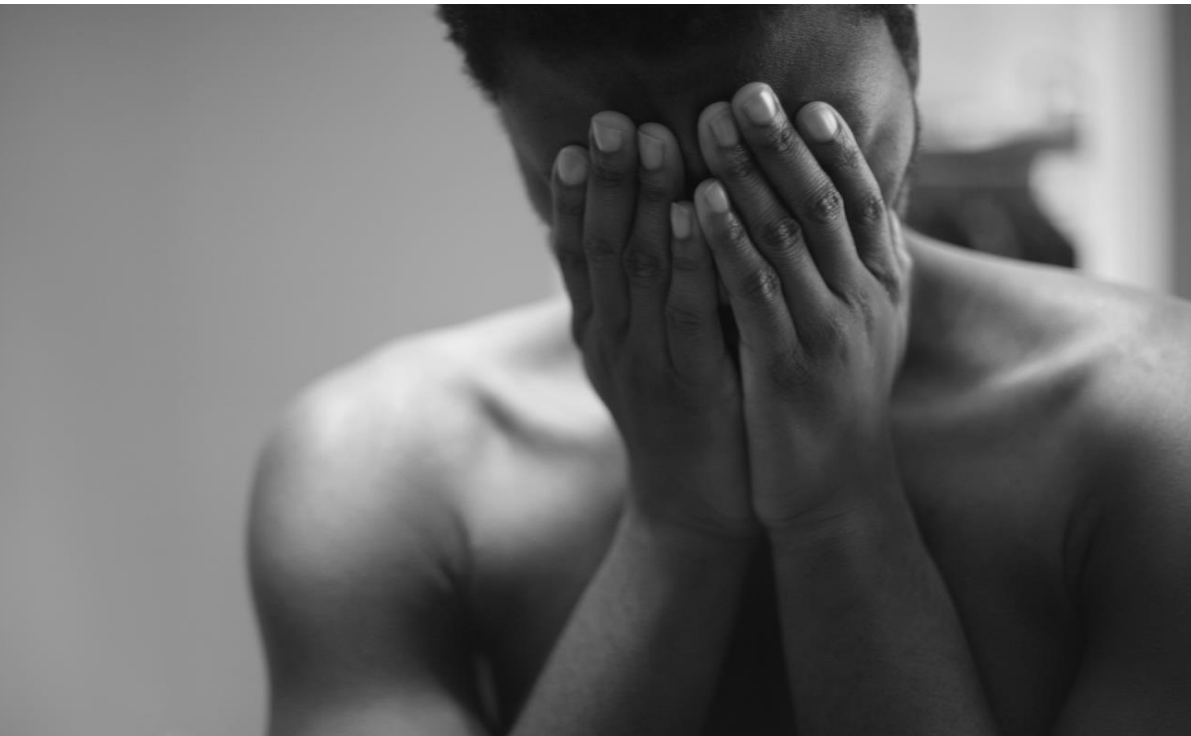




Mindful
Continuing Education

Anxiety Disorders Update



SOCIAL ANXIETY DISORDER: More Than Just Shyness



Are you extremely afraid of being judged by others?

Are you very self-conscious in everyday social situations?

Do you avoid meeting new people?

If you have been feeling this way for at least six months and these feelings make it hard for you to do everyday tasks—such as talking to people at work or school—you may have a **social anxiety disorder**.

Social anxiety disorder (also called social phobia) is a mental health condition. It is an intense, persistent fear of being watched and judged by others. This fear can affect work, school, and your other day-to-day activities. It can even make it hard to make and keep friends. But social anxiety disorder doesn't have to stop you from reaching your potential. Treatment can help you overcome your symptoms.

What is it like having social anxiety disorder?

In school, I was always afraid of being called on, even when I knew the answers. I didn't want people to think I was stupid or boring. My heart would pound and I would feel dizzy and sick. When I got a job, I hated to meet with my boss or talk in a meeting. I couldn't attend my best friend's wedding reception because I was afraid of having to meet new people. I tried to calm myself by drinking several glasses of wine before an event and then I started drinking every day to try to face what I had to do.

I finally talked to my doctor because I was tired of feeling this way and I was worried that I would lose my job. I now take medicine and meet with a counselor to talk about ways to cope with my fears. I refuse to use alcohol to escape my fears and I'm on my way to feeling better.

What is social anxiety disorder?

Social anxiety disorder is a common type of anxiety disorder. A person with social anxiety disorder feels symptoms of anxiety or fear in certain or all social situations, such as meeting new people, dating, being on a job interview, answering a question in class, or having to talk to a cashier in a store. Doing everyday things in front of people—such as eating or drinking in front of others or using a public restroom—also causes anxiety or fear. The person is afraid that he or she will be humiliated, judged, and rejected.

The fear that people with social anxiety disorder have in social situations is so strong that they feel it is beyond their ability to control. As a result, it gets in the way of going to work, attending school, or doing everyday things. People with social anxiety disorder may worry about these and other things for weeks before they happen. Sometimes, they end up staying away from places or events where they think they might have to do something that will embarrass them.

Some people with the disorder do not have anxiety in social situations but have performance anxiety instead. They feel physical symptoms of anxiety in situations such as giving a speech, playing a sports game, or dancing or playing a musical instrument on stage.

Social anxiety disorder usually starts during youth in people who are extremely shy. Social anxiety disorder is not uncommon; research suggests that about 7 percent of Americans are affected. Without treatment, social anxiety disorder can last for many years or a lifetime and prevent a person from reaching his or her full potential.

What are the signs and symptoms of social anxiety disorder?

When having to perform in front of or be around others, people with social anxiety disorder tend to:

- Blush, sweat, tremble, feel a rapid heart rate, or feel their “mind going blank”
- Feel nauseous or sick to their stomach
- Show a rigid body posture, make little eye contact, or speak with an overly soft voice

- Find it scary and difficult to be with other people, especially those they don't already know, and have a hard time talking to them even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed and awkward
- Be very afraid that other people will judge them
- Stay away from places where there are other people

What causes social anxiety disorder?

Social anxiety disorder sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain are involved in fear and anxiety. Some researchers think that misreading of others' behavior may play a role in causing or worsening social anxiety. For example, you may think that people are staring or frowning at you when they truly are not. Underdeveloped social skills are another possible contributor to social anxiety. For example, if you have underdeveloped social skills, you may feel discouraged after talking with people and may worry about doing it in the future. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.

How is social anxiety disorder treated?

First, talk to your doctor or health care professional about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer you to a mental health specialist, such as a psychiatrist, psychologist, clinical social worker, or counselor. The first step to effective treatment is to have a diagnosis made, usually by a mental health specialist.

Social anxiety disorder is generally treated with psychotherapy (sometimes called "talk" therapy), medication, or both. Speak with your doctor or health care provider about the best treatment for you. If your health care provider cannot provide a referral, visit the NIMH Help for Mental Illnesses web page at www.nimh.nih.gov/findhelp for resources you may find helpful.

Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating social anxiety disorder. CBT teaches you different ways of thinking, behaving, and reacting to situations that help you feel less anxious and fearful. It can also help you learn and practice social skills. CBT delivered in a group format can be especially helpful. For more information on psychotherapy, please visit www.nimh.nih.gov/health/topics/psychotherapies.

Support Groups

Many people with social anxiety also find support groups helpful. In a group of people who all have social anxiety disorder, you can receive unbiased, honest feedback about how others in the group see you. This way, you can learn that your thoughts about judgment and rejection are not true or are distorted. You can also learn how others with social anxiety disorder approach and overcome the fear of social situations.

Medication

There are three types of medications used to help treat social anxiety disorder:

- Anti-anxiety medications
- Antidepressants
- Beta-blockers

Anti-anxiety medications are powerful and begin working right away to reduce anxious feelings; however, these medications are usually not taken for long periods of time. People can build up a tolerance if they are taken over a long period of time and may need higher and higher doses to get the same effect. Some people may even become dependent on them. To avoid these problems, doctors usually prescribe anti-anxiety medications for short periods, a practice that is especially helpful for older adults.

Antidepressants are mainly used to treat depression, but are also helpful for the symptoms of social anxiety disorder. In contrast to anti-anxiety medications, they may take several weeks to start working. Antidepressants may also cause side effects, such as headaches, nausea, or difficulty

sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. Talk to your doctor about any side effects that you have.

Beta-blockers are medicines that can help block some of the physical symptoms of anxiety on the body, such as an increased heart rate, sweating, or tremors. Beta-blockers are commonly the medications of choice for the “performance anxiety” type of social anxiety.

Your doctor will work with you to find the best medication, dose, and duration of treatment. Many people with social anxiety disorder obtain the best results with a combination of medication and CBT or other psychotherapies.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit **www.nimh.nih.gov/health/topics/mental-health-medications**.

Visit the Food and Drug Administration's website (**www.fda.gov/**) for the latest information on warnings, patient medication guides, or newly approved medications.

For More Information

To learn more about social anxiety disorder, visit:

MedlinePlus (National Library of Medicine)

<http://medlineplus.gov>

(En Español: **<http://medlineplus.gov/spanish>**)

For information on clinical trials, visit:

ClinicalTrials.gov: <http://www.clinicaltrials.gov>

(En Español: **<http://salud.nih.gov/investigacion-clinica/>**)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website **<http://www.nimh.nih.gov>**

Finding Help

Mental Health Treatment Program Locator

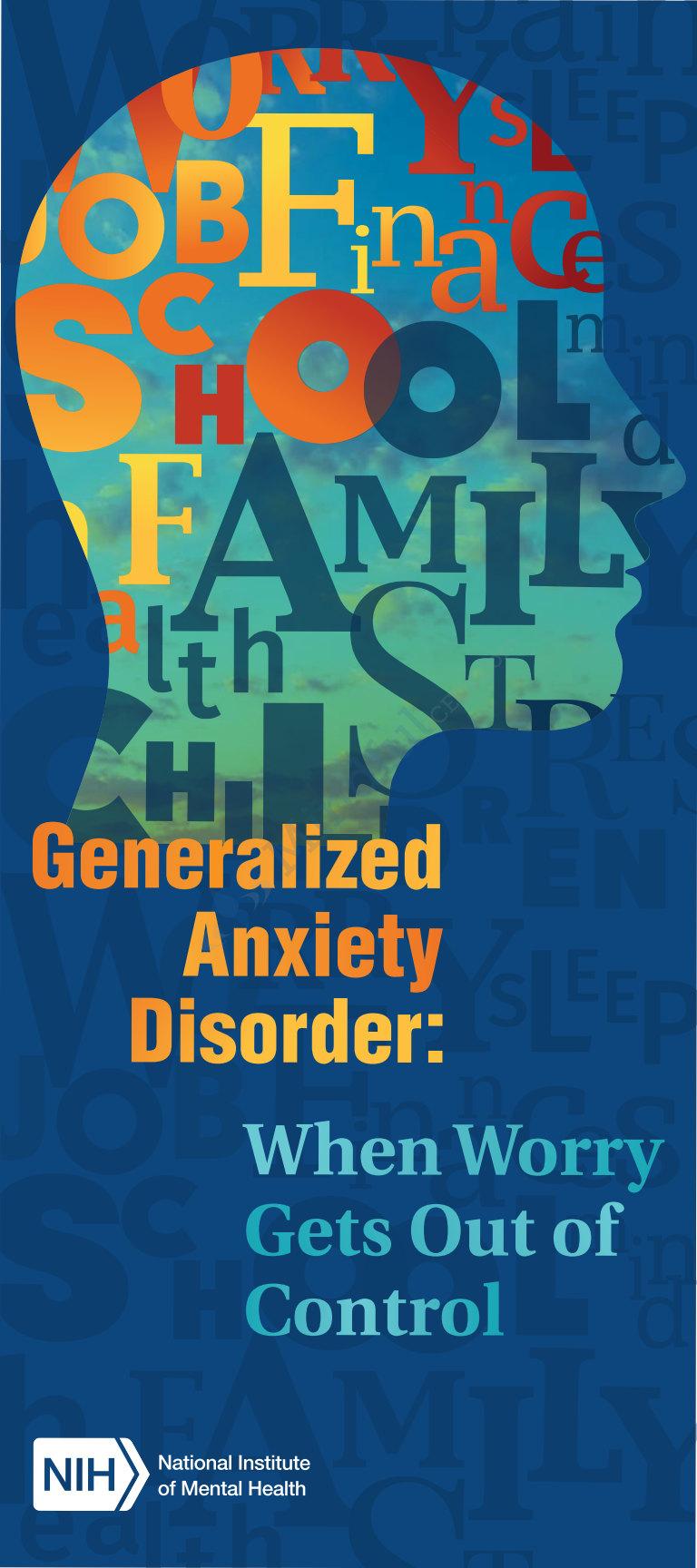
The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at www.findtreatment.samhsa.gov/. For additional resources, visit www.nimh.nih.gov/findhelp.

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**Generalized
Anxiety
Disorder:**

**When Worry
Gets Out of
Control**



National Institute
of Mental Health

WHAT IS GAD?

Occasional anxiety is a normal part of life. You might worry about things like health, money, or family problems. But people with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them. People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

The good news is that GAD is treatable. Call your doctor to talk about your symptoms so that you can feel better.

What are the signs and symptoms of GAD?

GAD develops slowly. It often starts during the teen years or young adulthood. People with GAD may:

- Worry very much about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel easily tired or tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable or feel “on edge”
- Sweat a lot, feel light-headed or out of breath
- Have to go to the bathroom a lot

Children and teens with GAD often worry excessively about:

- Their performance, such as in school or in sports
- Catastrophes, such as earthquakes or war

Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms that make it hard to function and that interfere with daily life.

Symptoms may get better or worse at different times, and they are often worse during times of stress, such as with a physical illness, during exams at school, or during a family or relationship conflict.

What causes GAD?

GAD sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors play a role.

How is GAD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

GAD is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating GAD. CBT teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious and worried. For more information on psychotherapy, visit <http://www.nimh.nih.gov/health/topics/psychotherapies>.

Medication

Doctors may also prescribe medication to help treat GAD. Your doctor will work with you to find the best medication and dose for you. Different types of medication can be effective in GAD:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Other serotonergic medication
- Benzodiazepines

Doctors commonly use SSRIs and SNRIs to treat depression, but they are also helpful for the symptoms of GAD. They may take several weeks to start working. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Buspirone is another serotonergic medication that can be helpful in GAD. Buspirone needs to be taken continuously for several weeks for it to be fully effective.

Benzodiazepines, which are sedative medications, can also be used to manage severe forms of GAD. These medications are powerfully effective in rapidly decreasing anxiety, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit <http://www.nimh.nih.gov/health/topics/mental-health-medications>. Visit the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

What is it like to have GAD?

"I was worried all the time and felt nervous. My family told me that there were no signs of problems, but I still felt upset. I dreaded going to work because I couldn't keep my mind focused. I was having trouble falling asleep at night and was irritated at my family all the time.

I saw my doctor and explained my constant worries. My doctor sent me to someone who knows about GAD. Now I am working with a counselor to cope better with my anxiety. I had to work hard, but I feel better. I'm glad I made that first call to my doctor."

OBSESSIVE- COMPULSIVE DISORDER:

**When Unwanted Thoughts
or Irresistible Actions Take
Over**

Do you constantly have disturbing uncontrollable thoughts? Do you feel the urge to repeat the same behaviors or rituals over and over? Are these thoughts and behaviors making it hard for you to do things you enjoy?

If so, you may have obsessive-compulsive disorder (OCD). The good news is that, with treatment, you can overcome the fears and behaviors that may be putting your life on hold.

What is it like to have OCD?

“I couldn’t do anything without my rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times because three was a good luck number for me. It took me longer to read because I’d have to count the lines in a paragraph. When I set my alarm at night, I had to set it to a time that wouldn’t add up to a ‘bad’ number.”

“Getting dressed in the morning was tough because I had to follow my routine or I would become very anxious and start getting dressed all over again. I always worried that if I didn’t follow my routine, my parents were going to die. These thoughts triggered more anxiety and more rituals. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me. I couldn’t seem to overcome them until I got treatment.”

What is OCD?

OCD is a common, chronic (long-lasting) disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over in response to the obsession.

While everyone sometimes feels the need to double check things, people with OCD have uncontrollable thoughts that cause them anxiety, urging them to check things repeatedly or perform routines and rituals for at least 1 hour per day. Performing the routines or rituals may bring brief but temporary relief from the anxiety. However, left untreated, these thoughts and rituals cause the person great distress and get in the way of work, school, and personal relationships.

What are the signs and symptoms of OCD?

People with OCD may have obsessions, compulsions, or both. Some people with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking, facial grimacing, shoulder shrugging, or head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds.

Obsessions may include:

- ▶ Fear of germs or contamination
- ▶ Fear of losing or misplacing something
- ▶ Worries about harm coming towards oneself or others
- ▶ Unwanted and taboo thoughts involving sex, religion, or others
- ▶ Having things symmetrical or in perfect order

Compulsions may include:

- ▶ Excessively cleaning or washing a body part
- ▶ Keeping or hoarding unnecessary objects
- ▶ Ordering or arranging items in a particular, precise way

- ▶ Repeatedly checking on things, such as making sure that the door is locked or the oven is off
- ▶ Repeatedly counting items
- ▶ Constantly seeking reassurance

What causes OCD?

OCD may have a genetic component. It sometimes runs in families, but no one knows for sure why some family members have it while others don't. OCD usually begins in adolescence or young adulthood, and tends to appear at a younger age in boys than in girls. Researchers have found that several parts of the brain, as well as biological processes, play a key role in obsessive thoughts and compulsive behavior, as well as the fear and anxiety related to them. Researchers also know that people who have suffered physical or sexual trauma are at an increased risk for OCD.

Some children may develop a sudden onset or worsening of OCD symptoms after a streptococcal infection; this post-infectious autoimmune syndrome is called Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS). Learn more about PANDAS at www.nimh.nih.gov (search term: PANDAS).

How is OCD treated?

The first step is to talk with your doctor or health care provider about your symptoms. The clinician should do an exam and ask you about your health history to make sure that a physical problem is not causing your symptoms. Your doctor may refer you to a mental health specialist, such as a psychiatrist, psychologist, social worker, or counselor for further evaluation or treatment.

OCD is generally treated with cognitive behavior therapy, medication, or both. Speak with your mental health professional about the best treatment for you.

Cognitive behavioral therapy (CBT)

In general, CBT teaches you different ways of thinking, behaving, and reacting to the obsessions and compulsions.

Exposure and Response Prevention (EX/RP) is a specific form of CBT which has been shown to help many patients recover from OCD. EX/RP involves gradually exposing you to your fears or obsessions and teaching you healthy ways to deal with the anxiety they cause.

Other therapies, such as habit reversal training, can also help you overcome compulsions.

For children, mental health professionals can also identify strategies to manage stress and increase support to avoid exacerbating OCD symptoms in school and home settings. For more information on CBT and EX/RP, please visit <http://www.nimh.nih.gov/> (search term: psychotherapies).

Medication

Doctors also may prescribe different types of medications to help treat OCD including selective serotonin reuptake inhibitors (SSRIs) and a type of serotonin reuptake inhibitor (SRI) called clomipramine.

SSRIs and SRIs are commonly used to treat depression, but they are also helpful for the symptoms of OCD. SSRIs and SRIs may take 10–12 weeks to start working, longer than is required for the treatment of depression. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping.

People taking clomipramine, which is in a different class of medication from the SSRIs, sometimes experience dry mouth, constipation, rapid heartbeat, and dizziness on standing. These side effects are usually not severe for most people and improve as treatment continues, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have. Don't stop taking your medication without talking to your doctor first.** Your doctor will work

with you to find the best medication and dose for you. For basic information about mental health medications, please visit <http://www.nimh.nih.gov> (search term: medications).

Information about medications changes frequently. Check the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. While there is no cure for OCD, current treatments enable most people with this disorder to control their symptoms and lead full, productive lives. A healthy lifestyle that involves relaxation and managing stress can also help combat OCD. Make sure to also get enough sleep and exercise, eat a healthy diet, and turn to family and friends whom you trust for support.

Finding Help

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at www.findtreatment.samhsa.gov/. For additional resources, visit www.nimh.nih.gov/findhelp.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.

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**Panic
Disorder:
When Fear
Overwhelms**



National Institute
of Mental Health

Do you sometimes have sudden attacks of anxiety and overwhelming fear that last for several minutes? Maybe your heart pounds, you sweat, and you feel like you can't breathe or think. Do these attacks occur at unpredictable times with no obvious trigger, causing you to worry about the possibility of having another one at any time?

If so, you may have a type of anxiety disorder called panic disorder. Left untreated, panic disorder can lower your quality of life because it may lead to other fears and mental health disorders, problems at work or school, and social isolation.

What is it like to have panic disorder?

"One day, without any warning or reason, a feeling of terrible anxiety came crashing down on me. I felt like I couldn't get enough air, no matter how hard I breathed. My heart was pounding out of my chest, and I thought I might die. I was sweating and felt dizzy. I felt like I had no control over these feelings and like I was drowning and couldn't think straight."

"After what seemed like an eternity, my breathing slowed and I eventually let go of the fear and my racing thoughts, but I was totally drained and exhausted. These attacks started to occur every couple of weeks, and I thought I was losing my mind. My friend saw how I was struggling and told me to call my doctor for help."

What is panic disorder?

People with panic disorder have sudden and repeated attacks of fear that last for several minutes or longer. These are called **panic attacks**. Panic attacks are characterized by a fear of disaster or of losing control even when there is no real danger. A person may also have a strong physical reaction during a panic attack. It may feel like having a heart attack. Panic attacks can occur at any time, and many people with panic disorder worry about and dread the possibility of having another attack.

A person with panic disorder may become discouraged and feel ashamed because he or she cannot carry out normal routines like going to school or work, going to the grocery store, or driving.

Panic disorder often begins in the late teens or early adulthood. More women than men have panic disorder. But not everyone who experiences panic attacks will develop panic disorder.

What causes panic disorder?

Panic disorder sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. Some researchers think that people with panic disorder misinterpret harmless bodily sensations as threats. By learning more about how the brain and body functions in people with panic disorder, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.

What are the signs and symptoms of panic disorder?

People with panic disorder may have:

- Sudden and repeated panic attacks of overwhelming anxiety and fear
- A feeling of being out of control, or a fear of death or impending doom during a panic attack
- Physical symptoms during a panic attack, such as a pounding or racing heart, sweating, chills, trembling, breathing problems, weakness or dizziness, tingly or numb hands, chest pain, stomach pain, and nausea
- An intense worry about when the next panic attack will happen
- A fear or avoidance of places where panic attacks have occurred in the past

How is panic disorder treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

Panic disorder is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

Psychotherapy. A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful as a first-line treatment for panic disorder. CBT teaches you different ways of thinking, behaving, and reacting to the feelings that come on with a panic attack. The attacks can begin to disappear once you learn to react differently to the physical sensations of anxiety and fear that occur during panic attacks.

For more information on psychotherapy, see <http://www.nimh.nih.gov/health/topics/psychotherapies>.

Medication. Doctors also may prescribe different types of medications to help treat panic disorder:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Beta-blockers
- Benzodiazepines

SSRIs and SNRIs are commonly used to treat depression, but they are also helpful for the symptoms of panic disorder. They may take several weeks to start working. These medications may also cause side-effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Another type of medication called beta-blockers can help control some of the physical symptoms of panic disorder, such as rapid heart rate. Although doctors do not commonly prescribe beta-blockers for panic disorder, they may be helpful in certain situations that precede a panic attack.

Benzodiazepines, which are sedative medications, are powerfully effective in rapidly decreasing panic attack symptoms, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.

Your doctor will work with you to find the best medication and dose for you.

For more information about these medications, see <http://www.nimh.nih.gov/health/topics/mental-health-medications>. Also check the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat panic disorder. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

Finding Help

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POST-TRAUMATIC STRESS DISORDER (PTSD)

WHAT IS POST-TRAUMATIC STRESS DISORDER, OR PTSD?

PTSD is a disorder that some people develop after experiencing a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. This fear triggers many split-second changes in the body to respond to danger and help a person avoid danger in the future. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people will recover from those symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are no longer in danger.

WHO DEVELOPS PTSD?

Anyone can develop PTSD at any age. This includes war veterans as well as survivors of physical and sexual assault, abuse, car accidents, disasters, terror attacks, or other serious events. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden or unexpected death of a loved one, can also cause PTSD.

According to the National Center for PTSD, about seven or eight of every 100 people will experience PTSD at some point in their lives. Women are more likely to develop PTSD than men. Some traumas may put an individual at a higher risk and biological factors like genes may make some people more likely to develop PTSD than others.

WHAT ARE THE SYMPTOMS OF PTSD?

Symptoms usually begin within 3 months of the traumatic incident, but sometimes they begin later. For symptoms to be considered PTSD, they must last more than a month and be severe enough to interfere with functioning in relationships or work. The course of the illness varies from person to person. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic (ongoing).

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- ➔ At least one *re-experiencing symptom*
- ➔ At least one *avoidance symptom*
- ➔ At least two *arousal and reactivity symptoms*
- ➔ At least two *cognition and mood symptoms*

RE-EXPERIENCING SYMPTOMS:

- ➔ Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- ➔ Bad dreams
- ➔ Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. They can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

AVOIDANCE SYMPTOMS:

- ➔ Staying away from places, events, or objects that are reminders of the experience
- ➔ Avoiding thoughts or feelings related to the traumatic event

Things or situations that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.



AROUSAL AND REACTIVITY SYMPTOMS:

- ➔ Being easily startled
- ➔ Feeling tense or “on edge”
- ➔ Having difficulty sleeping, and/or having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by something that brings back memories of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

COGNITION AND MOOD SYMPTOMS:

- ➔ Trouble remembering key features of the traumatic event
- ➔ Negative thoughts about oneself or the world
- ➔ Distorted feelings like guilt or blame
- ➔ Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event. These symptoms can make the person feel alienated or detached from friends or family members.



After a dangerous event, it's natural to have some of the symptoms mentioned on previous pages. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect a person's ability to function and are not due to substance use, medical illness, or anything except the event itself, the person might be experiencing PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more anxiety disorders.

DO CHILDREN REACT DIFFERENTLY THAN ADULTS?

Children and teens can have extreme reactions to trauma, but their symptoms may not be the same as adults. In very young children (less than 6 years of age), these symptoms can include:

- Wetting the bed after having learned to use the toilet
- Forgetting how or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Older children and teens usually show symptoms more like those seen in adults. They may also develop disruptive, disrespectful, or destructive behaviors. Older children and teens may feel guilty for not preventing injury or deaths. They may also have thoughts of revenge. For more information, see the NIMH booklet series, "Helping Children and Adolescents Cope with Violence and Disasters." These are available on the NIMH website, www.nimh.nih.gov.

WHY DO SOME PEOPLE DEVELOP PTSD AND OTHER PEOPLE DO NOT?

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most will recover quickly without intervention.

Many factors play a part in whether a person will develop PTSD. Some of these are risk factors that make a person more likely to develop PTSD. Other factors, called resilience factors, can help reduce the risk of developing the disorder. Some of these risk and resilience factors are present before the trauma and others become important during and after a traumatic event.

RISK FACTORS for PTSD include:

- ➔ Living through dangerous events and traumas
- ➔ Getting hurt
- ➔ Seeing people hurt or killed
- ➔ Childhood trauma
- ➔ Feeling horror, helplessness, or extreme fear
- ➔ Having little or no social support after the event
- ➔ Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- ➔ Having a history of mental illness or substance abuse

RESILIENCE FACTORS that may reduce the risk of PTSD include:

- ➔ Seeking out support from other people, such as friends and family
- ➔ Finding a support group after a traumatic event
- ➔ Learning to feel good about one's own actions in the face of danger
- ➔ Having a coping strategy, or a way of getting through the bad event and learning from it
- ➔ Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of various risk and resilience factors including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

HOW IS PTSD TREATED?

It is important for anyone with PTSD to be treated by a mental health professional who is experienced with PTSD. The main treatments are psychotherapy (“talk” therapy), medications, or both. Everyone is different, and PTSD affects people differently, so a treatment that works for one person may not work for another. People with PTSD need to work with a mental health professional to find the best treatment for their symptoms.

If someone with PTSD is living through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal. Research shows that support from family and friends can be an important part of recovery.

PSYCHOTHERAPY

Psychotherapy is “talk” therapy. There are many types of psychotherapy but all of them involve talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group and usually lasts 6 to 12 weeks, but can take more time.

Many types of psychotherapy can help people with PTSD. Some types target PTSD symptoms while others focus on social, family, or job-related problems. The doctor or therapist may combine different therapies depending on each person’s needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One type of psychotherapy is called cognitive behavioral therapy, or CBT. CBT can include:

Exposure therapy. This therapy helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses mental imagery, writing, or visits to the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.

Cognitive restructuring. This therapy helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about what is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

Other talk therapies teach people helpful ways to react to frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms.

MEDICATIONS

The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA-approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website (<http://www.fda.gov/>) for the latest information on patient medication guides, warnings, or newly approved medications.

HOW CAN I HELP A FRIEND OR RELATIVE WHO HAS PTSD?

If you know someone who may be experiencing PTSD, the first and most important thing you can do is to help him or her get the right diagnosis and treatment. You may need to help the person make an appointment and then visit the doctor together. Encourage the person to stay in treatment, or to seek different treatment if symptoms don't get better after 6 to 8 weeks.

TO HELP A FRIEND OR RELATIVE, YOU CAN:

- ➔ Offer emotional support, understanding, patience, and encouragement.
- ➔ Learn about PTSD so you can understand what your friend is experiencing.
- ➔ Listen carefully. Pay attention to your relative's feelings and the situations that may trigger PTSD symptoms.
- ➔ Share positive distractions such as walks, outings, and other activities.
- ➔ Remind your friend or relative that, with time and treatment, he or she can get better.

Never ignore comments about death or wanting to die. Contact your friend's or relative's therapist or doctor for help or call the National Suicide Prevention Lifeline (1-800-273-8255) or 911 in an emergency.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with their mental health professional. Treatment should provide people with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.

HOW CAN I HELP MYSELF?

It may be very hard to take that first step to help yourself. It is important to realize that although it may take some time, with treatment, you can get better.

TO HELP YOURSELF:

- ➔ Talk with your doctor about treatment options.
- ➔ Engage in mild physical activity or exercise to help reduce stress.
- ➔ Set realistic goals for yourself.
- ➔ Break up large tasks into small ones, set some priorities, and do what you can as you can.
- ➔ Try to spend time with other people and confide in a trusted friend or relative.
- ➔ Tell others about things that may trigger symptoms.
- ➔ Expect your symptoms to improve gradually, not immediately.
- ➔ Identify and seek out comforting situations, places, and people.

WHERE CAN I GO FOR HELP?

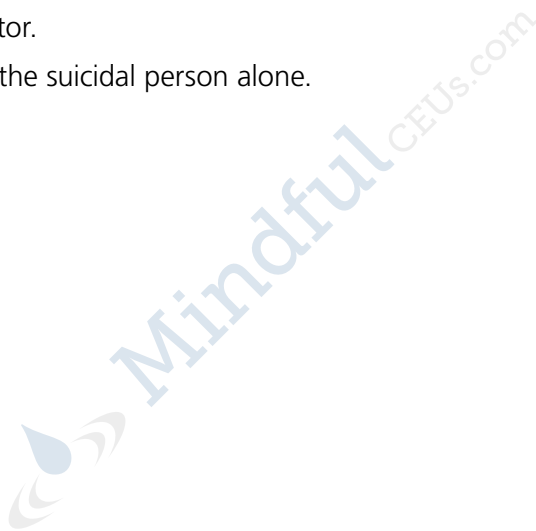
If you are unsure of where to go for help, ask your family doctor, visit NIMH's Help for Mental Illnesses page (www.nimh.nih.gov/findhelp), or contact someone from one of the groups listed below:

- ➔ Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- ➔ Health maintenance organizations
- ➔ Community mental health centers
- ➔ Hospital psychiatry departments and outpatient clinics
- ➔ Mental health programs at universities or medical schools
- ➔ State hospital outpatient clinics
- ➔ Family services, social agencies, or clergy
- ➔ Peer support groups
- ➔ Private clinics and facilities
- ➔ Employee assistance programs
- ➔ Local medical and/or psychiatric societies

WHAT IF I OR SOMEONE I KNOW IS IN CRISIS?

If you are thinking about harming yourself, or know someone who is, get help immediately:

- ➔ In a crisis, an emergency room doctor can provide temporary help and can tell you where and how to get further support.
- ➔ Call 911 or go to a hospital emergency room or ask a friend or family member to help you do these things.
- ➔ Call the toll-free, 24-hour National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor.
- ➔ Call your doctor.
- ➔ Do not leave the suicidal person alone.



NEXT STEPS FOR PTSD RESEARCH

In the last decade, researchers have focused on understanding the mental and biological foundations of PTSD. They have also been looking at why people experience a range of reactions to trauma. NIMH-funded researchers are working:

- ➔ With data from trauma patients in urgent care settings to better understand the changes that occur in individuals who do not recover compared to those whose symptoms improve naturally
- ➔ To understand how fear memories are affected by learning, changes in the body, or even sleep
- ➔ On preventing the development of PTSD soon after trauma exposure
- ➔ To identify what factors determine whether someone with PTSD will respond well to one type of intervention or another, aiming to develop more personalized, effective, and efficient treatments

As gene research and brain imaging technologies continue to improve, researchers are more likely to be able to pinpoint when and where in the brain PTSD begins. This understanding may then lead to better targeted treatments to suit each person's own needs or even prevent the disorder before it causes harm.



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“This course was developed from the public domain document: Social Anxiety Disorder: More Than Just Shyness – National Institute of Mental Health (NIH).”

“This course was developed from the public domain document: Generalized Anxiety Disorder: When Worry Gets Out of Control – National Institute of Mental Health (NIH).”

“This course was developed from the public domain document: Post-Traumatic Stress Disorder (PTSD) – National Institute of Mental Health (NIH).”