being in enclosed places
- standing in line or being in a crowd
- being alone away from home.

People with agoraphobia avoid these situations or endure them with distress. The main concern in these situations is that it would be hard to escape or that others would not be able to help if the person had panic symptoms (APA, 2013).

Examples of symptoms

COGNITIVE

- *"I'm going to be trapped."*
- *"No one will be able to help me."*

PHYSICAL

- accelerated heart rate
- shortness of breath

BEHAVIOURAL

- avoidance of public transportation, open spaces, enclosed places, being out of the house alone, standing in lines and/or being in crowds
- requiring the presence of a companion in situations or places related to the anxiety

SPECIFIC PHOBIA

A specific phobia involves a "marked fear or anxiety about a specific object or situation" (APA, 2013, p. 197). There are five subtypes of specific phobia:

- animal type, such as fear of mice or spiders
- natural environment type, such as fear of storms or heights

- blood-injection-injury type, such as fear of seeing blood or receiving an injection
- situational type, such as fear of public transportation, elevators or enclosed spaces
- other type, such as fear of choking or vomiting.

Examples of symptoms

COGNITIVE

- "*This plane will crash.*"
- "*The dog will bite me.*"

PHYSICAL

- sweating
- muscle tension
- dizziness

BEHAVIOURAL

- avoidance of air travel
- need to escape

SOCIAL ANXIETY DISORDER

Social anxiety disorder (also known as social phobia) involves a "marked fear or anxiety about social situations in which the person may be exposed to possible scrutiny by others" that lasts at least six months (APA, 2013, p. 202). Fears might be associated with most social situations related to public performance or social interactions, such as participating in small groups, meeting strangers, dating or playing sports.

Examples of symptoms

COGNITIVE

- "*I'll look anxious and stupid.*"
- "*People will think I'm weird.*"

PHYSICAL

- blushing
- sweating
- dry mouth

BEHAVIOURAL

- avoidance of social gatherings, parties, meetings
- avoidance of public speaking

GENERALIZED ANXIETY DISORDER

Generalized anxiety disorder (GAD) involves "excessive anxiety and worry, occurring more days than not for at least six months, about a number of events or activities (such as work or school performance)" (APA, 2013, p. 222). GAD is characterized by difficulty in controlling worry and at least three associated physical symptoms (e.g., muscle tension, sleep difficulties, trouble concentrating).

Examples of symptoms

COGNITIVE

- "*Something's going to go wrong.*"
- "*This worry is going to make me sick.*"
- "*I need to be sure nothing bad is going to happen.*"

PHYSICAL

- muscle tension
- feeling keyed up or on edge
- restlessness, irritability
- sleep disturbance

BEHAVIOURAL

- avoidance of news, newspapers
- restricted activities due to excessive worries about what could happen
- excessive reassurance-seeking or over-preparing

SEPARATION ANXIETY DISORDER

Separation anxiety disorder involves excessive fear and/or anxiety about being separated from home or from a person or people that is not appropriate to the person's age or development. The fear, anxiety or avoidance occurs for at least one month in children or adolescents and at least six months in adults (APA, 2013).

Examples of symptoms

COGNITIVE

- *"Something bad will happen to person X if we are not together."*
- *"Some event [e.g., getting lost or sick] will take me away from person X."*

PHYSICAL

- headache
- stomach ache
- vomiting

BEHAVIOURAL

- reluctance or refusal to go out, for fear of separation
- avoidance of being alone or without person X
- refusal to sleep if person X is not nearby

SELECTIVE MUTISM

Selective mutism involves consistently not speaking "in specific situations where there is an expectation for speaking (e.g., at school), despite speaking in other situations" (APA, 2013, p. 195). It occurs for at least a month (longer than a month if that time period includes the first month of school) and often interferes with academic achievement. It often co-exists with shyness and/or social phobia.

Examples of symptoms

COGNITIVE

- *"I wish school was shorter."*
- *"What will they think of me?"*

PHYSICAL

- stomach ache
- racing heart
- shortness of breath

BEHAVIOURAL

- not speaking in many social situations
- speaking only in the presence of immediate family
- refusing to go to school
- difficulty making eye contact

2 What causes anxiety disorders?

There are no clear-cut answers as to why some people develop an anxiety disorder, although research suggests that a number of factors may be involved. Like most mental health problems, anxiety disorders appear to be caused by a combination of psychological factors, biological factors, societal factors and challenging life experiences, including:

- stressful or traumatic life events
- a family history of anxiety disorders
- childhood development issues
- alcohol, medications or illegal substances
- other medical or psychiatric problems.

Psychological factors

There are two main theories that explain the psychological influences on anxiety disorders: *cognitive theory*, which considers a person's tendency to overestimate the potential for danger, and *behavioural theory*, which looks at the relationship between one's anxiety symptoms and previous experiences. The ideas expressed by these theories help us to understand cognitive-behavioural therapy, which will be outlined in the next chapter. A third way

of looking at the psychological causes of anxiety is the *developmental theory*, which examines what a person learned as a child to understand their experience of anxiety as an adult.

COGNITIVE THEORY

Danger is a part of life. To protect us, evolution has genetically prepared us to fear danger. We know to avoid vicious animals and to be careful at great heights. Cognitive theory suggests, however, that people with anxiety disorders are prone to overestimate danger and its potential consequences. For example, people may overestimate the danger of particular animals, such as spiders or snakes, and thus believe that harm from that animal is far greater and more common than it actually is. Thinking of the worst possible scenario, they may imagine that a snake will bite and poison them, when in reality the snake is completely harmless. This is known as *catastrophizing* and is common among people with anxiety disorders.

People who overestimate danger tend to avoid situations that might expose them to their fears. For example, a person who fears flying will avoid trips that require air travel. Such behaviours are referred to as *anxious avoidance*. *Safety behaviours*, however, are subtle forms of avoidance that briefly allow a person to feel less anxiety in that moment. For example, a person who experiences anxiety in social situations may avoid making direct eye contact with someone (versus not talking whatsoever). However, when feared situations are avoided, the fears are strengthened. Cognitive theory suggests that fears can be reduced when people are able to experience the thing that they fear, allowing them to see that it is not as dangerous as they once believed.

BEHAVIOURAL THEORY

Behavioural theory suggests that people learn to relate the fear felt during a stressful or traumatic life event with certain cues, such as a place, a sound or a feeling. When the cues reoccur, the person re-experiences the fear. Once the association between the fear and the cue is learned, it is automatic, immediate and out of conscious control. The fear is felt before there is time to tell if danger is near. Such cues may be *external* or *internal*.

An example of an external cue is a certain smell that occurred at the time of the stressful event. When this smell occurs again, even at a time when there is no danger present, the person is reminded of the event and becomes fearful. Internal cues, such as a rapid heart rate, may also provoke fear. If a person's heart raced during an actual threat, when the person's heart beats rapidly during a workout routine at a later time, they may become fearful.

People with anxiety disorders may go to extreme lengths to avoid such cues. The original cues may even generalize to other similar cues, such as a bad encounter with a bulldog leading to the avoidance of all dogs. When people avoid such cues, they may feel more secure, but in the long run, these avoidance behaviours actually increase the anxiety associated with the cues. Avoidance prevents the person from "unlearning" the association, which can only be done when the person is exposed to such cues in a safe situation.

Developmental theory

According to developmental theory, the way in which children learn to predict and interpret life events contributes to the amount of anxiety they experience later in life. The amount of control people feel over their own lives is strongly related to the amount of anxiety they experience. A person's sense of control can range from confidence that whatever happens is entirely in their hands to feeling complete uncertainty and helplessness over upcoming

life events. People who feel that life is out of their control are likely to feel more fear and anxiety. For example, these people may feel that no amount of preparation or qualifications will give them any control over the outcome of an upcoming job interview, and they arrive at the interview fearing rejection.

Biological factors

The biological causes and effects of anxiety disorders include problems with brain chemistry and brain activity, genetics, and medical, psychiatric and substance use problems.

REGULATION OF BRAIN CHEMISTRY

Research has revealed a link between anxiety and problems with the regulation of various neurotransmitters (i.e., the brain's chemical messengers that carry signals between brain cells). Three major neurotransmitters are involved in anxiety: serotonin, norepinephrine and gamma-aminobutyric acid (GABA).

Serotonin

Serotonin plays a role in the regulation of mood, aggression, impulses, sleep, appetite, body temperature and pain. A number of medications used to treat anxiety disorders raise the level of serotonin available to transmit messages.

Norepinephrine

Norepinephrine is involved in the fight or flight response and in the regulation of sleep, mood and blood pressure. Acute stress increases the release of norepinephrine. In people with anxiety disorders, especially those with panic disorder, the system controlling the release of norepinephrine appears to be poorly regulated. Some medications help to stabilize the amount of norepinephrine available to transmit messages.

GABA

GABA plays a role in helping to induce relaxation and sleep and in preventing overexcitement. Medications known as benzodiazepines enhance the activity of GABA, producing a calming effect.

CHANGES IN BRAIN ACTIVITY

Modern brain-imaging techniques have allowed researchers to study the activity of specific areas of the brain in people with anxiety disorders. Such studies have found:

- abnormalities in cerebral blood flow and metabolism, and structural anomalies (e.g., less brain cells) in the frontal, occipital and temporal lobes of the brain (Mathew, 1994)
- that serotonin, norepinephrine and GABA activity in the limbic system, which controls memory and anxiety and fear responses, likely contributes to anxiety about the future (Martin et al., 2009)
- that activity in the locus coeruleus (which contains a high number of norepinephrine neurons) and the median raphe nucleus (which has a high number of serotonin neurons) appears to be involved in the production of panic attacks (Morris et al., 2020)
- that activity in the norepinephrine systems in the body and the brain produces physical symptoms of anxiety, such as blushing, sweating and palpitations, which may cause people to become alarmed; these systems have also been linked to the production of flashbacks in people with posttraumatic stress disorder (Pan et al., 2018; Sherin & Nemeroff, 2011).

GENETIC FACTORS

Research confirms that genetic factors play a role in the development of anxiety disorders. People are more likely to have an anxiety disorder if they have a relative who also has an anxiety disorder.

MEDICAL FACTORS

Alcohol, medications and illegal substances

Substance use may induce anxiety symptoms, either while the person is intoxicated or when the person is in withdrawal. The substances most often associated with generalized anxiety or panic symptoms are stimulants, including caffeine, illegal drugs such as cocaine, and prescription drugs such as methylphenidate (e.g., Ritalin).

Medical conditions

A range of medical conditions can cause anxiety symptoms and result in anxiety disorders. For example, both panic and generalized anxiety symptoms can result from medical conditions, especially those of the glands, heart, lungs or brain. Most often, treatment of the medical condition reduces symptoms of anxiety.

Psychiatric conditions

People with other mental health problems often also have symptoms of anxiety. Sometimes the symptoms of other disorders, such as depression or psychosis, heighten a person's anxiety. In such cases, the person may not be diagnosed as having an anxiety disorder.

People who are diagnosed with an anxiety disorder may also have other mental health problems; most often, these are other types of anxiety disorders, substance use disorders or depression.

It is particularly concerning when depression occurs in someone with an anxiety disorder, since these two problems in combination increase the person's risk for suicide. Most often, the anxiety disorder comes first, and as the person's ability to function decreases due to the anxiety disorder, depression also sets in. Importantly, there are well established and effective treatments for both anxiety and depressive disorders, and when an anxiety disorder is treated, depression symptoms also typically decrease.

OTHER FACTORS

Studies show that people who are anxious tend to have an irregular pattern of breathing, alternating from hyperventilation to holding their breath. This pattern of breathing contributes to further symptoms (e.g., lightheadedness, dizziness and possibly fainting) and increases the feelings of anxiety.

Societal factors

Societal factors refer to the social and environmental factors that a person is exposed to, as well as their relationship to their environment and the structures and people within it, such as:

- personal connections (e.g., between family and friends)
- communities, both local and large scale
- organizations and social institutions (e.g., healthcare, justice system).

Societal factors affect many aspects of life, including interactions with the health and justice systems, education, career opportunities, travel, recreation and daily activities, such as grocery shopping or walking through a neighbourhood.

Another societal factor that can affect a person's mental health is their social determinants of health, which are the nonmedical factors that can influence one's mental health, such as gender, race, income, education, sexual orientation, immigration or refugee status, unemployment and job insecurity, housing and food insecurity. These factors can affect a person's access to timely, appropriate and high-quality healthcare. They can also influence the way a person is treated while receiving care and the outcome of the care provided.

3 Treatments for individuals with anxiety disorders

Experts agree that the most effective form of psychological treatment for anxiety disorders is disorder-specific cognitive-behavioural therapy (CBT). Medications have also been proven effective, and many people receive CBT and use medication in combination.

Cognitive-behavioural therapy

CBT is a brief, problem-focused approach to treatment based on the cognitive (i.e., the way we think) and behavioural (i.e., the way we act) aspects of anxiety disorders. Since the way a person thinks can affect how they feel and behave, the aim of CBT is to help a person develop healthier ways of thinking, which can then lead to a change in their feelings and behaviours.

Typically, CBT consists of 12 to 15 weekly one-hour sessions if the person with the anxiety disorder is working one on one with a therapist, or two-hour sessions if the treatment is in a group setting. In the initial sessions, a therapist works with the person with the anxiety disorder to understand their problems. The person's anxiety symptoms are assessed within a cognitive-behavioural

framework (i.e., the links between thoughts, feelings and behaviours), and the goals and tasks of therapy are established. As the therapy progresses, the person is assigned behavioural and cognitive tasks to help learn skills to reduce anxiety symptoms. As the symptoms improve, the therapist also focuses on underlying issues that may pose a risk for *relapse*, a term used to describe the return of symptoms.

Practice assignments between sessions are an essential part of CBT and can include facing a feared situation alone, recording thoughts and feelings in different anxiety-provoking situations or reading relevant material.

Following treatment, therapists often schedule less frequent "booster" sessions.

WHAT DOES CBT INVOLVE?

Cognitive behavioural therapy focuses on the here-and-now — on the problems that come up in day-to-day life. CBT helps people examine how they make sense of what is happening around them and how these perceptions affect the way they feel. What happens during CBT is described in *Cognitive Behavioural Therapy: An Information Guide* as the following:

> In CBT, you learn to identify, question and change the thoughts, attitudes, beliefs and assumptions related to your problematic emotional and behavioural reactions to certain kinds of situations.
>
> By monitoring and recording your thoughts during situations that lead to emotional upset, you learn that the way you think can contribute to emotional problems such as depression and anxiety.
>
> In CBT, you learn to reduce these emotional problems by:
> - identifying distortions in your thinking
> - seeing thoughts as ideas about what is going on rather than as facts
> - "standing back" from your thinking to consider situations from different viewpoints.
>
> For CBT to be effective, you must be open and willing to discuss your thoughts, beliefs and behaviours and to participate in exercises during sessions. For best results, you must also be willing to do homework between sessions (Rector, 2010, p. 3).

For people with anxiety disorders, an important part of CBT is helping to identify, question and correct their tendencies to overestimate danger and their perceived inability to cope with danger. In combination with exposure therapy, which involves gradually exposing the person, either directly or through the person's imagination, to situations that trigger their anxiety, cognitive strategies are developed to help people recognize that their thoughts, attitudes, beliefs and judgements can generate and maintain anxious states.

For example, people who fear dogs may use an earlier experience of a single dog bite to have the misguided belief that all dogs are dangerous, and people who experience panic attacks are likely to overestimate the likelihood of, or the threat associated with, having another panic attack in a mall. People with social phobia tend to overestimate the degree to which they are going to make social mistakes and subsequently be judged and ridiculed.

With repeated practice in therapy and then at home, people with anxiety disorders develop skills that allow them to recognize anxiety-related thoughts and beliefs, identify common distortions in their thinking, examine the evidence that supports and does not support their fears and develop less threatening responses to the feared object or situation.

Cognitive restructuring exercises (i.e., a therapeutic process that helps the client discover, challenge and modify or replace their negative, irrational thoughts) are also introduced to help the person recognize why behavioural avoidance, reassurance-seeking behaviours and "safety" behaviours (e.g., carrying anti-anxiety medication at all times, "just in case") are unhelpful long-term strategies.

CBT is effective for all types of anxiety disorders. Most people's symptoms significantly reduce, and they stay well after the treatment ends. Given the success of this therapy and its ability to reduce relapse, CBT is established as the first-choice psychological treatment for anxiety disorders and should be offered to all people with anxiety disorders. Step-by-step workbooks are available for each anxiety disorder. (See the Suggested Reading list on page 53 for recommended titles.)

Medication options

Research has shown that people with anxiety disorders often benefit from medications that affect various brain chemicals, particularly serotonin, norepinephrine and GABA. Medications can help reduce symptoms of anxiety, especially when combined with CBT.

The main medications used to treat anxiety are selective serotonin reuptake inhibitors (SSRIs), serotonin and norepinephrine reuptake inhibitors (SNRIs) and benzodiazepines (BZDs). SSRIs and SNRIs belong to a class of drugs called antidepressants, which are commonly prescribed to treat anxiety disorders.

Doctors treating anxiety disorders will usually prescribe an SSRI or an SNRI. Research indicates that these medications help reduce the symptoms of anxiety for about 70 per cent of the people who take them. For those who do not benefit from taking an SSRI or SNRI, other drug treatments can provide relief. In some cases, specific symptoms of anxiety may be addressed with other medications, which can be taken in addition to an SSRI or SNRI.

ANTIDEPRESSANTS

Antidepressants are usually the first medication prescribed to treat anxiety disorders. These medications are safe, effective and non-addictive, and they have not been shown to have any significant long-term effects. The drawback of antidepressants is that they can have side-effects. For most people, the side-effects are mild and short-lived, which are easy trade-offs for the benefits of the medication. For others, the side-effects might be more troubling. People often experience the side-effects of an antidepressant within the first few weeks of treatment, before they can experience its benefits.

While SSRIs and SNRIs are the most commonly prescribed antidepressants in the treatment of anxiety disorders, other classes of antidepressants, such as tricyclic and tetracyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs), are also effective. However, these drugs are not often a first choice for treatment, as TCAs tend to have more side-effects than SSRIs and SNRIs, and MAOIs require the people who take them to follow a special diet. Newer antidepressants are also available, but their effectiveness in treating anxiety disorders has not yet been established.

What's involved in trying antidepressants?

For best results, antidepressants should be taken regularly, generally once each day. As with all medications, antidepressants should be taken only as prescribed. Taking more or less than the prescribed amount can prevent medications from working and may even worsen some symptoms. Most doctors recommend starting at a low dose and then, if the person tolerates the medication well, slowly increasing the dose until the ideal dose is found. The ideal dose is one that provides the greatest benefit with minimum side-effects.

Once a person has begun taking an antidepressant, they should continue for a trial period of at least three months. This allows time for the dosage to be adjusted correctly, the initial side-effects to subside and the benefits of the drug to become clear. When these drugs work, the effects come on gradually.

Usually several weeks pass before any change in symptoms is noticed. Then, the anxiety is reduced and it is easier for people to work on changing the way they behave in response to anxiety. It is important to realize that although these medications can be of great help to some people, not all symptoms of anxiety will be relieved.

If a person sees no benefit from a particular antidepressant after a trial period of at least three months at an adequate dose, doctors often recommend that another antidepressant be tried. Some people respond well to one drug and not at all to another. If a person does not benefit from the first medication (e.g., an SSRI), a second choice would be another SSRI or an SNRI. It is not uncommon for someone to try two or three antidepressant drugs before finding the one that works best.

The question of whether or not to take an antidepressant while pregnant or nursing should be discussed with your doctor. In some cases, the benefits of the drug outweigh the possible risks of taking the drug and possible risks of untreated anxiety.

How long should a person take an antidepressant?

When the right antidepressant has been found, doctors usually advise taking the medication for at least six to 12 months. In some cases, the doctor may recommend taking the medication for several years, as there might be a greater risk of relapse if the medication is stopped. Even when taken for the long term, these medications are safe and non-addictive.

If a person begins to feel better and stops taking the medication too soon or too quickly, the risk of relapse increases. The decision to stop taking medication should only be made in consultation with a doctor. If a person wants to discontinue using medication, the following guidelines can help lower the risk of relapse:

- lower the dosage gradually by "tapering," or reducing, the medication over a period of time, possibly several weeks to months
- follow up regularly with a health care professional to help monitor the severity of any recurring symptoms of anxiety
- use the skills learned during CBT to control any symptoms of anxiety that may arise when medication is discontinued.

Side-effects of antidepressants

People who take antidepressants are likely to experience side-effects. Side-effects often begin soon after the person starts treatment and generally diminish over time. In the early stages of treatment, side-effects may resemble anxiety symptoms, causing some people with anxiety disorders to abandon the treatment before it has had a chance to take full effect. Such side-effects, however, usually only last a few weeks.

When taking antidepressants or any medication, it is important to discuss with your doctor any side-effects that are troubling you. Some side-effects may be reduced by adjusting the dose or by taking the medication at a different time of the day. If the side-effects do not improve after these changes are made, your doctor may prescribe another medication.

The side-effects of antidepressants are not permanent and will disappear when a person stops taking the medication. Each class of antidepressant and its common side-effects are discussed below.

Drug interactions with antidepressants

When taking an antidepressant, or any medication, it is important to check with your doctor or pharmacist for possible drug interactions before taking any other prescription or over-the-counter drugs or any herbal products. Check also with your doctor before using alcohol or unregulated drugs, as these may also interact with certain medications or reduce the effectiveness of treatment.

Even on their own, alcohol and unregulated drugs can create or increase symptoms of anxiety.

Selective serotonin reuptake inhibitors

Selective serotonin reuptake inhibitors (SSRIs) are often the first medications prescribed to treat anxiety disorders. These medications are known to reduce symptoms of anxiety, to be safe and to have a lower risk of side-effects and milder side-effects than some other antidepressants. SSRIs block the absorption of serotonin, increasing the level of serotonin in the brain.

The SSRIs currently available in Canada are: fluoxetine (Prozac), fluvoxamine (Luvox), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa) and escitalopram (Cipralex). These medications are

considered to be equally effective, although each may work better for some people and not for others. They work slower than benzodiazepines, especially in panic disorder, but are better tolerated in the long term and do not cause physiological dependence.

Common side-effects: sexual inhibition, gastrointestinal complaints, weight gain, headaches, anxiety, insomnia or sedation, vivid dreams or nightmares. Some studies suggest a small increase in the risk of suicidal behaviour in the early stages of SSRI treatment, especially in youth and early adulthood. Contact your doctor right away if this happens, and go to the nearest emergency department immediately if you feel you are in danger of harming yourself.

Serotonin and norepinephrine reuptake inhibitors

Serotonin and norepinephrine reuptake inhibitors (SNRIs) block the absorption of both serotonin and norepinephrine, increasing the levels of these neurotransmitters in the brain.

Venlafaxine (Effexor) is used to treat depression, generalized anxiety disorder, panic disorder, OCD and social phobia.

The only other medication in this class currently available and approved in Canada for the treatment of anxiety disorders is duloxetine (Cymbalta).

Common side-effects: nausea, drowsiness, dizziness, nervousness or anxiety, fatigue, loss of appetite and sexual dysfunction; in higher dosage, venlafaxine may increase blood pressure and requires doctor supervision and monitoring for people with hypertension or liver disease.

Tricyclic and tetracyclic antidepressants

Tricyclic and tetracyclic antidepressants (TCAs) block the absorption of norepinephrine and serotonin, increasing the levels of these neurotransmitters in the brain.

Although there are several TCAs available in Canada, not all of them have been shown to be effective for the treatment of anxiety disorders.

Imipramine (Tofranil), desipramine (Norpramin) and clomipramine (Anafranil) have been the most studied for the treatment of panic disorder and generalized anxiety disorder.

TCAs may interfere with certain medications, especially other psychiatric or heart medications. Prior to starting treatment with TCAs, review with your doctor the medications you are currently taking to check for possible interactions.

Common side-effects: dry mouth, tremors, constipation, sedation, blurred vision and change of blood pressure when moving from a sitting to a standing position (orthostatic hypotension). Because TCAs may cause heart rhythm abnormalities, your doctor may order an electrocardiogram (ECG) and/or other tests before prescribing this medication to you and during the course of treatment.

Monoamine oxidase inhibitors

Monoamine oxidase inhibitors (MAOIs) are highly effective medications for the treatment of depression and anxiety. MAOIs block the action of an enzyme called monoamine oxidase, increasing the levels of norepinephrine, serotonin and dopamine in the brain. However, MAOIs are used less frequently than other antidepressants because people who take them must follow a diet that is low in tyramine, a protein found in, for example, foods that are aged, fermented or high in yeast. If tyramine is consumed

in excess quantity while taking an MAOI, it can cause severe high blood pressure and a condition called "serotonin syndrome," which may be life-threatening. If you are taking an MAOI, your doctor or pharmacist will provide you with a list of foods to avoid. Examples of MAOIs are phenelzine (Nardil) and tranylcypromine (Parnate).

MAOIs also interact with a number of medications. Some painkillers, for example, should be avoided. Ask your doctor or pharmacist for a list of medications to avoid. If you plan to have surgery, let your dentist or surgeon know you are taking an MAOI at least a few weeks before the scheduled date. You may be asked to discontinue the MAOI prior to the surgery to avoid possible drug interactions. If you require emergency surgery, your doctor will monitor and manage any possible drug interactions during and after the surgery.

Common side-effects: changes in blood pressure when moving from a sitting to a standing position (orthostatic hypotension), insomnia, swelling of the face, ankles or hands and weight gain.

Other antidepressants

Moclobemide (Manerix) is an antidepressant related to the MAOIs, but it has fewer drug interactions and does not require the strict diet restrictions if taken two hours after meals, making it safer than the MAOIs listed above. It is used to treat social anxiety disorder and panic disorder. Mirtazapine (Remeron) is an antidepressant that may also be used in the treatment of anxiety disorders and can help with sleep and stimulate appetite at lower doses.

BENZODIAZEPINES

Benzodiazepines (BZDs) are a group of medications that increase the activity of the GABA neurotransmitter system. BZDs reduce anxiety and excessive excitement and make people feel quiet and

calm. They also cause drowsiness, making it easier to fall asleep and to sleep through the night. For a long time, before SSRIs were available, BZDs were the drugs of choice for managing anxiety disorders. However, these drugs have potential for abuse and can be addictive, so the long-term use of BZDs is discouraged.

BZDs are often used to treat generalized anxiety disorder, panic disorder and social anxiety disorder. They are usually prescribed in addition to an SSRI or other antidepressant for two to four weeks at the beginning of treatment, until the antidepressant becomes fully effective. The advantage of BZDs is that they can rapidly relieve and control anxiety.

The BZDs most commonly used to treat anxiety disorders are clonazepam (Rivotril) and lorazepam (Ativan).

Common side-effects: drowsiness, sedation, dizziness and loss of balance; effects are most serious when BZDs are combined with alcohol or with other sedative medications.

OTHER MEDICATIONS

Buspirone (Buspar) can be used to treat generalized anxiety disorder. It works mainly through the serotonin neurotransmitter system and usually takes two to three weeks to become effective.

Antipsychotic medications are sometimes used to treat anxiety disorders. They are generally prescribed at a low dose and often in combination with antidepressants to people with severe anxiety who do not respond to or have partial response to antidepressants alone.

Gabapentinoids (i.e., pregabalin and gabapentin) are recommended for the treatment of specific anxiety disorders, including generalized anxiety disorder (GAD) and social anxiety disorder (SAD), by current Canadian practice guidelines (Katzman et al., 2014). Pregabalin and gabapentin are not specifically approved for the treatment of anxiety disorders in Canada, but physicians can prescribe them as "off-label" use for symptomatic treatment of anxiety disorders when other approved medications have not been effective for an individual. Based on clinical research, pregabalin is recommended among the first-line (i.e., most evidence-based) medication options for the treatment of GAD and SAD by Canadian practice guidelines, whereas gabapentin is recommended as a second-line (i.e., strong evidence) medication for the treatment of SAD.

Other therapeutic options

HERBAL THERAPIES

Over the years, many herbs have been thought to have some effect on mood and mental health. Although many plants may have active ingredients that can be somewhat effective in relieving various symptoms, their effectiveness has not been formally tested. In North America, the herbal industry is unregulated, meaning that the quality and effectiveness of herbal products is not consistent. Adverse effects are possible, as are toxic interactions with other drugs. If you are considering herbal products, you should discuss this with your doctor and review the medications you are already taking.

Some herbal products have sedative effects and are believed to reduce symptoms of anxiety. These include lavender, German chamomile, hops, kava kava, lemon balm, passion flower,

skullcap and valerian. Other herbs without sedating effects, such as St. John's wort, have also been suggested for treating anxiety disorders. Very little research has been done to determine the effectiveness of these herbal therapies, either as stand-alone treatment or in combination with well-established treatments, such as CBT and antidepressant medications.

EXERCISE

The relationship between physical activity and emotional well-being has been known for some time. Research on exercise in the context of anxiety treatment suggests that exercise customized to a person's physical health and fitness level is a promising addition to psychological or medication treatment of anxiety.

MINDFULNESS

Mindfulness-based cognitive therapy (MBCT) combines CBT strategies with mindfulness meditation. Through daily meditation practice, people become more tolerant and accepting of what's happening in the present moment and are less judgmental about their experience. An aim of MBCT is for people to change their relationship with their own experiences. This differs from the focus of standard CBT (without mindfulness), which is to decrease the anxiety experience itself by changing upsetting thoughts and behaviours.

MBCT is a popular therapeutic option and is currently recommended for preventing relapse of depression. Studies looking at the effectiveness of MBCT as a treatment for anxiety disorders suggest that it reduces symptoms of anxiety, particularly for people with social anxiety disorder. The few studies that have compared MBCT to CBT for individuals with social anxiety disorder suggest

that MBCT is as effective as or is less effective than CBT. MBCT has not been shown to be as effective as CBT for those with GAD. However, more research is needed to confirm the effectiveness of mindfulness as a treatment for anxiety disorders. A related treatment is mindfulness-based stress reduction (MBSR), which does not have the cognitive component and appears to be less effective than MBCT for anxiety.

MBCT is not a disorder-specific treatment, and it likely addresses a range of contributors to general well-being (e.g., self-criticism). MBCT is typically delivered over eight weeks in a group format, although it can also be done in an individual format.

ACCEPTANCE AND COMMITMENT THERAPY

Acceptance and commitment therapy (ACT) aims to increase psychological flexibility, which is a person's ability to connect with the present moment, through the following six change processes (Bai et al., 2020):

- acceptance (i.e., willingness to acknowledge and embrace all of one's experiences, including difficult thoughts, memories or emotions)
- contact with the present moment (i.e., observing one's thoughts and feelings without judgement)
- self as context (i.e., viewing one's self as more than their thoughts, feelings and experiences)
- cognitive defusion (i.e., being able to step back from unwanted experiences without getting stuck in them)
- committed action (i.e., engaging in actions that move toward important aspects of life)
- values (i.e., staying connected to personal values or areas of life that are important).

Research into the effectiveness of ACT as a treatment for anxiety disorders shows that it is not more effective than CBT; however, it has been shown to be more effective than no treatment for GAD and social phobia. More research is needed to determine the effectiveness of ACT compared to no treatment for specific phobias and panic disorder. When CBT is declined or when more help is needed, ACT could be added.

4 Recovery and relapse prevention

When someone begins treatment for an anxiety disorder, the first goal is to reduce and manage symptoms. The process of achieving this goal, known as "recovery," often includes a combination of medication, CBT and supportive psychotherapy, and may also include other supports around employment, recreational activities and building a healthy lifestyle. Recovery also includes the way a person applies the skills learned in treatment to real-life situations. Someone's idea of what they hope to achieve through recovery is unique to them. Long-term goals may include improved relationships with others, a full and satisfying work life, increased self-esteem and improved overall quality of life.

Once recovery is underway and the person is ready to focus on getting their life back to normal, the next step is "relapse prevention." Anxiety is not an illness with a "cure." Medication and therapy can help control symptoms, but some of the symptoms of anxiety, such as worry and fear, can arise for anyone during everyday life. To prevent relapse, the person needs to be ready with a plan to manage symptoms as they appear. Moving through the process of recovery and relapse prevention depends on a combination of planning and attitude. Achieving and maintaining goals is easier when a person has developed:

- awareness of warning signs and strategies to respond to setbacks
- a healthy lifestyle
- hope and optimism about the future
- self-confidence.

Preventing relapse and promoting wellness

THINGS YOU CAN DO TO PREVENT RELAPSE

1. **Become an expert on your condition**. Learn about your symptoms and how to recognize when symptoms begin. Many resources are available, including books, videos, support groups and information on the internet. Be aware that not all internet sites provide reliable information; see the resources section beginning on page 51 for recommended sites and other suggestions for more information.

2. **Develop and stick to a plan for managing symptoms of anxiety**. Being aware of and managing anxiety symptoms requires commitment and dedication. Resist the urge to limit your life in the same way that you did when you were in the grips of your anxiety disorder. Develop a plan that commits to:
   - taking medications as prescribed; any changes in your medication routine should be discussed with your doctor beforehand
   - paying attention to warning signs that the anxiety disorder could be returning (e.g., if you begin to avoid situations you previously associated with anxiety)
   - using the skills learned during therapy to respond to symptoms; to remain well, continue to expose yourself to situations you associate with anxiety.

3. **Develop a social support network**. Family, friends and a support group can help you to recognize when stressful situations may trigger anxiety symptoms and can remind you of your strengths when you feel discouraged.

4. **Learn to cope with stress**. Stress, fatigue and feeling out of control can trigger symptoms of anxiety. Pay attention to which situations are stressful for you. Learn ways to manage stress. The following suggestions can help you return to a calm state:
   - *Diaphragmatic breathing*: One way to do this is to lie on your back with one hand over your belly button. Breathe so that your hand rises and falls with each breath, allowing your lungs to completely fill and empty. Ask your clinician about other approaches to this technique.
   - *Pleasurable activities*: Do something you enjoy that is relaxing, such as reading a book, walking in nature or talking to a supportive person.
   - *Take action*: When you take your mind off the things that cause you stress, it can make them seem less important. Take a class, try a new activity or learn something new.
   - *Become more aware of the present moment*: Yoga and mindfulness meditation are two ways to help you focus your mind on the here and now.

5. **Live a healthy life**. Eat a healthy diet, sleep well and exercise. Regular exercise, including playing sports, can help to manage stress. If you choose to drink alcohol, drink it in moderation. Use your faith, religion or spiritual practices to support your recovery. Remain connected with the aspects of life that inspire and motivate you, and explore new ways to take care of yourself.

6. **Focus on developing a well-balanced life**. Make time for work, family, friends and leisure activities.

Relationship with a partner

An anxiety disorder can affect a person's relationship with their partner. If your symptoms are severe, it may be hard for you to be supportive and intimate, and your partner may take on more responsibilities than they feel is fair. Over time, this can lead to distance and even hostility in the relationship. It takes time, patience and effort to rebuild what may have been lost.

Include your partner in your recovery. Let them know about your progress and offer to take on more responsibility as your symptoms improve. It may be helpful for your partner to meet with your clinician to better understand your treatment. Your partner may benefit from a family support group as well.

Couples therapy with a marital or couples therapist who understands anxiety disorders can help you to improve communication and work together as a couple once again. A good therapist can help to remind couples of what brought them together in the first place.

5 Help for families and friends

What happens when your family member has an anxiety disorder?

When someone has an anxiety disorder, it affects everyone in their family and brings added pressures. Because most people experience some degree of anxiety in life, it may be quite some time before your family member receives an accurate diagnosis and begins to receive treatment. They may have heard well-meaning advice, like, "*You worry too much. Relax.*" Or, "*What's the problem with leaving the house? Just do it!*" You may even have said these things to them. To a person without an anxiety disorder, these statements are good advice, but having an anxiety disorder involves more than the usual worry. Your family member may require professional help to get well.

It is natural for families and partners to feel resentful or disappointed when anxiety interferes with normal family life. Acknowledging the illness can be the first step toward understanding and helping the family work together again.

When your family member is first diagnosed

When a member of your family is diagnosed with an anxiety disorder, you may experience varied and conflicting emotions. You may feel relief to know the cause of your family member's worry and behaviour, and you may also feel uncomfortable emotions, such as sadness, fear, guilt or anger. You may fear how the illness will affect your family member's future, as well as your own future. If you are the parent of a child or young adult who has been diagnosed with an anxiety disorder, you may feel guilty and blame yourself for the illness. You may fear that you have done something to bring this on, even when health care professionals tell you that this is not the case. Not surprisingly, you may feel angry that an anxiety disorder has disrupted your family's life.

It is normal to experience a wide range of feelings. Understanding this and learning to accept and manage your feelings will reduce your stress and allow you to be more helpful to the person with the anxiety disorder.

How to relate to your family member with an anxiety disorder

1. **Learn as much as you can about the symptoms of and treatments for anxiety disorders**. This will help you understand and support your family member as they make changes.

2. **Encourage your family member to follow the treatment plan**. If you have questions about your family member's treatment, ask them if it would be possible to speak to a member of their treatment team.

3. **Try to keep anxiety from taking over family life**. Keep stress low and family life as normal as possible.

4. **Be supportive of your family member, without supporting their anxiety**. Your family member may look to you for reassurance when they are anxious or ask you to arrange things to help them avoid an anxiety-producing situation. If you have helped them to reduce or avoid anxiety in the past, it may take time and practice to change this pattern. When you resist supporting your family member's anxiety behaviours (e.g., avoiding anxiety-provoking situations, blocking feelings of anxiety with excessive behaviours such as over-preparing or over-researching), you are supporting their efforts to get well.

5. **Communicate with your family member positively, directly and clearly**. You may see things differently than your family member if they are overwhelmed by fears. Avoid personal criticism even when you disagree with them. For example, if your family member does not wish to seek treatment at the time that you think it is needed, listen to their concerns. Express your point of view while respecting their uneasiness.

6. **Remember that life is a marathon, not a sprint**. Progress is made in small steps. Applaud your family member's progress at confronting anxiety, and encourage them to use skills learned in treatment to manage symptoms.

Taking care of yourself

If you are caring for someone with an anxiety disorder, you may neglect to take care of yourself. At times you may give up your own activities and become isolated from friends and colleagues.

The isolation could go on for some time before you realize how emotionally and physically drained you are from caring for your family member. The stress can result in disturbed sleeping patterns, feelings of irritability and/or episodes of exhaustion.

It's important to be aware of your personal signs of stress and know your personal limits. You need to take actions to maintain your physical and mental health. Taking time for yourself and keeping up interests outside of the family and apart from the family member with an anxiety disorder can help you recharge. Recovery from an anxiety disorder can be a long process. You need to set aside feelings of guilt or pressure to always focus on the individual who needs help. When you take the time to ensure your own needs are met, you will have more energy and patience to support your family member and will be less likely to feel resentful or overwhelmed.

Family and friends can offer valuable support to caregivers. However, when seeking such support, it is important to be aware that some people are more informed and understanding about mental health problems than others. It is wise to be selective when choosing who to talk to and what advice to follow.

Family caregivers are encouraged to seek professional support that is specific to families of people with mental health problems. Support could include individual or family counselling, family support and education groups to improve understanding of anxiety disorders, and self-help groups where families of people with anxiety disorders provide support to each other.

Counselling and groups may be offered by a community hospital, clinic or mental health organization.

Explaining anxiety disorders to children

It can be challenging to explain anxiety disorders to children. Sometimes parents will not tell their children that a family member has been diagnosed with an anxiety disorder because they do not know how to explain it to children or they think children will not understand. In an effort to protect children, they sometimes continue with family routines as if nothing is wrong.

The strategies of saying nothing and continuing with routine activities are difficult to maintain, and over time will only be confusing to children trying to understand their relative's problem. Because children are sensitive and intuitive, they will notice when a member of the family has emotional, mental and physical changes. Parents should avoid being secretive about the family member's anxiety disorder, as children will develop their own—often wrong—ideas about their relative's condition.

Children from three to seven years of age tend to see the world as revolving around them. As a consequence, they blame themselves for upsetting events or unusual changes in the family or with other people. For example, if a member of the family has a fear of heights and becomes upset when a child climbs a ladder, the child may assume they are the cause of the person's unusual behaviour.

To explain anxiety disorders to children, it is important to provide them with only as much information as they are mature or old enough to understand. When providing information to toddlers and preschool children, parents should use simple, short sentences and concrete language that's free of technical information. For example, "S*ometimes your father doesn't feel well and it makes him*

upset." Or, "*Your father has an illness that makes him feel upset when he sees someone climb a ladder.*"

Children in elementary school can process more information. They are more able to understand the concept of an anxiety disorder as an illness; however, too much detail about the nature of the illness and how it is being treated could overwhelm them. One way to explain anxiety disorders to elementary school children is to say, "*An anxiety disorder is a kind of illness that makes people worry a lot about heights and getting sick. Worrying so much makes them avoid tall buildings.*"

Teenagers can manage most information and often need to talk about what they see and feel. They may worry about the stigma of mental health problems and may ask about the genetics of anxiety disorders. Teenagers will engage in conversations about anxiety disorders if information is shared with them.

There are three main areas that parents should address when speaking with children about anxiety disorders:

1. **The parent or family member behaves this way because they have an illness**. It is easiest for children to understand an anxiety disorder when it is explained to them as an illness. Tell children that their family member has an illness called an anxiety disorder. You may explain it like this: "*An anxiety disorder is like a cold, except that you don't catch it, and rather than giving you a runny nose, it makes you worry a lot, sometimes for no reason. This worry makes people with an anxiety disorder stay away from things that bother them. Sometimes they want others in the family to act the same way that they do. It takes a long time for someone with an anxiety disorder to get better. People with an anxiety disorder need help.*"

2. **Reassure the child that they did not make the family member get this illness**. Children need to know that their actions did not cause their loved one to develop the illness. People with an anxiety disorder may become depressed as they struggle with their symptoms. It is important to reassure children that they did not make their loved one fearful or anxious.

3. **Reassure the child that the adults in the family and other people, such as doctors, are trying to help their family member with the anxiety disorder**. Remind the child that it is the responsibility of adults to take care of anyone who is ill. Children need their parents and other trusted adults to protect them. Children should be given the opportunity to talk about their feelings with someone who knows how hard it is to have a family member with an anxiety disorder. The changes that occur in a family member with an anxiety disorder are often scary to children and they miss the time spent with that person.

Participating in activities outside of the home exposes children to healthy relationships. As the individual with an anxiety disorder recovers and they gradually resume family activities, their relationship with the children in the family will begin to improve.

If a parent has an anxiety disorder, they and the other parent should talk with the children about what is shared to people outside the family. While the support of friends is important for everyone, anxiety disorders can be hard to explain, and some families worry about the stigma of mental illness. All members of the family should decide together what they're comfortable sharing with others.

Some parents with an anxiety disorder may find that they are less patient and more easily irritated than usual. They may find it hard to tolerate the loud, messy, chaotic play of their children. It might be helpful to design and develop structured routines to ensure that the parent with an anxiety disorder has quiet and restful time away from situations that might trigger symptoms of the illness. Make time for activities that allow for the children to play outside the home or for the parent with an anxiety disorder to be able to rest in a quiet area of the home.

When the individual with an anxiety disorder is in recovery, they should explain their behaviour to the children. The recovered individual may need to plan special activities with the children to re-establish their relationship and reassure the children that they are now more available to them.

6 Self-Help and Accessible Resources

The following resources may be helpful for you to explore if you are interested in engaging in treatment, including apps that allow you to begin almost immediately. Please note: these resources are publicly available and are not necessarily affiliated with or endorsed by CAMH.

RESOURCES

Anxiety Canada (https://www.anxietycanada.com) provides information on a broad range of topics, as well as offers a range of services, including the MindShift CBT smartphone app, a free self-help app that uses scientifically proven strategies to help users learn to be mindful, develop more effective ways of thinking and use active steps to take charge of their anxiety, and the MindShift CBT Groups, a paid, online therapy group.

Anxiety Disorders Association of Ontario (https://www.anxietydisordersontario.ca) provides information about anxiety disorders as well as resources to help you find public, community-based and private support.

BounceBack Ontario (https://bouncebackontario.ca) is a skill-building program managed by the Canadian Mental Health Association (CMHA). Delivered through online videos and over the phone with a coach, it is designed to help clients manage low mood, depression and anxiety.

Hope by CAMH (https://www.camh.ca/hopebycamhapp) is a smartphone app that provides suicide prevention information, tools and crisis resources to support and guide individuals when they are experiencing thoughts of suicide.

MoodFx (https://moodfx.ca) is an interactive mobile-optimized website designed to help people monitor their depression symptoms and related difficulties with anxiety, cognition and work performance.

One Mind PsyberGuide (https://onemindpsyberguide.org) is a non-profit project that aims to help people use technology to live a mentally healthier life. While there are many free and paid mental health apps and digital health resources available, it's important to ensure the app you're using is appropriate, effective and safe. This website reviews apps and digital health resources based on credibility, user experience and transparency of privacy practices. Its goal is to provide accurate and reliable information free of preference, bias or endorsement.

Ontario Structured Psychotherapy program (https://www.ontariohealth.ca/getting-health-care/mental-health-addictions/depression-anxiety-ontario-structured-psychotherapy) helps Ontarians access free cognitive-behavioural therapy and related services through self-led resources guided by a coach or therapist-led CBT.

INTERNET RESOURCES FOR FURTHER INFORMATION

Anxiety & Depression Association of America (www.adaa.org)

American Psychological Association (www.apa.org)

Association for Behavioral and Cognitive Therapies (www.abct.org)

Canadian Association of Cognitive and Behavioural Therapies (www.cacbt.ca)

Canadian Mental Health Association (www.cmha.ca)

Canadian Network for Mood and Anxiety Treatments (www.canmat.org)

Canadian Psychological Association (www.cpa.ca)

Health Quality Ontario: Anxiety Disorders (https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/anxiety-disorders)

SUGGESTED READING

General anxiety, stress and depression

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Specific phobia

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Everyone feels anxiety, but only some people have anxiety disorders. This guide explores the difference between normal anxiety and anxiety disorders, such as panic disorder, generalized anxiety disorder and specific phobias. It looks at the reasons why some people develop anxiety disorders and provides an overview of psychological and medication treatments. This guide also looks at long-term strategies to help people with anxiety disorders manage their anxiety and suggests ways that family members can help.

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ISBN 978-1-77114-460-5

7004a / 01-2024 / PM121