

PATIENT HANDOUT ON ANXIETY

For panic attacks:

A panic attack (or “anxiety attack”) is a sudden surge of intense fear or discomfort which may be unexpected (out of the blue), often with a sense of danger, which may be more common in a crowded place (or when feeling stressed or trapped), often 5 – 20 minutes, in discrete episodes, associated with a few of the following:

1. Palpitations, pounding heart, or accelerated heart rate.
2. Sweating.
3. Trembling or shaking.
4. Sensations of shortness of breath or smothering. [or not getting enough air]
5. Feeling of choking.
6. Chest discomfort.
7. Nausea or abdominal distress.
8. Feeling dizzy, unsteady, lightheaded or faint.
9. Chills or heat sensations.
10. Numbness or tingling.
11. Derealization (feelings of unreality) or depersonalization (being detached from oneself). [Do you feel out of your body, strange or unreal?]
12. Fear of losing control or “going crazy.”
13. Fear of dying.

(This list is from the DSM-V of the Am Psychiatric Assoc. Also common are feeling of being in danger or the need to get to a safe place, fear of fainting, fear of causing an embarrassing scene, etc.).

It is actually the *fear* of panic attacks, and *attempts to control, avoid, or escape them*, which keep them going. If you react as if the attacks are dangerous, they get worse. They trick you into feeling that you are in danger when you are not. When you continue going about your business, without giving in to them, they lose their power. If you are anticipating problems or planning your escape, your anxiety level increases.

You can tell yourself: "I will accept this anxiety and do what I need to do." "It is okay to be anxious," "It is OK not to feel in control." "It's just what-ifing!" "It will pass, just accept." "This is uncomfortable but Discomfort is not Danger." "It is an adrenalin surge."

If you want you can practice trying to make anxiety symptoms worse on purpose (which is not possible) as a way of learning to do the opposite of fighting, controlling or escaping.

ANXIETY (WITH OR WITHOUT PANIC ATTACKS):

If you avoid places or situations because of anxiety, you do not need to figure out how to feel less less anxious! It is only when you give up these efforts that you begin to recover! You simply need to practice going places (or putting yourself in situations) that you typically avoid due to anxiety. So “Bring your anxiety with you” while resuming activities, and symptoms improve on their own. During anxiety you may (if you want) simply notice your surroundings, feel your feet on the ground, and remain more in the present than in the future, or you may simply just go about your business. You can practice shopping when you don’t need to buy anything, walking to your mailbox, or whatever has been difficult.

You will not feel ready, which is OK. This is a “Leap of Faith” which takes courage at first. You will notice more improvement when you practice regularly. Review your own goals & progress with your provider.

Anxiety cannot be vanquished with effort. Anything you do to suppress, fight, distract, analyze, get rid of, keep at bay, or avoid these feelings will ultimately fall short. Techniques to relax and calm oneself can increase anxiety if the goal is to turn off the anxious feelings. Attempts to banish anxious thoughts tend to bring them back stronger. Relying on distractions can worsen anxiety in the long run.

Most people experience sudden worrisome thoughts and physical symptoms seemingly out of nowhere. This is a normal function of the amygdala, the part of the brain that looks for danger. It acts quickly. Most of these thoughts and symptoms are false alarms. People without an anxiety disorder simply notice them, recognize them as unhelpful, and let them go. But people with anxiety may have developed a habit of trying to resist, escape, avoid or control the thoughts and symptoms, causing new symptoms (like an increased heart rate) which the amygdala then interprets as more evidence of danger, a vicious cycle. Learning to accept means you no longer need to give symptoms your attention, so you feel better naturally. Practice over time “re-trains” this part of the brain.

‘Acceptance’ does not mean tolerating symptoms, but becoming free of the problems they used to cause. With practice you can learn to be aware of anxious thoughts and feelings (without giving them too much attention) as if from an outside observer’s perspective, with curiosity, non-judgmentally, with kindness to yourself, and with the knowledge that thoughts and feelings are not necessarily “true” or helpful, and that they come and go.

Even after you improve, sudden severe thoughts, symptoms or attacks, may occur, but disappear naturally on their own, just as a car stops when you take your foot off the gas. This does not mean there is a problem. Just remember not to pay too much attention to unhelpful thoughts and symptoms.

Medications are very important for some mental health conditions, but are not always needed for anxiety. Professional therapy (counseling) and practicing skills are the main treatment. Benzodiazepines (Xanax, Klonopin, etc.) are especially risky and can make matters worse, especially if they’re used “as needed” for short-term relief.

Mindfulness exercises are not for relaxation nor to get rid of anxiety, but to learn to observe thoughts and sensations in a new way, with acceptance, curiosity, and kindness to oneself. Problems and stress are usually not as much of a problem as our *reactions to them*.

This Handout is by Sally Winston, Psy.D., Founder, Anxiety and Stress Disorders Institute of MD: ASDI . (www.anxietyandstress.com) & based on Acceptance & Commitment Therapy and Cognitive Behavioral Therapy

SELF HELP works for anxiety when skills are practiced over time. Professional therapy is also recommended. (Some self-help resources are not recommended and could potentially make matters worse).

SOME RECOMMENDED SELF-HELP RESOURCES:

The Mindfulness & Acceptance Workbook for Anxiety’ by Drs. Forsyth & Eifert. Shown to be effective, by itself, in a randomized trial (Ritzert TR. Behav Ther. 2016. DOI: 10.1016/j.beth.2016.03.001) www.anxietyandstress.com – ‘What We Offer’ – ‘Resources’ (Anxiety & Stress Disorders Institute of MD) www.adaa.org – ‘Learn And Share’ (The Anxiety & Depression Association of America) <https://stevenchayes.com> – ‘Tools’ By the originator of Acceptance & Commitment Therapy. <https://mindfulwaythroughanxiety.com> Free online audio exercises created by anxiety psychologists.

INDEPENDENT RATINGS OF MENTAL HEALTH APPS:

Research has shown that stars and review ratings are not correlated with app quality.

These sites rate apps on data privacy, user experience, cost etc. (Not always whether they’re based on research). <https://onemindpsyberguide.org> Also rates on whether based on research (Affiliated with U. of California, Irvine) <https://mindapps.org> Also rates on whether based on research. From the Division of Digital Psychiatry, Beth Israel Deaconess Medical Center, and linked from the U.S. Agency for Healthcare, Research & Quality. <https://mobile.va.gov/appstore> Experts have praised these apps developed by the federal government.

‘How to Find a Mental Health App That Works for You’

<https://www.nytimes.com/2022/04/13/well/mind/mental-health-apps-therapy.html>