

Anxiety

QUESTIONS
to ask **before your**
teen goes to college

TIPS FOR EASING
separation anxiety

COMMON SUBSTANCES
that can trigger anxiety

How to recognize
an anxiety disorder
in older adults

Normal
anxiety or
anxiety
disorder?

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To learn more about anxiety, visit pinerest.org/anxiety.

About Pine Rest

The fourth largest behavioral health provider in the U.S., Pine Rest is a comprehensive mental health center for treatment, higher education and research.

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Pine Rest is an Associate member of the National Network of Depression Centers, nndc.org.

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Anxiety Disorders

Anxiety disorders are the most common psychiatric illnesses in the United States for both children and adults.

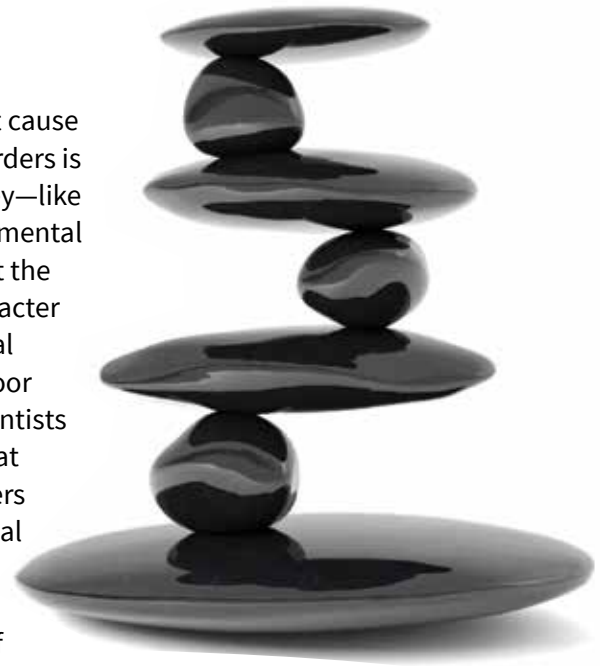
We've all felt nervous or anxious at times—before taking a test, before a job interview, making an important decision or preparing for a speech. Anxiety is a normal reaction to stress. It helps us prepare for significant events or warns us to get out of harm's way or take action. But, unlike the relatively mild and brief anxiety we might experience in these situations, anxiety disorders are much different.

At some point in their lives an estimated 31% of adults and 32% of teens (ages 13 to 18) have an anxiety disorder causing such distress that it interferes with day-to-day living.*

Several recent studies have shown that the chance of having at least one anxiety disorder during childhood ranges from 26.1% for boys and 38.0% for girls.* People with anxiety disorders suffer constant and overwhelming worry and fear. Unfortunately, only about one-third of adults and less than one-fifth of children and teens with an anxiety disorder receive treatment.

While the exact cause of anxiety disorders is not known, they—like other forms of mental illness—are not the result of a character flaw or personal weakness or poor parenting. Scientists are learning that anxiety disorders have a biological basis and are caused by a combination of factors including brain chemistry, genetics, environmental factors, personality characteristics and life events. Most often, anxiety disorders begin in childhood, adolescence or early adulthood.

The good news is that anxiety disorders are highly treatable, and the vast majority of people with an anxiety disorder can be helped with professional care. Although treatment must be tailored specifically for each individual, the most successful treatments include a combination of therapy and medication.



Everyday Anxiety	Anxiety Disorder
Feeling nervous before a job interview or major presentation	Turning down promotion because it involves public speaking
Feeling shy or awkward when entering a room full of strangers	Refusing to attend the office holiday party
Feeling nervous, uncomfortable or awkward social situation	Refusing a social invitation for fear of being judged, humiliated or embarrassing yourself
Realistic fear of a dangerous object, place or situation	Irrational fear or avoidance of an object, place or situation that poses little or no threat of danger

* Source: National Institute of Mental Health



Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is a common condition characterized by constant worry and tension that persists for several months, even when there is little or no cause. This ongoing, severe tension interferes with day-to-day life as people worry constantly and feel helpless to control these worries. People with GAD anticipate disaster and are overly concerned about health issues, money problems, family dynamics and work difficulties. Sometimes they can barely get through the day because of their heightened anxiety. GAD affects about 6.8 million adults or 3.1% of the population.

In children and adolescents, GAD (and other anxiety disorders) can be particularly disabling, with children at times refusing to go to school or participate in other activities that are essential to their growth and learning. Frequently, younger children will complain of symptoms that are more of a somatic nature—with common complaints of tummy aches and headaches.

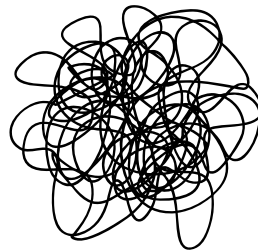
Types of Anxiety Disorders

There are nine major types of anxiety disorders, each with distinct symptoms:

- Generalized anxiety disorder (GAD)
- Panic disorder (panic attack)
- Specific phobia
- Agoraphobia
- Social anxiety disorder (social phobia)
- Substance/medication induced anxiety disorder
- Anxiety due to a medical condition
- Separation anxiety disorder
- Selective mutism

GAD is mentally and physically exhausting, making normal life difficult and relaxation impossible. Physical symptoms can include: fatigue, headaches, muscle tension and aches, difficulty swallowing, trembling, twitching, irritability, sweating, nausea, lightheadedness, breathlessness and hot flashes. Sufferers also may have trouble concentrating, relaxing, falling asleep or staying asleep.

GAD usually develops gradually and may begin at any time, although the risk is highest between childhood and middle age. Those suffering with GAD don't know how to stop the worry cycle and feel it is beyond their control. In many cases it occurs along with other anxiety or mood disorders.



Symptoms of GAD

- Excessive worry about everyday things
- Trouble controlling constant worries
- Feel tired all the time
- Have trouble relaxing
- Headaches, muscle aches, stomach aches
- Restless, difficulty concentrating
- Irritable, hot flashes, lightheaded
- Trouble falling sleep or staying asleep

Panic Disorder (Panic Attack)

In any given year, about six million American adults experience a panic disorder. A sudden surge of overwhelming anxiety and fear, panic attacks often occur in familiar places where there is seemingly nothing threatening the individual. During an attack, several of the symptoms occur simultaneously.

People who have panic attacks often fear their own physical symptoms which can become overwhelming. They cannot predict when or where an attack will occur, and, between the attacks, they become preoccupied with worry or dread of the next occurrence. Panic attacks can occur at any time, even when someone is asleep. They usually last about ten minutes but some of the symptoms may last longer.

People who have full-blown, repeated panic attacks can become very disabled by their condition. They may begin to anticipate the possibility of another panic attack, which can lead to more serious anxiety or mood disorders.

Like adults, children and teenagers who experience panic disorder often begin to avoid going places and engaging in activities out of a fear that a panic attack might occur. In very severe cases, children's panic becomes so widespread that they require a "safety person" to help, or they remain home for long periods of time.

Panic disorder typically develops in early adulthood and seems to affect women more than men.



Symptoms of a Panic Attack

- Sweating, shortness of breath or hyperventilation
- Racing heart, chest pain or discomfort
- Feeling dizzy, light-headed or faint
- Choking or smothering sensation
- Numbness or tingling
- Chills or hot flashes
- Trembling or shaking
- Nausea or upset stomach
- Feeling unreal or detached from one's surroundings
- Fear of losing control, "going crazy" or dying

In any given year, about
six million American adults
experience a panic disorder.

Phobia

A phobia is an unrealistic or exaggerated fear of a specific object, activity or situation that in reality presents little or no danger. Some of the more common phobias include animals, snakes, spiders and insects; heights, escalators and tunnels; highway driving, trains and flying; and medical procedures, needles or the sight of blood.

While some phobias develop in childhood, others develop unexpectedly, usually in adolescence or early adulthood. Over 19 million adults have a specific phobia, making this the most common type of anxiety disorder.

People with phobias have emotional and physical reactions to the feared objects or situations. Symptoms of a phobia include feelings of panic, dread or terror. Those who have phobias often experience rapid heartbeat, shortness of breath and trembling. They may recognize that their fear goes beyond normal boundaries of reason, but their reactions are automatic and

uncontrollable and they feel powerless in controlling or combating it.

While adults with phobias realize that these fears are irrational, they often find that facing the object or situation or even thinking about it, brings on severe anxiety. The distress can become so great that some people go to extreme lengths to avoid what they fear. Unfortunately, avoidance only strengthens the phobia.

Children and adolescents who suffer from specific phobias may not realize that their anxiety is excessive or unreasonable and may believe that their fearful responses are justified. They fully believe that the frightening object or event will actually harm them if they do not avoid it. Children will become extremely distressed when confronted with the object or situation, and the anxiety may be expressed by crying, tantrums, freezing or clinging.

Normal Anxiety	Phobia
Feeling uneasy or queasy when climbing a ladder	Refusing to attend a special event on the top floor of a hotel
Worry about takeoff in an airplane during a storm	Turning down a big promotion because it involves air travel
Feeling anxious about a neighbor's large dog	Avoiding a neighbor for fear of seeing the dog

Agoraphobia

About one in three people with a panic disorder also develop agoraphobia—a fear of public places such as sports arenas or shopping malls, open spaces (parks, beaches), public transportation or other sites where there may be crowds and where immediate escape is not possible or help for a panic attack may not be readily available. They avoid the place or places where they first suffered a panic attack. Or, the panic attack sufferer may halt all activities that seem to trigger the attacks such as driving, riding in elevators or going to the grocery store.

Sometimes this anxiety becomes so intense, sufferers may eventually refuse to leave home.



Social Anxiety Disorder (Social Phobia)



Social anxiety disorder, sometimes called social phobia, is characterized by excessive worry and self-consciousness about everyday social situations. Far more than shyness or unease around other people, those with social phobia have an intense, persistent and irrational fear of being watched and judged by others or of doing things that will embarrass them or lead to ridicule.

Common examples of social anxiety are public speaking or performing in front of an audience, meeting new people, eating at restaurants or going to parties. Physical symptoms that often accompany social anxiety disorder include blushing, sweating, trembling, nausea or difficulty speaking.

Symptoms can be extreme and eventually disrupt daily life. People with this disorder often find it difficult to make or keep friends, and it can prevent involvement in a romantic relationship, making those who suffer from this disorder feel completely isolated and even ashamed.

Children with social phobia tend to either avoid social situations or react with temper tantrums, crying or “freezing.” Their fears can center on social situations such as parties or talking with teachers, principals or other authority figures. Other fears include using a public restroom, talking on the phone, writing on a blackboard or reading in front of peers.

Social anxiety disorder can disrupt a child’s entire life and interfere with success in school and building social relationships. Social anxiety can also lead to other communication issues, such as selective mutism—a condition when a child might refuse to speak or has serious difficulty communicating in a stressful or fear-inducing situation.



Substance/Medication-induced Anxiety Disorder

This disorder is diagnosed when panic attacks or other anxiety symptoms are brought on by use of or withdrawal from alcohol or other drugs, taking medications or exposure to heavy metals or toxic substances.

Ironically, many of the substances that people use to “relax,” boost their social confidence or reduce inhibitions in social situations may be the very agents that cause this disorder. Instead of providing good feelings or relief, the substance use results in extreme anxiety and panic. Persons with this disorder often don’t realize it because they associate their substance use with feeling better, not worse.

In some cases, the onset of anxiety symptoms is immediate. For others, symptoms may develop within a month of intoxication or withdrawal.

Some of the Substances that Can Lead to Substance/Medication-induced Anxiety

Substances

- Alcohol
- Caffeine
- Cannabis (marijuana)
- Cocaine (amphetamines)
- Hallucinogens
- Inhalants
- Nicotine
- Phencyclidine (PCP)
- Opioids
- Sedatives

Medications

- Analgesics
- Anesthetics
- Anticonvulsants
- Antidepressants
- Antihistamines
- Bronchodilators
- Cardiovascular meds
- Corticosteroids
- Epinephrine
- Insulin

Toxins

- Carbon dioxide
- Carbon monoxide
- Gasoline
- Nerve gases
- Organophosphate insecticides
- Paint

Anxiety Induced by Medical Conditions

Certain medical conditions can also lead to an anxiety disorder. In many cases, the anxiety might be the first indication that a medical illness exists, especially if the anxiety develops suddenly in a person with no prior history of anxiety or family history of anxiety disorders. Symptoms include general anxiety symptoms as well as panic attacks.

A number of medical conditions are known to include anxiety as a symptom, including:

- Endocrine diseases (i.e., hyperthyroidism, hypoglycemia)
- Cardiovascular disorders (i.e., congestive heart failure, atrial fibrillation)
- Respiratory illnesses (i.e., asthma, pneumonia)
- Metabolic disturbances (i.e., vitamin B12 deficiency, porphyria)
- Neurological illnesses (i.e., encephalitis, seizure disorders)



Treatment Options for Anxiety Disorders



Fortunately, great progress has been made over the last two decades in treating people with anxiety disorders. Although the exact treatment approach depends on the type of disorder, most respond well to therapy or a combination of the therapy and medication.

The first step in treatment should be a consultation with the family doctor. The physician should conduct a complete physical exam and diagnostic evaluation to determine whether a person's symptoms are caused by an anxiety disorder or a physical problem. If an anxiety disorder is diagnosed, the specific disorder or combination of disorders must be identified as well as any coexisting conditions, such as depression or substance abuse.

Psychotherapy

Psychotherapy involves talking with a trained mental health professional such as a social worker, counselor, psychologist or psychiatrist to discover what caused an anxiety disorder and how to deal with its symptoms.

Cognitive Behavioral Therapy (CBT) helps a person learn to recognize the thinking patterns and beliefs that fuel

their anxiety and change the way they think and respond to anxiety-inducing situations. Over time, this new way of thinking and responding helps reduce the fear a situation produces. For example, a person with panic disorder would learn to recognize that his or her panic attacks are a symptom of their anxiety disorder and not a heart attack and then practice the calming skills they've learned working with a CBT therapist.

Some of the strategies CBT therapists teach to modify thoughts and responses include journaling, role-playing, relaxation techniques and mental distractions, and are often assigned as homework outside of therapy sessions. To be effective, therapy must be conducted with the person's cooperation and directed at his or her specific anxieties.

Exposure therapy is a treatment that encourages people with anxiety disorders to confront their fears in a safe, controlled environment. Through repeated exposure to the feared object or situation, either in one's imagination or in reality, they gain a greater sense of control because they face their fear without being harmed. As a result, their anxiety gradually diminishes.

Medications

Medication does not cure an anxiety disorder, but it can help keep symptoms under control. The most common medications used are antidepressants (such as SSRIs, tricyclics and MAOIs), anti-anxiety drugs (benzodiazepines) and beta-blockers.

Complementary Treatments

Many people with anxiety disorders also benefit from joining a self-help or support groups and sharing their problems and achievements with others. Stress management techniques and meditation can also help people with anxiety disorders calm themselves and may enhance the effects of therapy. Preliminary evidence also suggests that aerobic exercise may have a calming effect as well.

Supportive Environment

The support of family and friends is very important to the recovery of a person with an anxiety disorder. Ideally, the family and friends would encourage their loved one as they progress through therapy and learn new coping skills rather than trivialize the disorder or demand immediate improvement.

Taking Medications

Before taking any medication for an anxiety disorder:

- Ask your doctor to tell you about the effects and side effects of the drug.
- Tell your doctor about any alternative therapies or over-the-counter medications you are using.
- Ask your doctor when and how the medication should be stopped. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.
- Work with your doctor to determine which medication is right for you and what dosage is best.
- Be aware that some medications are effective only if they are taken regularly and that symptoms may recur if the medication is stopped.

Source: National Institute of Mental Health



The support of family and friends is very important to the recovery of a person with an anxiety disorder.

Anxiety in Children & Teens

Anxiety is a normal part of childhood and is usually temporary and harmless. However, children who suffer from an anxiety disorder experience fear, nervousness and shyness to the point that they start to avoid places and activities.

One in eight children is affected by an anxiety disorder, with symptoms commonly emerging around age six. Left untreated, children with an anxiety disorder are at higher risk to perform poorly in school, miss out on important social experiences and engage in substance abuse.

Children and teens can experience any type of anxiety disorder. However, separation anxiety disorder and selective mutism are generally diagnosed only in children.

Separation Anxiety Disorder

It's perfectly natural for a young child to feel anxious when separated from a parent. Crying, clinging behaviors or tantrums are common reactions when a parent goes away or when a child is left at day care or preschool. Usually, these behaviors stop once the child is distracted and engaged in new activity.

This is a normal stage of development for many children aged 18 months to about three or four years old, and symptoms usually fade as the child ages. However, if this fear occurs in an older child, becomes excessive or persists for more than a month, the child may have separation anxiety disorder.

While adults can suffer from separation anxiety, it usually affects children seven to nine years old. Separation anxiety disorder affects about 4% of children and often develops after a significant life event such as death of a parent or pet, move to a new home or school or major illness or hospital stay.

A child with separation anxiety disorder experiences excessive fear and nervousness when away from home or a parent. This fear then interferes with school or other activities. Symptoms may include extreme homesickness, refusal to go to school or camp, complaints of headaches or stomachaches on school days, bedwetting, nightmares or worry that something bad will happen to the child or parent while they are apart.



Tips for Easing Separation Anxiety

Schedule separations after naps or feedings. Babies are more likely to feel anxiety when they are tired or hungry.

Practice. Leave your child with a caregiver for a short period of time to get your child slowly more accustomed to your absence.

Develop a “goodbye” ritual. This can be as simple as a special hand wave or blowing a kiss.

Leave without fanfare. Tell your child that you are leaving and that you’ll return. Then go.

Source: helpguide.org



Selective Mutism

Periods of shyness are common in children: they might get very quiet and withdrawn in a new place, when meeting new people or starting school. However, when a child is talkative and behaves normally in familiar surroundings such as their own home, but refuses to speak or has serious difficulty communicating in certain social situations, it may be selective mutism.

Often considered a severe form of social anxiety, selective mutism usually develops in early childhood, often before the age of five. The inability or refusal to speak is not due to a lack of knowledge or comfort with language or due to another communication disorder such as stuttering. Children with Selective Mutism have a fear of social interactions where speaking to others and communicating is expected. Parents frequently first learn about a child's difficulty from a teacher or other school figure, because the behavior is not apparent when the child is in a comfortable setting or environment.

Symptoms of Selective Mutism

- “Freezing” in place: standing motionless
- Blank facial expression
- Twirling or chewing hair
- Head turning
- Avoiding eye contact
- Withdrawing into a corner to avoid interaction

Treating Children

Studies on treating childhood anxiety disorders have found that cognitive behavioral therapy can effectively treat anxiety disorders in children. Also, educating children about the nature of anxiety, ways to identify, evaluate and change anxious thoughts plus training in relaxation strategies have all been used with some success. Children are also taught to learn to recognize the physiological symptoms of anxiety and are taught to use positive “self-talk” rather than negative self-talk.

Techniques commonly used include relaxation training, use of imagery techniques, token reinforcement implemented by parents (e.g. praise, sticker charts), and careful self-monitoring of positive behaviors. Through exposure therapy, children are also taught ways to gradually face situations that they formerly avoided due to fear. Exposure therapy should be implemented by a trained therapist.

How Parents Can Help

Recent research suggests that parental involvement in treatment can enhance treatment effectiveness. By learning new ways to interact with their child, the child's fears are not inadvertently reinforced. Parents can provide praise and positive reinforcement for brave behavior as well as implement and practice new coping skills with their children between sessions. Because children's anxiety symptoms have been found to have significant impact on the family, many clinicians incorporate family therapy into their treatment protocol.

When Kids Won't Go to School

Although most children will refuse to go to school occasionally or play hooky, “school refusal” is when a child refuses to go to school or stay at school on a regular basis. Often the child complains of physical symptoms such as a stomach ache or headache in order to miss that day of school, arrive late, leave early, or spend a lot of time in the nurse’s office. It’s important to follow up with the child’s pediatrician to rule out a medical condition. However, in many cases “school refusal” can be a symptom of an anxiety disorder such as social phobia or separation anxiety.

Starting kindergarten, changing schools, and stressful life events can trigger school refusal. Or, the child may have fear of failure, fitting into a social group, a particular teacher or of another student. School refusal commonly takes place at ages five to six, ages ten to eleven, and when transitioning to junior high or high school.

Getting a comprehensive evaluation from a mental health professional will help to identify the anxiety disorder(s) the child is facing and help determine the best treatment. In the meantime, the child should be kept in school since missing school reinforces anxiety rather than lessens it.



Coping Strategies for School Anxieties

- Expose your child to school in small degrees, increasing exposure slowly over time. Eventually this will help them realize there is nothing to fear and that nothing bad will happen.
- Talk with your child about feelings and fears, which helps reduce them.
- Emphasize the positive aspects of going to school: being with friends, learning a favorite subject, and playing at recess.
- Arrange an informal meeting with your child’s teacher away from the classroom.
- Meet with the school guidance counselor for extra support and direction.
- Try self-help methods with your child. In addition to a therapist’s recommendations, a good self-help book will provide relaxation techniques. Be open to new ideas so that your child is, too.
- Encourage hobbies and interests. Fun is relaxation, and hobbies are good distractions that help build self-confidence.
- Help your child establish a support system. A variety of people should be in your child’s life—other children as well as family members or teachers who are willing to talk with your child should the occasion arise.

*Source: ADAA.org

Anxiety and College Students

The college years can be a stressful time. Managing school work and possibly a job, making new friends, learning to handle adult responsibilities and being without the daily support of family members can cause anxiety. Most students learn to manage these new demands. For some, this time may trigger more frequent, intense and uncontrollable anxiety symptoms.

Anxiety disorders are one of the most common mental health problems on college campuses. When looking at American adults with an anxiety disorder, 75 percent of them experienced their first episode of anxiety before age 22.

Mental health issues are prevalent on college campuses. According to National Alliance on Mental Illness (NAMI), college students reported the following in the past year:

- More than 40% felt more than an average amount of stress
- More than 80% felt overwhelmed by all they had to do
- 73% experienced a mental health crisis on campus
- 50% did not seek treatment for a mental health condition
- 11% of college students were treated for anxiety
- 10% of college students were treated for depression
- 7% seriously considered suicide



Anxiety disorders in college students often co-occur with other disorders such as depression, eating disorders, substance abuse and body dysmorphic disorder.

Questions to Ask Before Your Child Gets to Campus

Don't just ask about financial aid, housing and curriculum when visiting campus, check into mental health services and policy as well. The following questions can help you determine whether the services will meet the needs of your child struggling with stress and anxiety, an anxiety disorder or other mental health problem:

- Do you offer individual or group counseling sessions to students? How frequently? Are they free or is there a charge?
- Do you accept private insurance for counseling or psychiatric services?
- Do you offer health insurance to students? If so, what psychiatric services are covered?
- Do any professionals in the counseling center specialize in treating anxiety disorders?
- What services do you offer specifically for anxiety disorders? (For example, support groups, relaxation techniques or stress-management resources)
- Is a counselor on call 24 hours a day? If not, what is the process for handling a crisis after hours?
- Does the college run a suicide hotline?
- Under what conditions, if any, would the counseling center notify parents of a student's mental state or treatment?
- What kind of follow-up do you conduct if a faculty member, parent or friend expresses concern about a student?
- What accommodations do you offer for students with anxiety or other mental health disorders?
- Is student health information kept private and confidential? What is your policy?

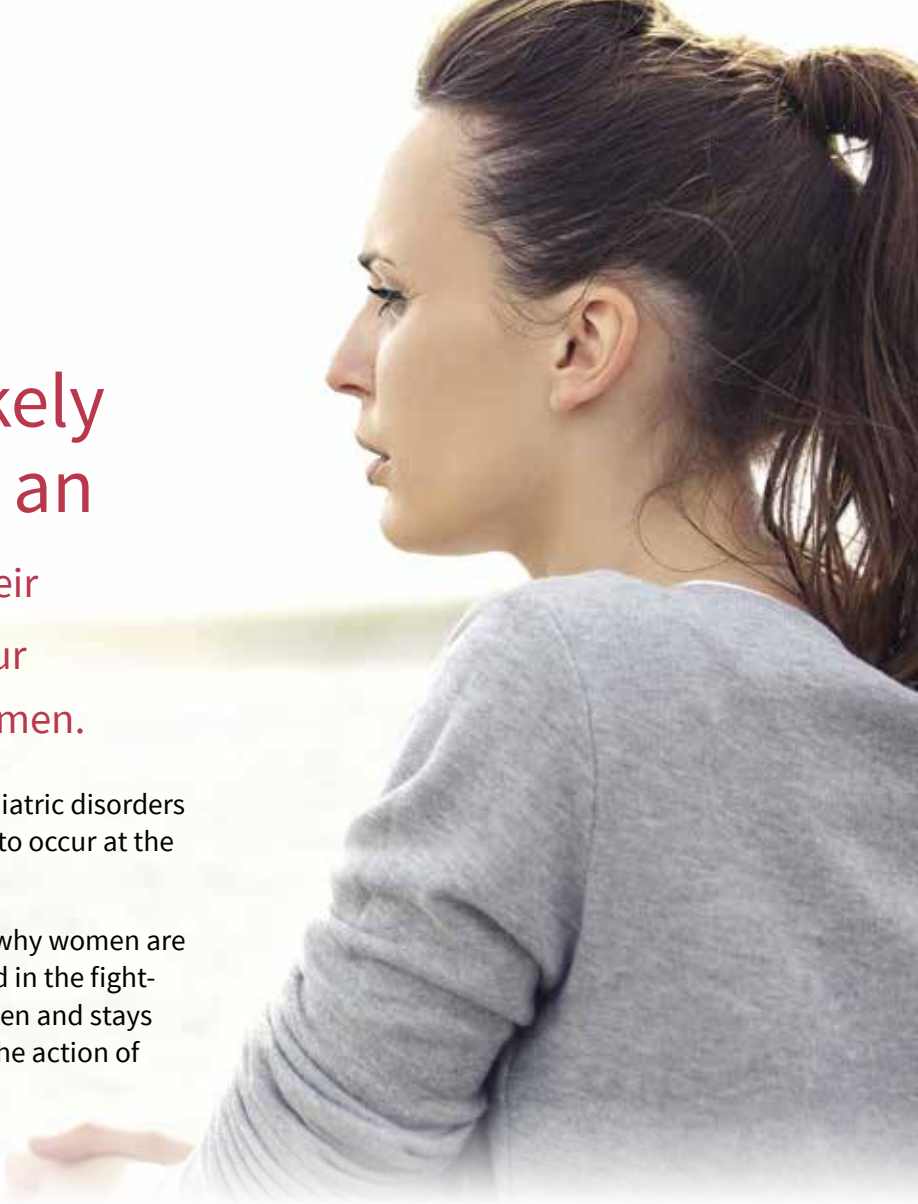
Source: ADAA.org

Women and Anxiety

Women are **60% more likely** than men **to experience an anxiety disorder** in their lifetime, and anxiety disorders occur at an earlier age in women than in men.

Women are also more likely to have multiple psychiatric disorders during their lifetime. The most common condition to occur at the same time (or co-occur) as anxiety is depression.

Differences in brain chemistry may explain in part why women are affected more than men. The brain system involved in the fight-or-flight response is activated more readily in women and stays activated longer than in men, partly as a result of the action of estrogen and progesterone.



Postpartum Anxiety

During and after pregnancy, women may experience a postpartum anxiety disorder such as panic disorder, obsessive compulsive disorder and/or generalized anxiety disorder.

Symptoms can include:

- Panic attacks
- Hyperventilation
- Excessive worry
- Restless sleep
- Repeated thoughts or images of frightening things happening to the baby

Often anxiety symptoms co-occur with postpartum depression.

Visit pinterest.org/pmad to learn more.

How to Recognize an Anxiety Disorder in an Older Adult

Until recently, anxiety disorders were believed to decline with age. However, we now know that was because anxiety disorders in older adults are difficult to diagnose or missed entirely. Often older patients emphasize physical symptoms over any psychiatric symptoms they may be experiencing, and they are often reluctant to report anxiety symptoms because they grew up in a time when mental illness was more stigmatized than it is today. In addition, diagnosing anxiety in older adults is more complicated.

However, 10-20% of older adults will experience an anxiety disorder, and anxiety disorders are twice as common as dementias. The fact is, anxiety is as common among the old as among the young.

Generalized anxiety disorder (GAD) is the most common anxiety disorder among older adults, representing over 50% of anxiety disorders in older adults, and a specific phobia ranks second. Many anxiety disorders among older adults are often associated



with traumatic events such as a fall or acute illness. Older adults face the loss of friends and family members, decreased mobility, greater isolation and other increasingly stressful situations.

Recognizing an anxiety disorder in an older adult can be challenging. Along with age comes an increased number of medical ailments, more physical limitations and more frequent use of prescription medications. Diagnosing anxiety in people with dementia can also be extremely difficult. Impaired memory may be interpreted as a sign of either anxiety or dementia and the fear they are experiencing may be excessive or realistic. As a result, separating a medical condition from symptoms of an anxiety disorder is more complicated.

Some physical symptoms of anxiety in older adults include headaches, back pain or a rapid heartbeat.

Tips for Family Members

Talking to older parents or loved ones about changes in their lives is one of the best ways to find out about problems. Ask about any changes you notice in the following areas:

- **Daily routines and activities.** Is Grandma refusing to do routine activities or avoiding social situations she once enjoyed?
- **Worries.** Does Dad seem to have more worries than before? If so, do those worries seem out of proportion to reality (such as a real threat to his safety)?
- **Medication.** Has Mom recently started taking another medicine? Is she using more of a particular medication than before? Side effects, such as breathing problems, irregular heartbeat or tremors, can simulate symptoms of anxiety. An increased use of medication or alcohol may indicate an attempt to self-medicate. Because some medications may worsen symptoms, it's always best to discuss them with a doctor.
- **Overall mood.** Depression and anxiety often occur together. Tearfulness, apathy and a loss of interest in formerly enjoyable activities are possible signs of depression.

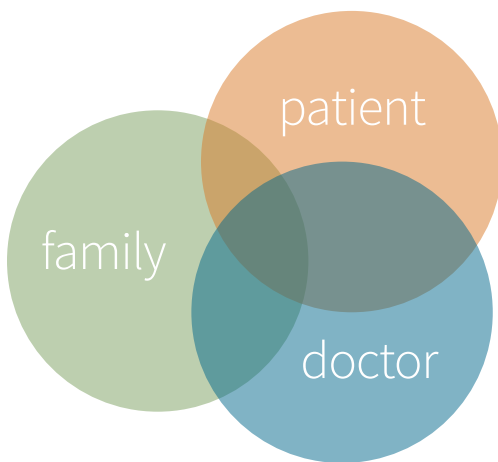
Source: ADAA.org

Treating Older Adults

Diagnosing and treating an older adult with suspected anxiety disorder should start with the primary care physician. Many older people feel more comfortable talking to a doctor with whom they already have a relationship. If they trust their primary care physician, chances are greater that they will accept treatment or even a referral to a mental health professional.

Success in treating anxiety in an older adult depends on a good understanding and cooperative relationships among the patient, the family and the doctor. Everyone must understand the nature of the problem and make a commitment to follow the prescribed treatment.

Physicians often prescribe lower doses of a medication for older adults than they would for younger adults as changes in aging bodies can affect drug absorption and action. Family members may need to make sure that drug side effects and other issues encountered during treatment are managed promptly. Psychotherapy should also be discussed. Although seldom offered to older adults, it can be very effective either by itself or in combination with medication.



Success in treating anxiety in an older adult depends on a good understanding and cooperative relationships among the patient, the family and the doctor.

Obsessive-Compulsive Disorder

A person with obsessive-compulsive disorder (OCD) experiences frequent upsetting thoughts. In an attempt to relieve the anxiety and fear these obsessive thoughts produce, the person is driven to repeat certain rituals. Over time, these complicated rituals may interfere with their job, school, family responsibilities or social activities and make daily activities of life difficult to perform.

About 2.2 million American adults have OCD, with about one-third of them reporting the onset during their

childhood. Most children with OCD are diagnosed around age 10, although it can start as early as age two. Boys are more likely to develop OCD before puberty, while girls tend to develop it during adolescence. OCD seems to affect roughly the same number of men and women.

For some, the OCD symptoms may come and go, or ease over time, but a completely symptom-free period is unusual. The good news is that OCD is highly treatable.

Common obsessions include:

- Sickness, germs, dirt, infections, contamination, bodily functions
- Order, precision, symmetry
- Accidentally or deliberately harming self or others
- Household items or items of little value
- Offensive sexual or religious thoughts
- Magical thinking such as lucky numbers and superstitions

Common compulsions include:

- Cleaning (grooming, bathing, toilet habits, laundry, cleaning)
- Checking (doors locked, appliance off, homework completed)
- Counting, touching, tapping or rubbing things in a specific sequence
- Ordering and arranging objects
- Hoarding and collecting things of no value
- Mental (endless review of conversations, counting, praying)

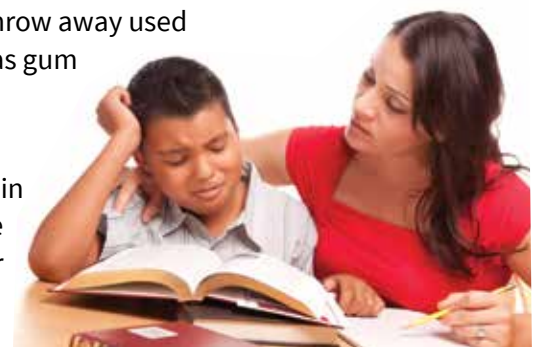
Signs of OCD in Children

It's common for children to ask parents or other family members to also perform their rituals. Refusal can trigger crying, tantrums, other behavioral issues. This often prompts the family to pursue assessment and treatment.

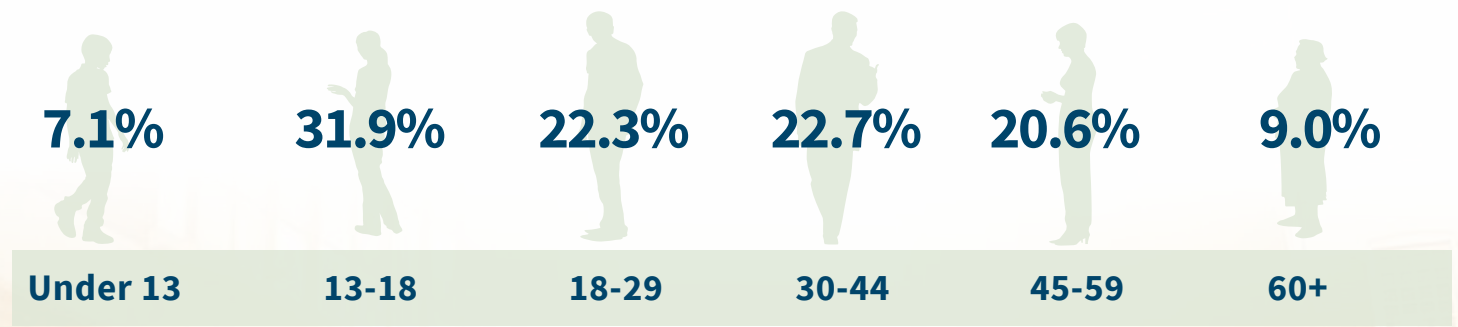
In other cases, children can be adept at hiding their compulsive behavior since they fear being judged for their thoughts and rituals. Possible signs of OCD are:

- Raw, chapped or bleeding hands from constant washing
- Long, frequent trips to the bathroom
- Unusually high rate of soap or paper towel usage
- Avoiding touching certain things because they are contaminated
- Holes erased through test papers or homework

- Unproductive hours spent on homework
- Unusually long amount of time getting ready for bed
- Persistent fear of illness
- Constantly checking health of family members
- Reluctance to leave the house at same time as other family members
- Refusal to throw away used items such as gum wrappers or soda cans
- Hiding food in or under the bed or other furniture



Anxiety Disorders are the most common mental health condition in the United States.



Americans with an anxiety disorder by age. Sources: Center for Disease Control, National Institute of Mental Health

