

Anxiety

What You Need to Know and Helpful Resources

Overview

Anxiety is an emotion of an unpleasant state of inner turmoil, often accompanied by nervous behaviour, such as pacing back and forth, abnormal feelings in the body (such as stomach or chest pains), and cognitive symptoms such as worries or rumination, which is the inability to control what we are thinking about or having one set of thoughts stuck in your head. It may include more general worries about events or activities that are coming up and may include more specific fears, such as the fear of dying or heights.

Fear is an intense biological and emotional response to a real or perceived immediate threat, and is typically short-lived – such as the reaction to an oncoming car or dangerous animal. Whereas anxiety tends to involve worry and emotions about a perceived threat that we think might happen in the future, and this anticipation of an unspecified threat tends to be longer-lasting. Anxiety can be appropriate in many circumstances. It's natural to feel anxious in stressful situations. When someone experiences anxiety regularly, without stressful events, and if it significantly impacts a person's day-to-day function, or if they start to avoid doing activities because of it, they may have an anxiety disorder.

Symptoms of anxiety often include:

- muscle tension
- restlessness
- fatigue
- dizziness
- heart palpitations
- sweating
- irritability
- headaches
- unexplained pains
- sleep issues
- problems with concentration

Anxiety is very common in people of all ages, and for one in four people, anxiety is debilitating. Anxiety disorders are the most common mental health problem in women and are second only to substance use disorders in men. It's also common for people to have more than one anxiety disorder or anxiety and depression at the same time.

Substance use may also cause anxiety symptoms either while a person is under the influence or when they are in withdrawal. Stimulants, including caffeine, illicit drugs such as cocaine, and prescription drugs that stimulate the central nervous system, such as Ritalin, can also cause anxiety symptoms or make anxiety disorders worse.

What is Normal Anxiety?

When danger is sensed, the brain sends a message to the nervous system, which responds by releasing the neurotransmitter epinephrine, also known as adrenaline. This 'fight or flight' response is a normal fear response that prompts you to fight or flee from danger. The increase in epinephrine causes you to feel alert and energetic and gives a spurt of strength to prepare you to attack or flee. This increase can also have some unpleasant side effects, which include feeling nervous, dizzy, sweaty, shaky, or breathless. Although these side effects can be disturbing, they are not harmful to the body and do not last long.

How Does Anxiety Affect Us?

Whether the danger is real or imagined, when a person experiences a fight-or-flight response, three 'systems of functioning'—cognitive, physical, and behavioural—are changed.

Cognitive – 'The way you think': A person's attention shifts immediately and automatically to the perceived threat. The effect on a person's thinking can range from mild worry to extreme terror.

Physical – 'The way your body works and feels': Physical effects can include heart palpitations or increased heart rate, shallow breathing, trembling or shaking, sweating, dizziness or lightheadedness, feeling 'weak in the knees', freezing, muscle tension, shortness of breath, and nausea.

Behavioural – 'The way you act': People engage in certain behaviours and refrain from others to protect themselves from experiencing anxiety. For example, avoiding crowds or circumstances that make them feel

uncomfortable, taking self-defense classes or only doing certain activities with a friend or family member if they are fearful.

Anxiety may express itself differently for different people and in different ways, depending on the situation or type of anxiety disorder.

What Causes Anxiety Disorders?

While it is not understood exactly what causes anxiety disorders, it appears to be associated with several factors, including biology, medical conditions, and psychological factors.

Biology: You're more likely to inherit a tendency for anxiety if a close family member has it. Problems with brain chemistry and brain activity can also play a role.

Medical conditions: Medical conditions, especially those that affect the glands, heart, lungs, and brain, may cause anxiety symptoms and possibly lead to an anxiety disorder. Drug or alcohol use may induce anxiety symptoms, either when a person is using the drug or experiencing withdrawal. Psychiatric disorders, such as depression or psychosis, may also result in anxiety symptoms.

Psychological Factors: A person's beliefs and experiences can both play a role in anxiety disorders.

Cognitive theory suggests that people with anxiety disorders **overestimate** danger, in other words, the probability of something bad occurring. They may also **catastrophize** about the extent of the potential consequences. People who overestimate danger tend to avoid situations that will expose them to their fear. This avoidance is often referred to as 'safety behaviours'. However, when the feared situations are avoided, the fears are actually reinforced or strengthened.

People may also learn to associate the fear felt during a stressful or traumatic event with certain **cues or triggers**, such as a place, a sound, or a feeling. When the cue is re-experienced, the sense of fear is triggered. Once the association between the fear and cue is learned, the reaction becomes unconscious. People with anxiety disorders will try to avoid these cues and, in doing so, increase the anxiety associated with them.

Types of Anxiety Disorders

There are several different types of anxiety disorders. These include:

- specific phobias
- social anxiety disorder
- generalized anxiety disorder
- panic disorder, and
- agoraphobia

Specific phobias: Specific phobia involves a heightened fear of an object or a situation, such as a fear of dogs or a fear of flying or needles. The fear affects a person's ability to do something they need or want to do.

Social anxiety disorder: Social anxiety disorder involves anxiety about interacting with others or being the centre of attention. There's a fear of being judged, embarrassed, or humiliated.

Generalized anxiety disorder: Generalized anxiety disorder involves excessive worry about many things, such as work, health, and family members; and often includes symptoms such as insomnia, muscle tension, or trouble concentrating.

Panic disorder: Panic disorder involves sudden, unexpected, recurring episodes of fear along with physical symptoms such as dizziness and trouble breathing. There might also be a fear that something terrible will happen, like losing control or dying. People also worry about having these panic attacks and will avoid situations where they might have more episodes.

Agoraphobia: Agoraphobia is a fear of situations that may feel difficult to escape from or where it's hard to find help, such as in crowded places, on public transportation, or driving a car. The fear is also focused on having a panic attack or incapacitating or embarrassing symptoms (like fear of falling or incontinence).

A Note about PTSD and OCD

Post-traumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD) are no longer categorized as anxiety disorders, even though anxiety is a key feature of these disorders.

In PTSD, a person has experienced a traumatic event and has associated symptoms of re-experiencing the traumatic event through memories,

nightmares, or flashbacks. They will typically try to avoid reminders of the event and often have symptoms like irritability, poor sleep, difficulty concentrating, and feeling on edge.

A person with OCD experiences obsessive thoughts, images, or urges that persistently enter the mind and trigger distress; as well as compulsions, which are recurrent behaviours or mental acts carried out to relieve the distress of the obsessions such as, repeated hand-washing until their skin becomes raw, checking doors over and over to make sure they're locked, or silently repeating a word or phrase.

During an assessment, a healthcare provider may ask questions related to these conditions as part of an overall assessment of a person's anxiety symptoms.

Assessment

If you or a loved one feels they may have an anxiety disorder, speaking with a healthcare provider is a good first step.

Before your visit, think about how you feel physically and emotionally. Are you experiencing more worry or fear, panic, and nervousness than you think you can manage? What physical symptoms are you experiencing? For example, restlessness, tense muscles, sweating, or trouble sleeping.

You can also share:

- If there's anything at home, work, or school that makes things better or worse
- If talking about your anxiety makes you self-conscious or afraid
- If you've tried any treatments for anxiety before
- If your family has a history of anxiety or any mood disorders like depression or bipolar disorder
- If drug or alcohol use is having a negative effect on your life

This information will help your healthcare provider decide if you show signs of an anxiety disorder. If you do, they will do a more formal assessment (or refer you to someone who will) to identify the specific disorder type, how severe it is, and what the next steps should be.

Note: It can be helpful to take notes during your visit. However, it can be difficult to write down all the details. Consider asking a friend or family member to join the visit and take notes for you. That way, you can focus on the conversation and review the notes later.

Diagnosis

If your healthcare provider suspects that you may have an anxiety disorder, they will ask you some questions about how you are feeling. For example:

“During the last two weeks, how much have you been bothered by the following problems?”

- Feeling nervous, anxious, frightened, worried, or on edge
- Feeling panic or being frightened
- Avoiding situations that make you anxious

If it is found that you have anxiety symptoms, they will explore when the symptoms started, if they were associated with specific events or trauma, the kind of anxiety that you may have (for example, worry, avoidance, or obsession) and how it impacts your daily life.

They'll review your medical and family history, conduct a physical exam, and may order investigations to rule out that a medical condition might be causing or contributing to your anxiety symptoms. They may also use a questionnaire to screen for specific disorders.

After this thorough analysis, your healthcare provider will be better able to identify your specific anxiety or related disorder and work with you to identify appropriate psychological and/or pharmacological treatment.

Treatment Approaches

Fortunately, there are many effective treatments for anxiety disorders including psychotherapy, specifically cognitive behavioural therapy (CBT), self-help options, and medication. The choice for treatment depends on various factors, such as a person's preferences, availability, cost, severity, motivation, and other factors. In general, psychotherapy and medications have about equal results.

Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) is a psychological treatment process that helps to address the factors that caused and maintain a person's anxiety symptoms. It can be delivered as individual or group therapy for most anxiety disorders and with various methods such as self-help workbooks, internet or virtual programs, and more-or-less therapist contact.

CBT is typically a relatively intensive, short-term, solution-focused approach; usually involving weekly contact for about 12 to 20 weeks, although there are shorter variations that also have been shown to be effective. It provides a person with skills to analyze some of the thoughts and bodily symptoms that drive the anxiety and the tools to help them gradually face their fears and decrease avoidance. In addition to this aspect of 'facing your fears' or 'exposure-based treatment', CBT teaches you to notice patterns of thinking that amplify anxiety and learn how to counter those thoughts. With practice, CBT helps you to gradually shift the way you think or react to the things that make you anxious. For example, CBT can help you become more comfortable being around other people if you have social anxiety, or gain mastery and control of your panic attacks so that you don't avoid going out if you have panic disorder.

CBT is effective for people of all ages, for people with different levels of education or income and various cultural backgrounds. On its own, it can work just as well as medication; or, it can be part of a treatment plan that includes medication.

Self-Help

There are many self-help resources and internet-based tools to help manage anxiety. Virtual and in-person support groups are available. Your healthcare provider can help connect you with local resources. A complete list of recommended resources, which includes helpful websites, apps, books, and workbooks can be found at the end of this summary.

Medication

Common medications for anxiety disorders include selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs). These medications are also known as "antidepressants," but they treat many different conditions, including anxiety disorders. In general, it is best to 'start low and go slow' with the dose of the medication; and know that your response to the medication may take a while, sometimes taking 2 to

8 weeks for the start of symptom relief and up to 12 weeks or more for the medication to reach its full effect. With medication, longer-term therapy has been found to result in continued improvement in symptoms and helps to prevent relapse. For most people, medication therapy should be continued for 12-24 months, depending on effectiveness and side effects.

Side Effects

As with any medication, there are risks and benefits, and you should discuss these with your healthcare provider. It's very important to discuss potential adverse effects of the various types of medications with your healthcare team. In addition, it's important not to abruptly stop medications; so, talk to your healthcare provider about how to taper off any medications if you do decide to discontinue them.

Follow-Up Care

Cognitive behavioural therapy, self-help, or medication can help to manage an anxiety disorder. As a person starts to feel better, their healthcare provider should monitor their progress to ensure the treatment is helping and to assess for any side effects. People with anxiety are also at risk of developing depression, so follow-up care is also important for this reason. The treatment plan should let them know how to spot signs of returning symptoms before they get worse, how to manage them, and when to get support.

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Anxiety Disorders

Education and Self-Help Resources



Self-Help and Low-Intensity Treatment

Anxiety Canada

Free online resources based on cognitive behavioural therapy that teach people about anxiety and how to cope.

anxietycanada.com

BounceBack® Canada

A free skill-building program to help people age 15+ and older learn to manage anxiety and depression.

bounceback.cmha.ca

Health Quality Ontario's Patient Guide for Anxiety Disorders

Find suggestions on what to discuss with your health care providers to help you to receive high-quality care.

hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-anxiety-disorders-patient-guide-en.pdf

Hope for Wellness Helpline

An online chat counseling service for Indigenous peoples across Canada.

hopeforwellness.ca

Living Life to the Full

Life skills course based on CBT developed by the Canadian Mental Health Association of British Columbia.

livinglifetothefull/our-courses

Togetherall

Formerly the 'Big White Wall', a safe and anonymous online peer support community that can be accessed anytime, anywhere.

togetherall.com

Youth Wellness Hubs

"One-stop shops" to help youths aged 12 to 25 get help with a variety of needs, including their mental health.

youthhubs.ca

Mobile Apps

CALM

App with a free trial that provides mindfulness and meditation exercises.

calm.com

Headspace

App with a free trial that guides users through mindfulness and meditation exercises.

headspace.com

Mindshift® CBT

Free app from Anxiety Canada that uses strategies based on CBT to help develop more effective ways of managing anxiety.

anxietycanada.com/resources/mindshift-cbt

Wysa: Mental Health Support

Free app that works as an emotionally intelligent chatbot that uses artificial intelligence (AI) to react to the emotions you express, supporting people with stress, anxiety, and depression.

wysa.io

Woebot

Free AI CBT chatbot coach assists with reducing anxiety and stress using CBT tools.

woebothealth.com

Self-Help Psychoeducation Books & Workbooks

10 Simple Solutions to Panic: How to Overcome Panic Attacks, Calm Physical Symptoms, and Reclaim Your Life. Martin M. Antony and Randi E. McCabe, 2004.

10 Simple Solutions to Shyness. Martin M. Antony, 2004.

Anti-Anxiety Workbook, The. Martin M. Antony and Peter J. Norton, 2008.

Anxiety and Depression Workbook, The. Michael A. Tompkins, 2021.

Anxiety and Worry Workbook: The Cognitive Behavioral Solution, The. David A. Clark, and Aaron T. Beck, 2011.

Anxious Thoughts Workbook for Teens, The. David A. Clark, 2022.

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Self-Help Psychoeducation Books & Workbooks

(Continued)

Assertiveness Workbook, The (2nd edition). Randy J. Paterson, 2022.

Cognitive Behavioral Coping Skills Workbook for PTSD: Overcome Fear and Anxiety and Reclaim Your Life, The. Matthew T. Tull, Kim L. Gratz, et al., 2016.

Cognitive Behavioral Therapy for Anxiety and Depression During Pregnancy and Beyond. Sheryl M. Green, Benicio N. Frey, et al., 2018.

Cognitive Behavioral Workbook for Menopause, The. Sheryl M. Green and Randy E. McCabe, 2012.

Generalized Anxiety Disorder Workbook: A Comprehensive CBT Guide for Coping with Uncertainty, Worry, and Fear, The. Melisa Robichaud and Michel J. Dugas, 2015.

Helping Your Anxious Child, Second Edition. Ronald M. Rapee, Ann Wignall et al. 2008.

Mastering Fear and Phobias: Fourth Edition: Workbook. Martin M. Antony and Michelle G. Craske, et al., 2006.

Mindfulness for Beginners: Reclaiming the Present Moment and Your Life. Jon Kabat-Zinn, 2016.

Mind Over Mood: Change How You Feel By Changing the Way You Think (2nd edition). Dennis Greenberger and Christine A. Padesky, 2016.

Overcoming Fear of Heights. Martin M. Antony and Karen Rowa, 2007.

Overcoming Health Anxiety: Letting Go of Your Fear of Illness. Katherine Owens, and Martin M. Antony, 2011.

Overcoming Medical Phobias. Martin M. Antony and Mark A. Watling, 2015.

Quiet Your Mind and Get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety or Chronic Pain. Colleen Carney and Rachel Manber, 2009.

Shyness & Social Anxiety Workbook, The. Martin M. Antony and Richard P. Swinson, 2017.

When Perfect Isn't Good Enough, Second Edition. Martin M. Antony and Richard P. Swinson, 2009.

Worry Workbook: CBT Skills to Overcome Worry and Anxiety by Facing the Fear of Uncertainty, The. Melisa Robichaud and Kristen Buhr, 2018.

Worry Workbook for Kids: Helping Children to Overcome Anxiety and the Fear of Uncertainty, The. Muniya S. Khanna and Deborah Roth Ledley, 2018.

Therapist-Guided CBT

Find a Certified Therapist

Search for a certified CBT therapist near you on the Canadian Association of Cognitive and Behavioural Therapies (CACBT) website.

cacbt.ca/en/certification/find-a-certified-therapist

Ontario Structured Psychotherapy Program

Access OHIP covered CBT and related approaches for patients 18+ with mild to moderate anxiety and depression.

ontariohealth.ca/about-us/our-programs/clinical-quality-programs/mental-health-addictions/programs-resources

Internet-Based CBT (iCBT)*

MindBeacon

Mental health support, based on CBT, for adults aged 16+ who are dealing with stress, anxiety, depression and more.

mindbeacon.com

Telus Health CBT

An iCBT program from Telus Health. Move through 10 structured online modules, at your own pace, while your therapist monitors your progress.

myicbt.com

*In Ontario, iCBT can be accessed for free through the Ontario Structured Psychotherapy Program