



# Understanding Anxiety

## **Introduction**

Hello & welcome to Kaiser Permanente's **Understanding Anxiety**. This program has been designed to help members not only understand their anxiety but also to start to manage it. We'd like you to think of this video as an introduction and supplement - but not a substitute - for the two hour **Anxiety Overview Class** that is currently being offered free of charge to all KP members and their families twice a month. And while we'll be covering a number of the same topics as the Anxiety Overview, there are certain benefits to a live two hour class that we simply can't duplicate in a video. So, we encourage you to take advantage of the overview.

In the meantime, you might want to have a pen and paper handy while you're watching. We'll be defining various terms as well as talking about symptoms, causes, and treatment options. Towards the end of the video, we'll also be giving you phone numbers and a website address that you can access for more information.

We'll begin with a discussion of anxiety disorders – their causes, different types, and how they differ from each other and from “everyday” anxiety. We'll also discuss the many treatment options available to you as a Kaiser member. We'll be talking about a lot of things in this video but the main points we'd like you to come away with are: While Anxiety Disorders can be very unpleasant, they are generally **not** physically harmful and they **are** very treatable.

And though you may have some or a number of the symptoms that we'll talk about, you're **by no means** “crazy.”

Most importantly, if you have Anxiety, you're NOT ALONE, and you CAN FEEL BETTER!

So, let's learn a little bit about Anxiety and perhaps more importantly, how to FIGHT IT!

## **What is Anxiety?**

As a rule of thumb in this video, when we say “Anxiety” we mean Clinical Anxiety, or an Anxiety Disorder, and not “normal” or everyday anxiety. With that definition in mind, we can think of Anxiety as an illness that affects your thoughts, your feelings, your moods and your body. Anxiety is usually defined as an intense, often unrealistic or excessive state of fear, apprehension or panic, which often has accompanying physical symptoms as well. Sometimes, as in certain phobias, there is an actual situation - or anticipation of a situation - that triggers anxiety. In other cases, such as with Generalized Anxiety Disorder, there may be no specific event that sets off the response.

Anxiety tends to “express itself” in four different ways: The first is through **physical symptoms**, such as racing heartbeat, elevated blood pressure, rapid breathing, dizziness, nausea or other signs of agitation or discomfort. The second component is through anxiety-related **thoughts**, such as one's mind going blank, thoughts of imminent death, panic or fear of panic, obsessive worrisome thoughts, and fear of going crazy or losing control, among others. The third

component is **behavioral** and manifests itself in perfectionism, avoidance of stressors or stressful situations, irritability, compulsive behavior, or flight. The last component is **emotional** and demonstrates itself through feelings of fear, anxiety, worry, concern, and frustration, to name a few.

Anxiety Disorders are real illnesses and have been estimated to affect about 20 million people in the U.S. alone. The good news is that there are a variety of treatments available in the form of classes, therapy and support groups, anti-depressant and anti-anxiety medications, individual psychotherapy, CBT techniques including self-care, learning to combat scary, often irrational thoughts, relaxation techniques and breathing training. These treatments are generally very effective.

The next important question is “Do any of the symptoms above describe your feelings, thoughts or behaviors?” If so, you may have an Anxiety Disorder.

**What Should You Do if You Have an Anxiety Disorder?** The simple answer is go “get treatment.” Specifically *which treatment* usually depends on the type and severity of Anxiety Disorder, or **combination of** Anxiety Disorders, you may have. How best to treat them is something you’re welcome to discuss with your Primary Care Provider by calling them or using their physician’s homepage at [www.kp.org/mydoctor](http://www.kp.org/mydoctor). You can also talk to someone from your local Psychiatry or Health Education Department, which you can find at [www.kp.org](http://www.kp.org). We’ll give you more specific details on navigating the site a little later on in the program. You can also contact the Kaiser Permanente Member Services Call Center for the same information at one of the toll free numbers on your screen. We’ll delve a little deeper into the many treatment options available to you a little later on in the video. Now let’s talk about the different types of Anxiety...

## **Types of Anxiety**

To help us understand the many different types of Anxiety, we have Dr. Eugenie Hsu.

Thanks. **PANIC DISORDER** is a condition that occurs when you interpret anxiety symptoms as signs of danger. Our bodies come with their own internal “alarm system” – often called the fight or flight response, and sometimes this “alarm” goes off at the wrong time, especially if we’ve been under stress or emotional turmoil, or for no apparent reason. This is called a **PANIC ATTACK**. Panic attacks can include difficulty breathing, nausea, light-headedness, rapid or racing heartbeat, terror, and a feeling of being trapped. Often when someone experiences a panic attack or two, they start to develop a strong fear of having another attack. This is **PANIC DISORDER**. Panic Disorder often manifests itself in combination with Agoraphobia as individuals start avoiding the places and the situations where they’ve experienced panic attacks in the past in hopes of preventing future attacks.

**PHOBIAS** are characterized by a strong fear - and often a repeated avoidance - of a certain situation. **AGORAPHOBIA**, mentioned a moment ago, is the fear of open spaces, or of being trapped in a place outside of the home where a panic attack might occur. **SOCIAL PHOBIA** (otherwise known as Social Anxiety Disorder) is a fear of embarrassment or humiliation in a social setting where you are exposed to the scrutiny of others, such as speaking in public or going to a party. There are also a number of **SPECIFIC PHOBIAS** such as the fear of elevators, illness, dogs, or heights, for example, which can cause anxiety and affect behavior too.

Some “chronic worriers” often worry to a degree that is way out of proportion to the actual or perceived threat. Such worrying can get out of control. This is called **GENERALIZED ANXIETY DISORDER (GAD)**, and can be described as excessive worry about the things that most people worry about but at a much more intense level. With GAD the worry and anxiety remain potent, but the specific triggers for that worry may change from day to day.

Sometimes, after experiencing a particularly traumatic event, such as war, abuse, rape or a serious accident, people can develop **POST TRAUMATIC STRESS DISORDER (PTSD)**. PTSD is characterized by nightmares, intrusive or disabling thoughts, emotional numbness or withdrawal, difficulty sleeping or unwanted flashbacks of the traumatic event (or events).

The last major anxiety type is called **OBSESSIVE-COMPULSIVE DISORDER**. OCD features recurring ideas, images or impulses that intrude into one’s daily thoughts, causing anxiety. Often these thoughts are senseless or irrational, and while the individual may recognize this, he or she is often powerless to stop them. Individuals with OCD tend to develop repetitive behaviors or rituals they perform in order to dispel this anxiety. Examples of compulsive behavior are repetitive hand-washing, silently repeating words, ritualistic counting, and repeatedly checking locks, stoves or sleeping children. Even though they often realize that their rituals are unreasonable or irrational, they still derive comfort from them and this helps to allay their anxiety.

## **Anxiety Triggers**

Here is Behavior Instructor, Dean Chambers to talk about Anxiety Triggers. There are five basic factors that can interact to trigger anxiety. The first are **GENES**. As we inherit our height, skin and eye color, we can also inherit a more easily aroused nervous system. This in turn, can “pave the way” for anxiety.

**CHEMICALS** such as caffeine, nicotine, alcohol, marijuana and various hormones can all lead to anxiety. For example, caffeine and nicotine can “hype” up the body, which can make it easier for anxiety to occur.

**EXTERNAL STRESS** such as school or work deadlines, insomnia, money or legal troubles, difficult coworkers, and threatening or abusive family members can all serve to trigger anxiety as well.

Often, people with anxiety set unrealistic goals or **SELF-DEMANDS** for themselves such as never making a mistake or feeling the need to please everyone all the time, or never speaking up in their own defense. These behaviors can also be anxiety-causing.

The fifth and final sets of triggers are **PAST EVENTS**. Past events can include things that have happened to you, or to friends, relatives or neighbors. Maybe something you’ve seen in movies or read about in books or articles. For example if a relative has had a heart attack, the racing heartbeat often associated with anxiety may lead you to worry *you’re* having a heart attack too.

When talking about anxiety, you may hear people mention the **REACTING BRAIN** vs. the **THINKING BRAIN**. The **REACTING BRAIN** is a primitive part of the brain that constantly monitors the environment for signs of danger and when it finds them it reacts by pumping out adrenaline, increasing the body’s heart rate and initiating the “Fight or Flight” response. Thousands of years ago, threats were often physical. Contemporary threats are usually more

financial, interpersonal or job-related. We've evolved as a society, but our REACTING BRAIN hasn't. Thus it is quick to sound the alarm when it senses - correctly or not - that we're in danger, but slow to learn that a certain situation is safe. The THINKING BRAIN, on the other hand, can be thought of as a more evolved or advanced part of the brain, one that is better able to evaluate the nuances of a situation. The THINKING BRAIN is able to use facts to ascertain if a perceived threat is real or not and can analyze a set of circumstances far better than the REACTING BRAIN.

Why the Brain discussion? We talked a minute ago about anxiety triggers. If left untreated, these triggers can lead to what we call the Cycle of Anxiety – where the REACTING BRAIN responds to these triggers by sounding the alarm, activating the Sympathetic Nervous System which causes the fight or flight response. Blood starts pounding, adrenaline starts pumping and you start feeling very keyed up and uncomfortable. This leads to fear, “I've seen the movie Jaws and here I am swimming in the ocean, is that a shark's fin over there?”, which in turn leads to classic anxiety behaviors such as avoiding or escaping that situation, thinking there is danger afoot even when there's no evidence for it. We can teach you to “lean on” your THINKING BRAIN over your REACTING BRAIN.

### **Anxiety Myths and Facts**

As with most mental illnesses, there are a few popular “myths” surrounding Anxiety Disorders. We'd like to take a moment to dispel them. Then we'll have one of our therapists answer some frequently asked questions about Anxiety. Let's put some myths to rest.

**Myth #1: Anxiety Is Not An Illness** - While it is true that everyday anxiety is a normal response to certain fearful or dangerous situations, what we're talking about here are anxiety *disorders*. True to their name, these are DISORDERS of and relating to Anxiety, where the levels of fear and worry are far beyond the scope of “normal” or everyday anxiety. Whether we're talking about Panic Disorder, Social Phobia (or Social Anxiety Disorder), Post Traumatic Stress Disorder, Generalized Anxiety Disorder, or Obsessive-Compulsive Disorder, these are all real illnesses that affect both the body and the brain.

**Myth #2: Having Extreme Anxiety Means I'm Crazy:** Not true. Being overly anxious is not the same as being crazy. The feelings and *psychological* components of anxiety can make us feel very strange, even a bit disoriented or out of control. But, there are *physical* reasons why someone might have these feelings or reactions (remember our discussion of the fight or flight response) and even experiencing a high level of anxiety is in fact very different from being “psychotic” or “crazy.” With anxiety, even though you may be reacting in an irrational manner, you understand what is real and what is not, as opposed to in Psychosis, where there is a distinct break from reality.

**Myth #3: I'll Have To Live With This Forever - It Doesn't/Won't Go Away.** There are many things you can do to allay your anxiety, which we're going to investigate further in a moment. And while it's true that *some* level of anxiety will never entirely “go away,” that it's *normal* to sometimes be anxious in everyday life, what *can* go away are the unusually intense feelings that make this a *disorder*. Treatment can alleviate the overwhelming experience of being at the mercy of your anxiety, to the point where IT no longer controls YOU, keeping you away from certain activities, or even from leaving the house.

Now, we go to Robin Criner with answers to some of your **Frequently Asked Questions**:

**Q: Why can't I snap out of my anxiety like my friend did?**

**A:** Everybody's situation is different, and people react differently to stress, according to a combination of biological factors, past events, and environmental circumstances. This makes it hard to compare one person's anxiety to another's. Also, think about it, if it was that easy to "snap out of," VERY few of us would still have Clinical Anxiety! And we wouldn't need the many effective therapies we've developed to fight it. And as far as your friend goes, it may be that even though they've seemingly "snapped out of it" he or she may actually still be very anxious, but is covering it up effectively. Or they might just have been having a tough week or two, or gotten past a deadline or tough spot in work or at home, and now they've moved on.

**Q: How do I know if I might need medication?**

**A:** This has to do with how severe your anxiety symptoms are, and whether you've got one, or more types of Anxiety at the same time. A simple rule of thumb is to ask yourself how much is your anxiety intruding in or affecting your everyday life. Generally the more severe or debilitating the symptoms and the more the anxiety affects your functioning, the more likely medications will be considered as one of the modes of therapy. Another factor that comes into play is whether you're also quite depressed. If so, then, again, medications would be considered. Please don't forget that you'll have the benefit of talking with a trained mental health professional, a Licensed Clinical Social Worker, Psychologist, or Psychiatrist, who will help you in making decisions about medication.

**Q: Are the medications addicting?**

**A:** The answer is actually no, and yes. Anxiety, like depression can be (and often is) treated with antidepressant medications, which are **NOT ADDICTING**, although it's unwise to suddenly stop taking an antidepressant without the guidance of your prescribing professional. There is a class of Anti-Anxiety medications called benzodiazepines, and with these there **is the possibility** of becoming psychologically dependent upon them, and, especially if used more than prescribed, of becoming **physically dependent** on them, to the point where the same dosage doesn't work as well as it did previously.

**Q: What's the difference between anxiety and depression?**

**A:** Anxiety usually involves a heightened state of physical arousal: you are "keyed up", "jittery" or "antsy." And, psychologically, there is a subjective state of uneasiness, apprehension, or worry. With depression, on the other hand, there is a slowing down that you can feel physically: you might feel tired, lacking in energy, or weak. And psychologically, you might experience a lot of negative and self-critical thoughts in depression which aren't necessarily part of having anxiety.

## **Treatment Options**

As we've mentioned, there are a number of anxiety treatment options available to you as a Kaiser Member. And while we'll talk a little bit about each one today, deciding which treatment, or which **combination of treatments** will work best for YOU is something you should discuss with your Primary Care Provider by calling them or by accessing their physician's home page at [www.kp.org/mydoctor](http://www.kp.org/mydoctor). You can also talk to someone in your local Psychiatry or Health Education Department. You can access this information by going to [www.kp.org](http://www.kp.org) clicking the

“member” button, then following the prompts as you can see. If you don’t know the number or address for your local Psychiatry and Health Education Department, you can also contact the Kaiser Permanente Member Services Call Center for this information at one of the toll-free numbers on your screen. Often, the appropriate treatment - or combination of treatments - has as much to do with the strength of the anxiety (mild, moderate or severe) as with the type of anxiety you have.

Now, to help us understand the different types of treatment, we have Dr. Shaliza Shorey - welcome.

Thanks Doug. In the Department of Behavior Medicine, we’ve broken up Anxiety treatment into FORMAL group that includes therapy, classes, skills training, and medication, and an INFORMAL group which consists mostly of SELF CARE TECHNIQUES and ways you can help yourself deal with Anxiety. On the FORMAL side, we generally recommend that everyone take the **Anxiety Overview Class** as we mentioned earlier. This is a one-time usually free class that lasts about two hours and will give you a bit more of an in-depth look at the topics we’ve touched on in this program as well as some others that we just don’t have time for today.

The next class we recommend after the Overview is an 8 week class called **Managing Your Anxiety**. This class meets once a week and focuses on reducing anxiety by teaching you about its underlying physiology, the mind-body connection, and by teaching you **CBT - or Cognitive Behavioral Therapy** skills which help to reduce anxiety by challenging negative or distorted thinking and replacing it with healthier, more rational thoughts, goals, and other techniques. There is usually a nominal fee for this class.

We also offer a variety of **Anxiety Groups**. There’s a **Social Phobia Group**, a **Panic Group**, an **OCD group** and a **Worry Group**. You’ll need a referral from one of the Care Providers in the Psychiatry Department to join these groups and there is a co-payment.

There are also ongoing bimonthly **Anxiety Support Groups** offering support and encouragement we generally recommend these after you’ve completed a CBT class or previous therapy group.

**Individual Psychotherapy** treatment is another effective option - where you and a therapist work one-on-one on your specific feelings and issues. And here too, we’ve found it helpful to take one or more of the CBT classes or groups before starting individual therapy.

There are also a number of **Antidepressant and Anti-anxiety Medications** available and while these won’t prevent the feelings associated with anxiety they can help with the extreme feelings that people often experience which can be so debilitating. It should be noted that some anti-anxiety medications such as benzodiazepines may be addictive and habit-forming and should be monitored carefully by your prescribing practitioner.

On the INFORMAL side, we encourage participants to learn a number of **Self-Care Techniques** that work well against the whole spectrum of anxiety disorders in combination with various types of therapy or medication. These include limiting your caffeine intake to two 6 oz. cups a day, while avoiding alcohol and nicotine as well. Getting adequate rest is a big help as is regular exercise. Likewise we stress the benefits of relaxing activities before bedtime (like taking a hot bath) and avoiding daytime naps. This helps restrict sleep to “sleeping hours”.

There are also a number of books, relaxation audio tapes, and self-help materials available at our local Health Education Centers, as well as other relaxation classes such as Tai Chi, Yoga and Deep Breathing exercises.

## **Review**

If you're watching this on a DVD you can use the fast-forward or rewind functions to navigate back to a section if there's something there that you want to see again. If you're watching on VHS or on the web, these section landmarks will help you navigate backwards and forwards as well, just not quite as quickly!

In **Section 1 (Introduction)**, we introduced the video, and talked a little about some of the benefits of taking the **Anxiety Overview** class, which is a great next step. Then we stressed that having anxiety is very different from "being crazy," that anxiety is very treatable, that you're not alone and that as hard as it may be to believe, you *can* feel better.

In **Section 2 (What is Anxiety)**, we defined **Anxiety** and went over its various **physical symptoms**, related **thoughts, behaviors, and emotions** – and briefly mentioned some treatment options.

In **Section 3 (Types of Anxiety)**, we defined the different types of anxiety – from **Panic Disorder and Panic Attacks** to **Phobias** such as **Agoraphobia, Social Phobia and Specific Phobias, Generalized Anxiety Disorder, Post Traumatic Stress Disorder, and Obsessive-Compulsive Disorder**.

In **Section 4 (Anxiety Triggers)**, we talked about the five main triggers of anxiety – **Genes, Chemicals, External Stress, Self-Demands, and Past Events**. We also defined the primitive **Reacting Brain** vs. the more evolved **Thinking Brain** and discussed the **Cycle of Anxiety**.

In **Section 5 (Anxiety Myths and Facts)**, we debunked some popular **myths** about anxiety and answered some **frequently asked anxiety-related questions**.

In **Section 6 (Treatment Options)**, we explored the many **treatment options** available to KP members – from the **Anxiety Overview** and **Managing Your Anxiety** classes, the **Anxiety Therapy** and **Support Groups, Individual Psychotherapy treatment, Antidepressant and Anti-anxiety Medications, Self-Care Techniques, books, brochures and other classes**.

So if you missed something, you can use the section headers to help you navigate.

And finally, let's talk about next steps. If you're ready to sign up for a class, please call your local Kaiser Psychiatry Department for more information or to schedule an intake interview. There are also a number of handouts, brochures and reference materials that you can pick up at your local KP Health Education Center.

To find your nearest Center go to [www.kp.org](http://www.kp.org) or call the Member Services Call Centers at one of the numbers on your screen.

Well, we've come to the end of our program. On behalf of myself, Doug Boyd, the Department of Multimedia Communications, the Department of Psychiatry and Behavioral Medicine and our

expert Clinicians Eugenie Hsu, Dean Chambers, Robin Criner, Shaliza Shorey, we wish you all the best, and encourage you to go and get the care and treatment you deserve! Thanks so much.