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Living with an Anxiety Disorder

By MARGARITA TARTAKOVSKY, M.S.

Learning that you have an anxiety disorder may bring relief (finally having a name for your struggles), more questions (why me?) and more worry (not knowing what to do next). The good news is that anxiety disorders are among the most treatable.

According to Peter J. Norton, Ph.D, Director of the Anxiety Disorder Clinic at the University of Houston and co-author of The Anti-Anxiety Workbook, anxiety disorders have success rates that make other researchers jealous. The key is to get the right treatment and stick with it.

Here's a look at what effective treatment entails, including the ins and outs of psychotherapy and medication, plus tips for finding a qualified therapist, managing panic attacks and more.

Common Misconceptions

1. **Anxiety disorders aren't that serious**. This myth persists because "anxiety is a universal and normative emotion," said Risa Weisberg, Ph.D, Assistant Professor (research) and Co-Director of the Brown University Program for Anxiety Research at Alpert Medical School. However, anxiety "can be a hugely distressing and impairing symptom."

2. **"I can overcome this on my own."** In her research on anxiety disorders in primary care, Weisberg found that nearly half of primary care patients with anxiety disorders weren't taking medication or attending therapy. When asked about their reasons for not engaging in treatment, one of the most common answers was that they didn't believe in receiving these treatments for emotional problems. Anxiety disorders have a chronic course and "the bottom line is that good treatments exist, so there is no reason to suffer on your own," Weisberg said.

3. **Anxiety disorders are a character defect**. "Anxiety has a genetic and neurological basis," said Tom Corboy, MFT, Director of the OCD Center of Los Angeles.

4. **"I need medication in order to improve."** Though medication can be effective in treating anxiety disorders, "research suggests that in many cases, cognitive-behavioral therapy (CBT) is better or just as good as CBT plus medication," said Jon Abramowitz, Ph.D, Associate Professor at the University of North Carolina at Chapel Hill and Director of the UNC Anxiety and Stress Disorders Clinic. CBT teaches patients the skills for lasting benefits.

Disclosing Your Diagnosis

You may be unsure about sharing your diagnosis with others. Corboy suggested discussing your anxiety with individuals you trust, who have your best interests in mind. If you're considering telling a significant other, wait "until that person has earned your trust," he said.

Treatment

A great deal of research over the past 10 to 15 years has shown that CBT is the most effective treatment for most anxiety disorders, Corboy said, making it the first line of treatment. Research also has shown that selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants and benzodiazepines are effective in treating anxiety.

Doctors usually prescribe SSRIs and SNRIs first because they're effective, can treat depression — which often co-occurs — and tend to be better tolerated. According to the scientific literature, there's a higher rate of relapse with medication, Norton said. The key is to supplement medication with CBT, said Peter Roy-Byrne, M.D., Professor and Chief of Psychiatry at the University of Washington at Harborview Medical Center. In fact, medication is sometimes used to facilitate psychotherapy.

Psychotherapy

The first step in CBT is to understand your anxiety, Abramowitz said. You and the therapist will work together to gain insight into how your thoughts and behaviors fuel your anxiety. "People with anxiety tend to jump to conclusions and overestimate," he said. Behavior such as regularly rehearsing what you're about to say actually feeds your anxiety, nourishing the belief that you can't think on your feet and you're a poor public speaker.

Cognitive restructuring helps patients identify their thoughts and expectations and modify problematic patterns, Abramowitz said. He pointed out that cognitive restructuring "is not the power of positive thinking; it's the power of logical thinking."

In **exposure therapy**, another CBT technique, therapists help patients face their fears in various contexts in a systematic and safe way. Together, you and your therapist create a hierarchy, listing the least anxiety-provoking situation to the greatest, and work your way up, confronting each situation.

Most CBT programs consist of 8 to 15 weekly sessions, Norton said. When individuals start to experience gains varies. At his clinic, Norton typically sees patients improve the most from the 5th to 7th session of their 12-week program. However, there's no universal standard for

staying in therapy. Weisberg recommended that patients continue with CBT until they fully understand and have mastered the above skills to manage their anxiety.

Margarita Tartakovsky, M.S. is an Associate Editor at Psych Central and blogs regularly about eating and self-image issues on her own blog, <u>Weightless</u>.

APA Reference
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