

# Anxiety Related Conditions

Here is some information about some common anxiety-related conditions and how they can be approached and managed.

## Phobias

**What is it?** A phobia is an overwhelming fear of a place, situation, object, animal or feeling. It develops when someone has an exaggerated or unrealistic sense of danger about something. It's a type of anxiety disorder.

**How is it managed?** A *specific* phobia, such as coulrophobia (fear of clowns), is often managed or cured by slowly exposing someone to their fear. A *complex* phobia can be improved (or cured) through self-help methods and talking therapies such as cognitive behavioural therapy (CBT), counselling or psychotherapy. Medication can be taken to calm the anxiety and help prevent panic attacks (which are common with a *complex* phobia).

**Please note:** Phobias don't have a single cause, but they can be associated with a particular incident or trauma; they might be learned from a family member early in life, and genetics may play a part.

## Agoraphobia

**What is it?** Agoraphobia is a *complex* phobia. It's a fear of being in a situation where escape might be difficult or where help won't be available if things go wrong.

**How is it managed?** A *complex* phobia can be improved (or cured) through self-help methods and talking therapies such as CBT, counselling or psychotherapy. Medication can also be taken to calm the anxiety and help prevent panic attacks (which are common with a *complex* phobia).

**Please note:** If someone develops agoraphobia, it's usually because of a panic disorder and panic attacks. It can arise because someone associates the panic attacks with the places or situations where they happened. 'Avoidance' ends up being a common coping mechanism; people often avoid public transport, crowded places or being alone.

# Social Anxiety

**What is it?** Also known as social phobia, social anxiety is when someone has a long-lasting and overwhelming fear of social situations. They can worry before, during and after a social situation about being judged by others and often assume others are thinking badly of them. They think they're 'rubbish in social situations' and feel very anxious about embarrassing themselves. Sweating, trembling and feeling sick are quite common in these situations.

**How is it managed?** A GP will ask about the feelings, behaviour and symptoms a person is experiencing, and if it looks like social anxiety they'll be referred to a mental health specialist. Talking therapies, including CBT can be very effective. Medication such as antidepressants are an option too. There's lots that can be done at home as well - any kind of relaxation techniques will help, such as breathing exercises, walking, yoga, listening to music or relaxation CDs.

**Please note:** Social anxiety can feel very uncomfortable and even frightening, but it is not physically harmful. 'Avoidance' is common - where someone will avoid meeting new people, cancel plans or avoid certain social situations. Someone with social anxiety may not challenge their beliefs, so they end up in a cycle of fear, low-self esteem and avoidance, and rarely see how someone is actually responding to them. It can be useful to challenge negative thoughts by asking if they are actually true, to try and replace unrealistic thoughts with more rational ones, and to gradually expose oneself to one's fears rather than avoiding them.

## Obsessive-Compulsive Disorder (OCD)

**What is it?** Also known as OCD, obsessive-compulsive disorder is an anxiety-related condition. It's where someone has unwanted and often disturbing obsessive thoughts that normally lead to repetitive compulsions, impulses or urges. It interferes with day-to-day life and is very distressing.

**How is it managed?** People with OCD get temporary relief from the thoughts by repeating certain behaviours over and over, but this will never improve the illness. Most people can learn to stop their compulsive behaviours and lessen their obsessive thoughts through cognitive behavioural therapy (CBT). Sometimes a combination of CBT and

medication can be effective too.

**Please note:** Most people with OCD are aware that their thoughts and behaviour are irrational, but they feel powerless to stop them. It's common for someone to think it will cause harm to a loved one if they don't perform the compulsive actions. Even if the risk is small, they will always feel it's their responsibility to prevent the bad event from happening.

## Panic Attacks & Panic Disorder

**What is it?** Panic disorder is an anxiety disorder where someone has regular and sudden attacks of panic or fear. They can happen at any time and often without an obvious reason. Most panic attacks last between 5 and 20 minutes.

**How is it managed?** The two main treatments are cognitive behavioural therapy (CBT), or antidepressants (maybe an anti-epilepsy drug for severe panic disorder). Sometimes a mixture of CBT, medication and group therapy is used. If need be, a referral to either a clinical psychologist or psychiatrist can be made after an assessment by a GP.

**Please note:** Panic is the most severe form of anxiety. Panic attacks are frightening, but they are not dangerous and don't cause physical harm. Panic disorder is treatable and someone can make a full recovery if they seek help and have treatment.

**Having a panic attack?** Don't fight it. Stay where you are if possible. Breathe deeply and slowly. Remember it will pass and that it's not life threatening. Focus on something that makes you feel positive, peaceful and relaxed.

**Legal stuff:** People who suffer from panic disorder may find it affects their ability to drive safely. The DVLA should be notified about the condition.

## Post-Traumatic Stress Disorder (PTSD)

**What is it?** PTSD is an anxiety disorder that's caused by very stressful, distressing or frightening events. Symptoms can differ from person to person, but they can involve re-experiencing traumatic events through

flashbacks or nightmares; or experiencing pain, trembling, sweating, nausea, and having trouble sleeping and concentrating. Guilt, anger, feeling isolated and avoiding certain people or places is also common.

**How is it managed?** If people are still suffering more than 4 weeks after a distressing or frightening event, they should see their GP. Depending on how severe the symptoms are, a GP may conduct 'watchful waiting' - where they keep an eye on someone to see if the symptoms improve without treatment. Other options include trauma-based cognitive behavioural therapy (CBT), eye movement desensitisation and reprocessing (EMDR), group therapy, or medication such as antidepressants.

**Please note:** PTSD symptoms can show up frequently and often have a negative impact on someone's daily life. PTSD can result from experiencing things such as serious road accidents, military combat, witnessing violence, terror attacks or natural disasters. Victims of violence, abuse, or prolonged neglect can be diagnosed with Complex PTSD which might not surface until years later. No matter when it develops, PTSD can be successfully treated.

**Legal stuff:** People who suffer with PTSD may find it affects their ability to drive safely and the DVLA should be notified about the condition.