

INFORMATION SHEET

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What is anxiety?



It's quite normal to feel afraid from time to time. We're all familiar with the 'butterflies' and shakiness that accompany feelings of fear. Most of us will feel a little afraid if we hear a strange noise outside the house at night.

Fear passes quickly when we realise there's no threat. For example, if I go downstairs and discover the noise outside was caused by a cat knocking the dustbin over, my fear passes quickly.

Anxiety is a little different. Anxiety is when we feel afraid, though there's no real danger or threat present. The feelings in the body are very similar, but feelings of anxiety are prolonged or out of proportion to the level of the threat.

For example, I might not be able to sleep. Fearing I haven't locked all the doors, I might get up to check them several times even though I can actually remember locking them.

Sometimes we can become so anxious that we start avoiding things. Some people develop a phobia, or have to perform certain rituals such as counting or cleaning which can stop them getting on with life.

When fear is **very intense**, when it **goes on for too long** or when it **stops us getting on with things**, we may have an anxiety disorder.

There are a number of different anxiety disorders. They include:

- Panic disorder
- Obsessive-compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)
- Generalised Anxiety Disorder (GAD)
- Social anxiety (SA)
- Phobias

We'll look at each of these a little later.

What causes anxiety?

We don't know for sure, but it's most likely to be a combination of things. Our genes, our experiences and our outlook on life all play a part. Sometimes anxiety is triggered by things that happen to us, often stress or a trauma of some kind. Some people seem to be more prone to anxiety than others.

Am I anxious?

To check if you might have anxiety, have a look at these two questions. They are from a questionnaire called the GAD-2. It's designed to measure generalised anxiety, the most common anxiety disorder.

Over the **last two weeks**, how often have you been bothered by any of the

following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge?	0	1	2	3
Not being able to stop or control worrying?	0	1	2	3

Add up your scores for the two questions. Your score will be somewhere between zero and six. If your score is three or more, you might have generalised anxiety and you should complete our anxiety assessment, the GAD-7.

If you score less than three on the GAD-2 scale, but still think you may have an anxiety disorder, ask yourself:

'Do I avoid places or activities, and does this cause me problems?'

If you answer 'yes' to this question, an anxiety disorder is possible and you should take the issue further with a health professional.

These questions won't give you a diagnosis – that's something only a health professional can do – but it may give you a better idea about your symptoms.

Don't worry about the privacy of your results; we don't store them anywhere so they are confidential to you.

Panic disorder

There are different types of panic disorder. People with panic disorder suffer from relatively short but intense attacks of fear and apprehension, often accompanied by shaking, dizziness, shortness of breath and feeling sick.

Panic attacks mostly start and stop fairly quickly, though some people find they can last longer. Sometimes they start in response to a trigger – possibly a thought or a memory. Sometimes they just seem to come 'out of the blue'.

People with panic disorder often worry about future panic attacks and may go out of their way to avoid places, people, or situations where they think they might panic. Quite often panic attacks cause chest pain, so people with panic disorder might think there's something seriously wrong with them and may be hard to convince otherwise.

Understandably, this can lead to people becoming very conscious of bodily changes. This 'hypervigilance' can itself lead to further panic, when normal sensations are mistaken for the signs of something worse.

Obsessive-compulsive disorder

People with obsessive–compulsive disorder (OCD) have upsetting intrusive thoughts or images (obsessions) and may feel the urge to perform certain acts or rituals (compulsions) which help them feel safer or less tense. A smaller number of people have obsessions without compulsions (known colloquially as 'Pure O').

Often people with OCD know the compulsions have no logical base, but knowing this does not make things any easier. Some people find that, without treatment, compulsions might get worse over time. When severe, they may eventually take up many hours of a sufferer's day.

Post-traumatic stress disorder

Post-traumatic stress disorder (PTSD) results from either one or several traumatic experience(s). This can be an extreme situation, such as war, natural disaster, rape, abuse or a serious accident. It can also result from long-term exposure to stress, for example, soldiers who can endure individual battles but who are eventually 'worn down' by repeated tours of duty.

Common symptoms include being tense, alert and 'on guard' all the time, flashbacks (re-living memories), avoiding people or situations, anxiety, anger and depression.

Generalised Anxiety Disorder (GAD)

People with GAD feel anxious for much of the time, rather than feeling anxious about specific events or situations. GAD can cause both psychological and physical symptoms. These vary from person to person, but often include feeling tense, restless and worried, with trouble concentrating and sleeping. People with GAD can feel irritable and tired a lot of the time. For a diagnosis of GAD, these symptoms must have continued for several months.

Phobias

About 1 person in 10 is thought to suffer from one or more phobias. For people with a phobia, anxiety is triggered by a specific object, event or situation.

Sufferers often expect terrifying consequences from encountering the object of their fear, which can be anything from an animal to a location to a particular situation.

Sufferers mostly understand that their fear is not in proportion to the potential danger, but knowing this doesn't help. Avoiding the feared object or situation fuels the phobia. Treatment for phobias usually involves gradually exposing ourselves to the feared object or situation until anxiety diminishes.

Treatments for anxiety

Anxiolytics, some antidepressants and 'talking therapies' (counselling or psychotherapy) can be helpful and can be accessed through your GP. The vast majority of people with anxiety are treated by their GP. Often, medication won't be your prescriber's first choice, as talking therapy can be just as effective as tablets. You should contact your GP early if you think you might be becoming anxious. Mindfulness and other forms of meditation can help too.

There are many approaches to the treatment of anxiety. If at first you find one doesn't work, try different approaches until you find one that you feel comfortable with and that works for you. Make sure you give each approach a fair chance to work before trying another though – this may take months, not days.

If you are prescribed medication, it can take some time to work so don't give up hope if you don't feel better straight away. Sometimes tablets work best when taken for a longer time, and they shouldn't be stopped suddenly without medical advice.

The first appointment with your GP can feel difficult, especially if you view anxiety as a 'weakness' (it isn't!) so it might be helpful to write down what you want to talk about before you go. Make a note of any questions or worries you might have. Some people find it helpful to take a friend or family member along.

Anxiety can make us feel alone, afraid and helpless and it can be hard to summon the energy to get help. A quick 'phone call to your GP can get things moving and start you on the road to recovery.

Acting opposite

Anxiety often makes us want to avoid people or situations. It can be very hard, but facing our fears and staying with people can be very helpful. Remaining in work or returning to work might be very hard too, but can help us keep a sense of control. Keeping a normal daily routine is usually much better than withdrawing. We might feel like shutting ourselves away, but doing so can make things worse. When we avoid a situation, it's often harder to gain control over our fear.

Talking therapies

There are many different types of talking therapy; research suggests one of the most effective for anxiety disorders is cognitive-behaviour therapy (CBT). In CBT, we learn to face our fears and about the ways in which our thoughts can

make us more anxious and less able to cope. A CBT therapist will help you learn new skills to deal with anxiety and help support you face up to things you may have avoided.

Other treatments are available for other anxiety disorders, for example PTSD has been shown to respond well to a relatively new approach, EMDR (Eye Movement Desensitisation and Reprocessing).

Dealing with things

Putting off problems can make them mount up. Are there things in your life you're putting off dealing with? Might an advocate or some extra support help? The Citizens Advice Bureau can help with a range of issues from housing to money worries. Doing things to address our problems relieves the burden and helps us feel 'in control' again.

Repairing Relationships

If you're struggling with a difficult relationship, or anxiety is causing problems in your relationship you can contact <u>Relate</u>, or you could speak to your GP about other types of relationship counselling.

Avoiding alcohol and drugs

Alcohol is a depressant – it lowers the mood. Other non-prescribed drugs are best avoided. If you think alcohol or drug use might be a problem, you can contact Alcoholics Anonymous on 0800 917 7650 or Narcotics Anonymous on 0300 999 1212.

Self-help resources

There are many good books and websites that can help. Again, your GP, practice nurse or primary care mental health practitioner will be able to recommend from a range of excellent and helpful material.

Act now!

The sooner treatment starts, the sooner you'll feel better. If you've been affected by anything you've read here, contact your GP now. Don't delay in seeking help. Anxiety sometimes lifts on its own, but why take the chance?

Speak with your GP or a health professional for extra information or to get on the road to recovery today.

Please read each statement and record a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past two weeks. There are no right or wrong answers. Do not spend too much time on any one statement. This assessment is not intended to be a diagnosis. If you are concerned about your results in any way, please speak with a qualified health professional.

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

1	Feeling nervous, anxious or on edge	
2	Not being able to stop or control worrying	
3	Worrying too much about different things	
4	Trouble relaxing	
5	Being so restless that it is hard to sit still	
6	Becoming easily annoyed or irritable	
7	Feeling afraid as if something awful might happen	
	Total GAD-7 score =	

Normal	Mild	Moderate	Severe
0 - 4	5 - 9	10 - 14	15 - 21

The maximum score of the GAD-7 is 21, lower scores are better. Scores are assigned in the following manner:

0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

The total score is simply the sum of question items one through seven. Scores of 5, 10 and 15 are the cut off points for mild, moderate, and severe anxiety respectively. When used as a screening tool, further evaluation is recommended should the score be ten or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for generalised anxiety disorder. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%), and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Disclaimer

This material is for information only and should not be used for the diagnosis or treatment of medical conditions. We have used all reasonable care in compiling the information but make no warranty as to its accuracy. We recommend you consult a doctor or other health care professional for the diagnosis and treatment of medical conditions, or if you are at all concerned about your health.

References

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Spitzer, R.L, Kroenke, K. & Williams, J.B. *et al*. A brief measure for assessing generalised anxiety disorder: the GAD-7. Arch. Intern. Med. 2006: 166:1092-7.

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