



Generalised Anxiety Disorder

or Chronic Worrying

A brief guide



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Chris's Tips

Throughout this booklet you will find boxes like this. They have been contributed by Chris, an Anxiety UK volunteer who has suffered with GAD for around five years. We felt that it was important to get the real perspective of someone who lives with GAD into our booklet, and the boxes are her perspective on each section.



Foreword

Generalised Anxiety Disorder

– often overlooked, but eminently treatable

Generalised Anxiety Disorder (GAD) is a common medical condition, in both community and clinical settings. It is characterised by excessive and inappropriate worrying that persists over many months, and which is not restricted to particular situations or circumstances. Most people with GAD also have a number of physical anxiety symptoms (such as a racing heart or tremor) and other key psychological symptoms (such as restlessness, fatigue, difficulty concentrating, sleeping and irritability). The distress and resulting restriction in everyday life are substantial (as are the costs), but many people with GAD who could benefit from treatment are not diagnosed as having this disorder or treated. This is particularly unfortunate, as a range of approaches are available, which when used correctly can reduce suffering and improve everyday living. GAD has a 'lifetime prevalence' of around 5% meaning that one in 20 people will experience the condition at some point in their lives.

The disorder is more common in women than men, with an average age of onset of around 30 years than seen with the other anxiety disorders: indeed, GAD is probably the most common anxiety disorder in people older than 55 years. Three out of five people with GAD will also experience depression, and a similar proportion will also experience other anxiety disorders in addition to GAD.

GAD causes a similar restriction of social and occupational roles to depression, and people with both GAD and depression tend to be more severely affected and to have a more troublesome course of illness.

Although GAD is one of the most common mental health problems seen in general practice, only a minority of people with GAD tell their doctor about their anxiety symptoms, so sadly it often goes unrecognised as many GPs overlook anxiety, unless it is the 'presenting complaint'. Patients with both GAD and depression are more likely to be recognised as having a mental health problem, but not necessarily as having GAD, which therefore often continues despite treatment of depression.

Recent evidence-based guidelines for the management of patients with GAD usually recommend initial treatment with either the psychological treatment known as Cognitive Behaviour Therapy (CBT) or pharmacological

treatment with Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants. Self-help approaches can complement these treatments, and give people a sense of achievement in being able to manage their symptoms. Many other treatment approaches are available, including the novel anxiolytic drug Pregabalin.

There is still much room for improvement in the effectiveness and acceptability of many pharmacological treatments, and accessing CBT can be difficult. However, when health professionals take account of individual treatment preferences, their most troublesome symptoms, and are familiar with appropriate drug treatment and the local availability of psychological treatments, the results can be very good! Many people will be able to return to work, take up their hobbies and interests once again, and generally feel less burdened by the exhausting worrying and restless fatigue that is so characteristic of GAD.



This booklet provides an introduction to GAD and includes many helpful tips for managing distressing anxiety symptoms. It should be valuable for people with this often overlooked but certainly very treatable medical condition.

David Baldwin

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Overview of GAD

Generalised Anxiety Disorder (or GAD) is sometimes described as 'chronic worrying'. People who suffer with GAD often describe themselves as suffering with 'free floating anxiety' which can be likened to the 'whack the crocodile' game at an arcade – they resolve one issue but no sooner has this been done then another worry pops up. We all suffer with worry from time to time, but the thing that makes GAD different from 'normal worry' is that the worry is prolonged (it lasts for over six months), and the level of worry is out of proportion to the risk. For example, if a partner is an hour late from work (without calling) a GAD sufferer may think 'they must have had an accident', rather than any other just as likely scenario, e.g. 'they have been delayed in traffic' or 'they have popped to the pub with a colleague'.

GAD is a particularly difficult disorder to live with as it is constantly with the person, with worry permanently on the sufferer's mind – there is no respite as the anxiety is not tied to a specific situation or event. GAD can cause problems with sleep and the ability to maintain a job as well as impacting on close relationships.

This is the personal experience of Jade*, a sufferer of GAD, who contacted us via our website:



Recently I have had a severe bout of anxiety which resulted in me becoming very low in mood - the most pronounced symptom being sleep deprivation which in itself impacted upon my already low mood. Many nights I have spent lying in bed, sweating and worrying about everything I could possibly worry about. At times I got so frustrated I would get in my car and go shopping at 3.30 in the morning. This started to take its toll on my personal and work life. I knew that the state I was in could not last, something had to give. So I sat and thought long and hard, and my conclusion was that I was not going to let this anxiety/depression beat me.



It is thought that around 5% of the population suffer with GAD at some point in their lifetime (Wittchen H-U, Jacobi F (2005), making it one of the more common anxiety disorders. In a recent membership survey undertaken by Anxiety UK, around 17% of individuals accessing help suffered with GAD, making this anxiety disorder the most common one that individuals approach us for help with behind only panic attacks and social anxiety.

What is anxiety and how does it work?

Instead of feelings of intense fear, GAD often builds up slowly, with developing feelings of tension, stress and a 'gnawing feeling' that something is wrong. The worries in GAD often focus around a present negative situation, or anticipation of a future event.

Some common symptoms described to Anxiety UK by GAD sufferers include:

- Chronic and persistent worrying; often described as being like a broken record going around and around in the head
- Constant feelings of anxiety which result in feeling out of control
- Feeling agitated, on edge or restless
- Intrusive thoughts or worries that 'pop into your head' and which can't be removed regardless of efforts to distract or push them away
- A need for certainty in the future – feeling unable to handle situations where there is an uncertain outcome
- Problems concentrating on tasks (it can be very distracting having a mind full of worry)
- Sleep disturbances – finding it hard to get to sleep because of the thoughts running through your mind, or waking early as a result of worrying
- Avoiding situations where you feel tense or nervous

Gemma* talks about her experiences with worry below:

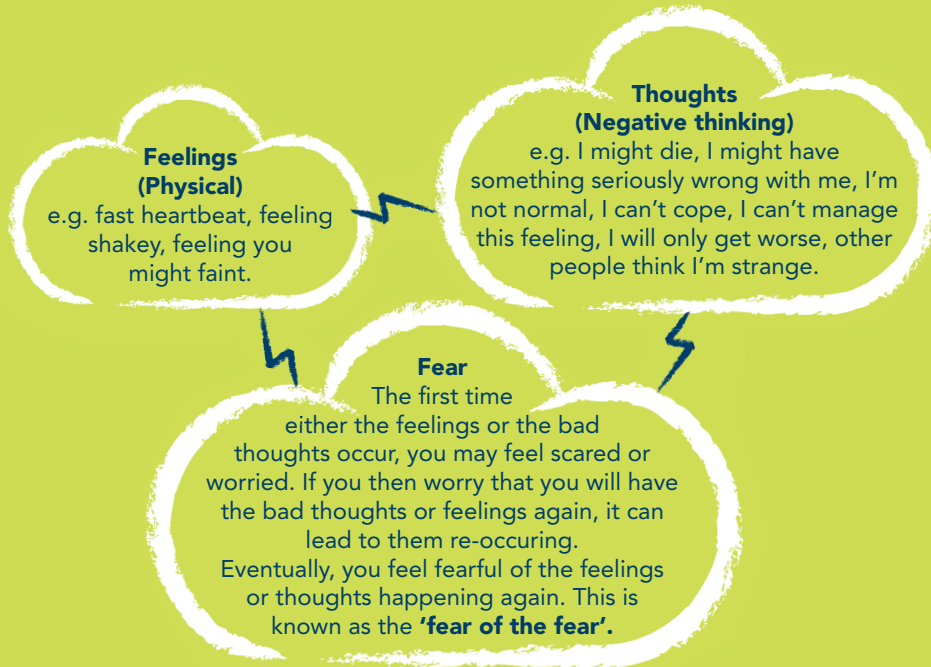
The worst time for me was at night. Although I felt like I couldn't cope during the day, I was able to distract myself in the main. At night, when I tried to get to sleep my mind was full of thoughts and fears, and I would end up working myself into a state where I felt like I couldn't breath.

Once I stayed up all night worrying about my future and had to go to work with no sleep. It was awful – everything seems worse at night as there is nothing to do but lie there and think, think, think. At that time I would have given anything for a button to switch off my mind but I just couldn't.

The cycle of anxiety

A useful model that therapists use to help their clients understand how their anxiety works is to break problems down into physical feelings, thoughts and behaviours. This can help to show how these aspects of a problem feed into each other, keeping the 'cycle of anxiety' going.

Think about your own experience with anxiety – what types of symptoms do you experience?



Physical

e.g. Increased heart rate/palpitations, 'nervous' stomach

Thoughts

e.g. "I am going crazy," "I can't cope", "What is going to happen?"

Behaviours (things you do to cope)

e.g. Avoid situations, focus on worries all day, stop seeing friends

It might also be helpful to write out a list of all the types of worries you experience – what areas of your life do they involve? Common worries may include focussing on work/studies, family, health, relationships, finances, etc. You can use this space to note down a few:

There is a difference between the 'normal' worries we encounter on a daily basis, and GAD as a disorder. Below is a description of the main differences.

'Normal' Worry

- Your worrying doesn't get in the way of your daily activities and responsibilities
- You're able to control your worrying
- Your worries, while unpleasant, don't cause significant distress
- Your worries are limited to a specific, small number of realistic concerns
- Your bouts of worrying last for only a short period of time

Chronic Worry

- Your worrying significantly disrupts your job, activities, or social life
- Your worrying is uncontrollable
- Your worries are extremely upsetting and stressful
- You worry about all sorts of things, and tend to expect the worst
- You've been worrying almost every day for at least six months

Fight or Flight response

Thousands of years ago when we were cavemen, our bodies were formed with defences to meet the dangers of living at that time. We had an alarm system built into us so that if we ever came across something that was dangerous (e.g. a sabre toothed tiger) our body geared up to help us fight it or run away. This is called the **fight or flight response**.

How this response works is to cause a surge of adrenaline (a hormone) into your body, which increases your heart and breathing rate to ensure that you have more oxygen going to your limbs. It is this physiological response that is responsible for the 'butterflies in the stomach' feeling that is so often experienced with anxiety, because blood literally flows away from the stomach to the arms and legs (which also frequently leads to people feeling wobbly).

We experience the response so that we have extra resources available to help us escape or fight a danger. This was obviously very useful when our threats included tigers and mammoths, but perhaps not so useful when dealing with mortgage payments and the threat of redundancy!

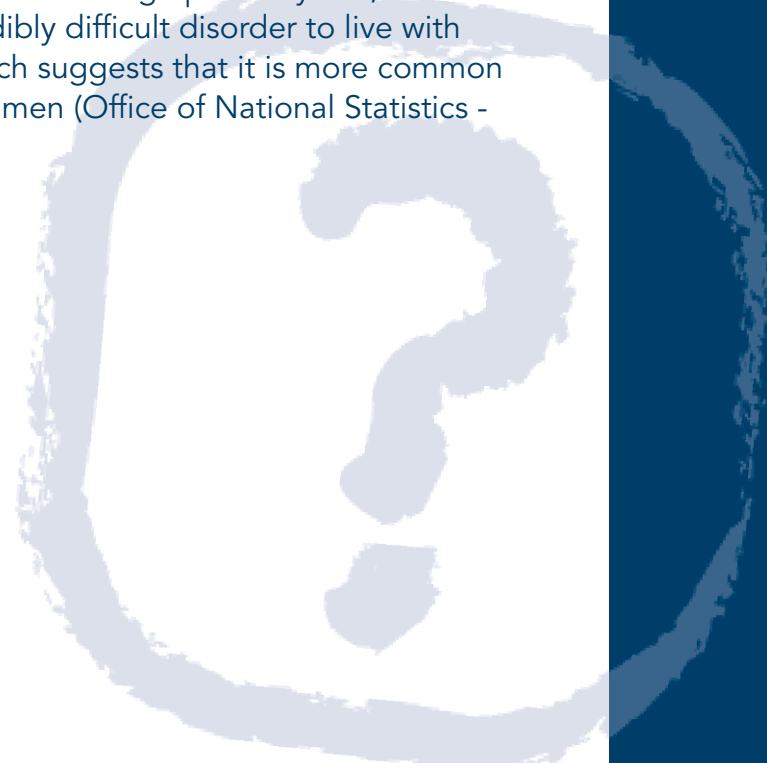
The symptoms that we call anxiety are really a fight or flight response that has been stuck in 'on' mode.

It is useful to know about the fight or flight response as it is something we all have and experience from time to time, and once you understand how it works it is easier to try and reduce its effects. We will talk later about some of the things you can do to help reduce your feelings of anxiety.



Diagnosis

GAD has only been categorised as a disorder in its own right since 1980, when the Diagnostic and Statistical Manual of Mental Disorders (DSM) III (a manual psychiatrists use in diagnosis) was published. Psychiatrists and researchers previously saw it as a condition that paved the way for other anxiety conditions, such as panic and social phobia. Now research on GAD has shown it often has a long life span – sometimes lasting up to 20 years, which makes it an incredibly difficult disorder to live with over time. Research suggests that it is more common in women than in men (Office of National Statistics - ONS, 2000).



Self diagnosis of GAD

If you can answer YES to most of these questions it is likely that you are affected by GAD:

During the past six months:

- Do you feel that you have been nervous/ on edge most days?
- Do you have problems falling asleep?
- Do you feel tension in your muscles because of feeling on edge?
- Do you frequently feel tense and irritable?

Anxiety UK strongly advises that people seek further information and guidance from their GP who will be able to make a formal diagnosis. Another way of ascertaining the severity of your GAD is to complete a screening tool known as the GAD-7 questionnaire (overleaf):

GAD-7 questionnaire

Over the last two weeks, how often have you been bothered by the following problem	Not at all	Several days	More than half the days	Nearly every day
1 Feeling nervous, anxious or on edge	0	1	2	3
2 Not being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3
Add columns		_____ +	_____ +	_____
		Total score _____		

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

If you score five or below this suggests that you have mild GAD, while a score of between five and ten indicates moderate GAD, and a score of over 11 suggests severe GAD. The questionnaire can be of use when thinking about the types of treatment you are interested in undertaking, but it shouldn't be seen as a substitute for a formal diagnosis from your GP or psychiatrist. Diagnosis is something that can be helpful to assist you in understanding your disorder, but it can sometimes be problematic.

Anna* details her experiences of GAD diagnosis:

When I was young I saw psychiatrists who said I had depression. Sure I did - I was depressed about being anxious and panicky all the time but nobody ever addressed that. I struggled through with all these horrible thoughts and feelings, taking Valium until I was about 40 when I tried counselling again.

Meantime I have had what I call 'windows' in the GAD, where for a period of time I can feel quite normal and can deflect my mind from the constant worrying and morbid thoughts which in turn slow down the palpitations and tension etc. However this calm time never lasts; just one stray thought and I am off again on the treadmill of worry, worry, worry from dawn till dusk. Mostly I worry about worrying, dying and 'what ifs'. Two years ago I sought help again with a new GP and was referred to the counsellor who confirmed that my self diagnosis was right and that anxiety was my problem and not depression.

Types of worry

As we mentioned before, GAD is really a form of chronic worrying. Anna mentioned in her quote earlier that her worries focused mainly on dying and 'what ifs'. You might have had some of these worries yourself:

“What if I don't manage to get on to my course?”

“What if I can't pay my bills next month?”

“What if my daughter gets sick while she is away with the school?”

“What if I have an accident and die – how will my kids cope?”

“What if I don't get to my appointment on time?”

“What if I can't cope at work and lose my job?”

People often focus on worries as they believe that it will help them become better prepared for any eventuality and help them to deal with problems more effectively/successfully. As worrying only ever produces negative outcomes, this can lead to further worrying/ruminating and anticipatory anxiety. People often feel that because they will be prepared for any imminent crisis, this is helping them problem solve the potential issues at hand in some way.

But think about your own experiences – has worry ever really changed your ability to cope with a problem?

When people suffer with excessive worrying they often have two types of beliefs that keep the worry cycle going – positive and negative beliefs. It is worth mentioning that GAD sufferers don't make a conscious decision to use worry as a way of helping them to deal with life's challenges – it is more of a habitual way of thinking that is often learned earlier in our lives without us even realising it.





Negative beliefs about worry

One of the most common features of GAD and chronic worrying is that people are often disturbed by their anxiety and have some very negative beliefs about what it might mean or do to them.

Therapists call this form of worry 'Type 2', as it is not usually worries about a particular event, situation or problem, but is rather a 'worry about worry'. 'Worry about worry' keeps the anxiety cycle going because even after a stressful period of time has passed, the sufferer focuses on the fact that they still feel worried.

Common 'Type 2' worries include:

“This worry is uncontrollable, I can't stop it”

“It's taking over my life and there is nothing I can do about it”

“I am going crazy”

“I am going to become ill or die because of my worrying”

Laura* talks about her experiences of Type 2 worry:

I got to a point where I thought I was going crazy. I didn't go to the GP because I thought he would lock me up! It was awful because it was right at the start of my anxiety and at the time I didn't know what was happening. I remember talking to a friend on the phone about what was going on (not sleeping, feeling tense and unable to cope, crying a lot) and he said 'you don't want to keep on going down that path, you'll end up in the loony bin' – it just confirmed my worst fears and made me feel even more anxious.



Challenging negative beliefs

Before we begin to challenge negative beliefs about worrying, it is helpful to rate how strongly you believe in your thoughts – rating them out of a total score of ten. Doing this helps you to notice any changes that take place subsequently.

In order to assess your negative beliefs about worrying you need to be able to do two things; firstly look at the evidence for your belief (just as a detective would in a crime scene – it's not about how you feel, more what you can see objectively) and secondly, experiment with your belief (like a scientist – try different things to test whether your belief is true).

Negative belief about worry	Score out of 10	Re-rate your belief after exercise opposite
Worry is uncontrollable, I can't stop it		
It's taking over my life and there is nothing I can do about it		
I am going crazy because of this worry		
I am going to become ill or die because of my worrying		

Below is an example of questions you can ask yourself that help to uncover the evidence about your beliefs about worrying.



- *What makes you feel worrying is uncontrollable?*
- *Wouldn't it go on forever if that was the case?*
- *Have there ever been times where you have been interrupted (e.g. by a phone call) and your worry has stopped?*
- *What does this tell you about it being uncontrollable?*
- *What makes you feel worrying is dangerous?*
- *If it does is it uncontrollable?*
- *What specific physical or mental problems have occurred because of this?*
- *Have you ever actually gone crazy or lost control during an attack of worry?*
- *Think of people who experience a lot of stress because of their occupation (e.g. police officers, teachers etc.). Do they go crazy because of their problems?*
- *Is there another way your beliefs about worrying could be viewed?*
- *Is there any evidence for these beliefs?*
- *How long have you worried for?*
- *Does your worrying stop eventually?*

Take some time now to look at the evidence for negative beliefs about worry. Use the questions on the preceding page as a prompt if you need to.

Evidence for:

And now the evidence against:

Now re-rate your beliefs about worry. Have they changed at all?

Playing the scientist!

Since we have identified that people commonly have Type 2 worries about the possibility that their worrying is uncontrollable, it might be useful to try a little experiment to test out whether worry really is 'uncontrollable'.

This experiment is called 'worry time'. What it involves is trying to reduce the amount of time you spend each day worrying to see whether it is you or the worries that have control of you when you worry. Before the experiment make sure you make a note of your specific belief about worrying, what you think will happen, and then make sure that you rate your belief out of ten for this specific worry.

The "worry time" experiment:

- Using your diary, set aside and write down half an hour for 'worry time' each day for the next week
- Think of something enjoyable, relaxing or distracting that you can do straight AFTER each slot of worry time, and write this down as well
- When you notice yourself feeling worried/anxious, write down what is going through your mind to identify the worry. Keep this brief (three words)
- Then SAY TO YOURSELF: "I will worry about this at worry time. I will not worry about it now." (Don't worry if you have to repeat this step several times. As you'll know, worries can be a bit persistent!)
- Then carry on with whatever you were doing, OR go and do something else completely
- At 'worry time' that day, focus on this list and let yourself worry about each of them – BUT ONLY IF YOU FEEL YOU STILL NEED TO
- Stick to the half hour rule – once this time is up, go and do something distracting straight away. You should aim to try 'worry time' for at least one day

Following the task you can look at your original notes – were you able to delay your worries at all? How did the reality of the situation match up to your belief? Re-rate your belief that worry is uncontrollable – have you noticed any change?

It isn't advisable that you try and use 'worry time' as a technique to control your worry all of the time – it doesn't work in the longer term, although it does prove that you can control your worry. Trying not to worry is like saying to yourself 'try not to think about a pink elephant' – as soon as you do it's the first thing you think of!

If you are struggling to find distraction strategies, one individual has recommended 'pinging' an elastic band around the wrist. This provides a short, sharp shock, but sometimes gives you the space to try and focus your attention elsewhere. Other people find exercise (riding their bike), doing an engrossing work based task or listening to some upbeat music helpful for distraction. One therapist has mentioned the benefit of trying to count e.g. all green objects in a room.



Positive beliefs about worry

With positive beliefs about worry, people feel that worrying helps them in some way to cope with potential problems or situations. Examples of such beliefs include:

“I need to worry before I can get motivated to sort out my problems”

“Worrying helps me to come up with solutions to my problems”

“Worrying prevents bad things from happening”

“If I am prepared for the worst then it won't be as bad”

“If I worry about something it can help me avoid bad things”

When we hold these positive beliefs about worry we can also develop a fear about letting the worries go, just in case something bad happens. One useful way of trying to assess whether worry brings any positives to a situation is to look at the evidence. Therapists often find it useful to get clients to identify how strongly they believe that worrying is positive. This is done by getting the sufferer to rate their positive belief out of ten. Doing this makes it easier to see if any change to this belief has been made after looking at the evidence. So out of ten (ten being the strongest belief) where would you put yourself?



Positive belief about worry	Score out of 10	Re-rate your belief after exercise overleaf
Worry helps me get motivated		
Worry helps me to come up with solutions		
Worry prevents bad things happening		
Worry helps me to be more prepared		
Worry helps me avoid bad things		

In order to change your positive beliefs about worrying you need to be able to do two things; look at the evidence for this belief as described previously (as a detective would in a crime scene – it's not about how you feel, more what you can see objectively) and experiment with your belief (like a scientist – try different things to test whether that belief is true).

Chris's Tip

It might be worth noting that some GAD sufferers may find it difficult viewing the 'positive beliefs about worry.' Instead of worrying, they may prefer to view it as 'thinking things over'. However, if their 'thinking things over' usually produces negative scenarios, they're engaging in worry – they're not problem solving.



Below is an example of questions you can ask yourself that help to uncover the evidence about your beliefs about worrying.



- *What makes you feel worrying is beneficial?*
- *Is there any evidence that goes against my beliefs about worrying?*
- *Can you give an example of where your positive beliefs have helped?*
- *Are there any disadvantages to worrying?*
- *Exactly how does worrying help you solve problems?*
- *How can you believe that worrying has many positives, but also lots of negatives too?*
- *Exactly how does it prevent bad things happening?*
- *Have you had any situations in the past where you haven't worried and everything turned out OK?*
- *Is there another way your beliefs about worrying could be viewed?*

Take some time now to look at the evidence for positive beliefs about worry. Use the questions on the previous page as a prompt if you need to.

Evidence for:

And now the evidence against:

When people complete this exercise, it often identifies that some of the things they have worried about have actually never happened when the situation presented itself. This is because when we are anxious or worried our thoughts are overly negative, or focus a lot on the 'worst case scenario', without looking at other just as likely alternatives.

If you did identify that you do this, it might be useful to try the thought experiment overleaf.

Next time you find yourself becoming very worried about a situation, make a note of the answers to these questions:

- What sorts of things did you worry about?
- Did you have any images of yourself or the situation?
- What were they like?

Now keep those notes somewhere safe (a good place might be on your phone or on a small piece of paper in your wallet). When the situation arises, make a note of what happens, just the facts though, rather than how you felt in the situation.

Compare the notes from the situation to the ones you made earlier – were they right? How accurate were your thoughts? You may find that the situation wasn't as bad as you had anticipated.

So from all of this we can draw the conclusion "If what I worry about doesn't actually happen, has that worrying helped me at all – or has it caused me to feel anxious for no real reason?"



Coping with excessive worry

Alex* talks about his experiences of coping with GAD:

My first call was to visit my GP who prescribed me an antidepressant. For the first couple of days of taking the said medication I slept for 20 hours of the 24 hour period. This I found to be very beneficial, however although the medication helped me initially I did not like the way it made me feel. I felt that my cognitions were impaired in that my thought process was delayed. I felt that I was existing but not living? I reduced my medication slowly and could feel my drive returning, but also I could feel the symptoms of anxiety coming back as well. I decided to take positive steps, and took up walking - it's the best thing I have ever done. Every morning before work and every evening after work I go walking or running. This has really helped with my anxiety and now my sleep is back to normal. I no longer drink coffee and have herbal tea in the evening. I hope that anyone reading this will be helped, try it; you will reap the benefits of some physical exercise on your mental health status. Plus the fact I have got a very happy dog.

Coping strategies

People cope with their worries in different ways – some prefer to see a therapist, some take medication, others prefer to look at exercise or other self-help strategies. At Anxiety UK we believe that people should have the choice about the way they cope with their problems. This section details some of the ways that people can help themselves, and reduce the impact that chronic worrying has on their lives. We will discuss therapy services and medication in the next section.

Food and mood

Diet is increasingly seen as important when maintaining good mental health.

What you eat really can impact on how you feel!

Julie* talks about her experience of food and mood:

I never used to eat breakfast. I would just bounce out of bed and into work. Where I work they have a café and I would have a cappuccino first thing to wake me up. After I started to experience anxiety I noticed that the early morning coffee I drank really made me feel worse – I would feel jittery and on edge all morning, so I switched to herbal teas, like camomile. I also tried to make time to eat something, like toast or cereal which seemed to help.

As Julie described opposite, caffeine can have a negative impact on people who experience chronic anxiety, and it is recommended therefore that you cut it out completely if you notice it impacting on you (you can use the food and mood diary later in the book to identify your response).

Sugary foods and simple carbohydrates such as white bread or pasta are used up quickly by the body, so can leave you feeling tired or unable to concentrate. They create a spike in your blood sugar levels, which then drops quickly which can cause you to feel stressed or anxious. Complex carbohydrates like bread, wholemeal pasta or porridge can help you feel fuller for longer. There is also some evidence to suggest that foods rich in Omega 3 and 6 oils can have a positive impact on your mental health, as they have an effect on your brain's ability to function properly.

Some foods rich in Omega 3 include:

- Oily fishes – including salmon, mackerel, fresh tuna, crab and sardines
- Seeds – such as sunflower, pumpkin and flax
- Walnuts
- Spinach
- Seaweed
- Watercress
- Some oils – such as extra virgin olive oil, flax seed or hemp seed

Fruit and vegetables are also an important source of essential nutrients which we need to keep our bodies and minds in top shape. When feeling low or anxious, people often feel like they don't want to eat at all, or want to eat 'comfort' foods, but these things can actually contribute negatively to anxiety! Trying to eat at least five portions of fruit and veg a day may help to reduce your anxiety, and give you more energy.

Some ways to try and get more fruit and veg into your diet include:

- Drinking or making your own smoothies – these can taste great and may contain two or more portions of the recommended five a day at once!
- Cutting up carrots, peppers or cucumber and snacking on them during the day
- Keeping a fruit bowl out on your table or worktop to remind you to eat fruit
- Cooking stir fries - these are simple and again provide an easy way to get to those five portions
- Frozen vegetables can be used in place of fresh if cost is an issue



Chris's Tip

If your GAD is quite severe it can depress your appetite. If this happens you should try to eat a little every so often to prevent your blood sugar and energy levels from dropping. Nutrient drinks can help in the short term but ideally you should try to eat small amounts of complex carbohydrates throughout the day until your appetite returns.

Try filling in this food and mood diary for a day and see if you can notice any links between your anxiety and diet. It may prove to be a good motivator when it comes to changing your eating habits.

Time	What I eat/drink	How I feel physically	How I feel emotionally	Anxiety level (1-10)
9-10 am				
10-11am				
11-12pm				
12-1pm				
1-2pm				
2-3pm				
3-4pm				
4-5pm				
5-6pm				
6-7pm				
7-8pm				
8-9pm				

Physical interventions – relaxation and exercise

As we mentioned earlier, different techniques will suit different people. Some people find relaxation very useful whilst others might find it hard to sit still when feeling anxious. Similarly, some people find exercise the best way to burn off excess adrenaline whilst others can't face the idea of jogging or walking anywhere. Test out how you feel about different ways to manage your anxiety – use your inner scientist – and see which approach is best for you.

Relaxation

There are a variety of different ways you can learn to relax. How you implement relaxation will be unique to you.



Chris's Tip

Relaxation like any other skill takes time to learn so don't be tempted to give up if it doesn't seem to work at first. One of the advantages of practicing relaxation regularly is that it will help you to become more aware of your body and in turn this will help you to recognise the physical signs of anxiety earlier. Once you notice the early signs you can use your relaxation and breathing techniques to stop your anxiety escalating.

Sarah talks about her experience of using relaxation techniques:

In the depths of my anxiety I found it impossible to sit and meditate, or listen to a guided relaxation CD – my mind was all over the place in a million directions and I just wasn't able to take it in. What worked for me in the end was taking up yoga. I didn't feel up to taking a class to begin with so I bought a book with a program in and just did it at home. It helped because some of those poses are hard! Trying to stay in position made me focus my attention on what I was doing and gave me some respite from the anxiety. I ended up doing it every day for at least half an hour. I can't recommend it enough!

Some useful relaxation techniques include:

- Using a specific relaxation or hypnotherapy CD
- Lighting some candles, running a warm bath and listening to some quiet, soft music
- Trying a guided meditation – there are some free to download versions on the internet
- Yoga or Tai Chi are active ways to relax if you are unable to sit and rest
- Breathing techniques, such as the ones described below which can be useful for starting to control the physical symptoms of anxiety
- Progressive Muscular Relaxation (PMR), where you work through each muscle group at a time flexing and relaxing. This can be useful for learning where the tension is forming in your body, and to then alter your posture
- Some people find alternative remedies helpful, such as valerian and camomile teas, Bach flower remedies (available from health shops) and lavender essential oils. Always speak to your GP first about herbal remedies if you are taking any medication

Breathing technique:

Relax

Lie down on a bed or sit on a comfortable chair
Put one hand on your stomach and one hand on your chest (you will only need to do this until you get used to it)

Breathe in

Let your stomach rise as it fills with air (push it out)
Try to keep your chest and shoulders still

Breathe out

Let your stomach fall again (suck it in)

Timing

Breathe in slowly to a count of four

Rest for two

Breathe out slowly to a count of eight

Rest for two

Repeat the breathing in and out for twenty breaths, about three minutes a breath.

This way of breathing is probably opposite to the way you may normally breathe, but the purpose behind it is to open up your lungs to their full capacity so that you can get as much air in them as possible. To begin with, you may need to practice deep breathing regularly to give you a good, calming boost. After that you may find you only need to do it twice a day, or whenever you feel particularly anxious.



Sleep hygiene

Many people who suffer with GAD also suffer with difficulties getting to sleep or staying asleep. Sleep hygiene techniques, although quite simple, can be very successful at helping you get a good nights rest. These guidelines for good sleep hygiene are based on common sense and are effective, but they need to be practiced every night. The benefits should be observed within the first one to two weeks.

1 Bedtime drinks

- Malted bedtime drinks can help you feel drowsy. However, your sleep might get disrupted if you need to go to the toilet
- Avoid drinks that contain caffeine as they can prevent you falling asleep

2 Activity and Exercise

- Activities that involve physical and/or mental stimulation can improve sleep quality (for example regular exercise or reading)
- Moderate exercise can lead to feelings of tranquility, personal satisfaction and well being that can help with sleep
- It should be noted that exercising too close to bedtime can disturb sleep and should be avoided
- Go outside for at least half an hour each day - exposure to natural light helps restore circadian rhythms (the systems for making you fall asleep or wake up)

3 Regular routine

- Get into a regular bedtime routine
- Go to bed and get up at the same time each day (set the alarm and get up, even if you did not fall asleep until late)
- Don't try to catch up sleep by having naps (If you really need one it should not last more than 20 mins)

4 Environment

Ask yourself the following questions:

- Is your room warm enough?
- Is your room quiet enough?
- Is your room sufficiently dark?
- Is the bed comfortable?
- Do use your bed only for rest, sleep or intimacy

Do not watch television, eat, or do any other activity in your bed. If you do these activities in bed, they will weaken the association between bed and sleep.

5 Relax

- Try having a warm bath before going to bed.
- Practicing yoga or meditation could help you to unwind your mind
- If you find you can't put your worries aside, try writing them all down. Then write down every possible solution and then say to yourself 'I can't do any more tonight now; I will deal with it in the morning'. Some people find the act of writing their worries down to be a very useful way of 'getting them out of their head' and they then don't feel that they must keep going over them just in case they forget.

Exercise

As any of you who read 'Anxious Times' (Anxiety UK's magazine) will know, our Chief Executive, Nicky Lidbetter has recently written some articles on running as a way of managing her anxiety. Lots of people use exercise as it is a great way of using up all that 'fight or flight' energy we talked about earlier. You don't have to be a world class athlete to get the benefits from exercise – even walking round the block can give you a boost.

Here are some top tips for building exercise into your routine:

- When you get up do some stretches, and if you get a bus, try getting off a few stops early and walking part of the way
- Walking your dog, or walking to a local park (if you have one) can be useful
- Go jogging – it gives a real endorphin boost – it's free and you can do it anytime
- Go on a bike ride or cycle to work
- Go to an aerobics class or to the gym
- Go for a walk in the country and try and put your attention outside yourself (e.g. counting the shades of green you can see) to occupy your mind

Chris's Tip

Don't do any exercise too near to your bedtime; you need to start winding down about one hour before you go to bed.

The physical symptoms of GAD can be a great source of distress for sufferers and this can create a vicious cycle of worrying thoughts leading to more anxiety and so on. One advantage of regular exercise is that it can also help us to appreciate that the physical symptoms we experience while exercising, especially when we are pushing ourselves a bit further than usual, are very similar to those of anxiety; increased heart and breathing rate, sweating, trembling muscles and if you've really overdone it – feeling faint or nauseous. However, when we experience these symptoms when exercising we don't worry about them too much because we realise they are due to physical exertion and we know they will eventually subside. With GAD the reaction to these symptoms is fear and greater anxiety as they are seen as dangerous when in fact they are not. It would therefore seem that our reaction to these symptoms (accept as normal or distress) depends largely on how we interpret them – if we can view them differently, i.e. not dangerous and due to the 'fight or flight response', and just let them pass, we can help to break the vicious cycle of worrying thoughts and anxiety.



Nicky gives her experience of exercise:

I have suffered with anxiety for around 15 years. I have tried just about every intervention on offer – counselling, hypnotherapy and medication. My partner has always been a jogger but I could never get the motivation to join him. One day I decided to try it, and I felt exhilarated! That night I slept well and I decided to make it a regular thing. I now run almost every night, and my children and partner run with me. It has helped me to cope with the physical symptoms of my anxiety and I am running in the Great Manchester Run this year to raise money for other anxiety sufferers.

Psychological techniques for dealing with chronic worry

Mindfulness and Worry

Mindfulness is a technique that is gaining popularity at the moment. It involves taking a detached or passive, non-judgemental approach to worries and intrusive thoughts, rather than getting 'carried away' in a downward spiral of worry. One of its main realisations is that you are not your worries – you have a consciousness that is separate to them, which is able to observe your thoughts, and decide whether to let them pass or engage with them. The exercise below is taken from a workshop ran by Dheeresh Turnbull, an expert in mindfulness.

The fridge

One exercise of imagination, which will help you to come to an awareness of your higher self, is the metaphor of the fridge:

"So I would like you to imagine that you're a fridge! The first thing that happens is that somebody comes along and puts some butter in you... what do you do?" (Most people at this point say:) "Keep it cold."

"And somebody else puts some milk in you, what do you do?"

"Keep it cold."

“And somebody else puts a dirty old boot in you, what do you do?”

Here there is usually some hesitation, but, sometimes prompted by “You’re a fridge”, people more or less reluctantly say, “Keep it cold”.

“Right! And why is there no point in you, as a fridge, getting upset about the presence of the old boot (although it’s entirely understandable that you may not like it!)?”

People usually see that it’s because, as the fridge, they are not in control of what comes into or goes out of them.

“And do you think you are the butter, the milk or the old boot?”

“No, I’m the fridge.”

So this is of course a metaphor for ourselves and our thoughts. We are not in control of our thoughts – if we watch, like in meditation, we see them arise in our minds and then go away (if we leave them alone). However, as sufferers of GAD and extreme worriers will testify, there is one way we are different from the fridge in this metaphor – whereas the fridge has no way of keeping its contents in it, we do.

If we really try to make something go away (like an intrusive thought), this will guarantee that it stays! But, if we can allow our thoughts to come and go, whether they are more like milk or dirty old boots, then they are free to do so.

Any thought that goes through your mind has a beginning and an end – there is a time when it was not there, and then suddenly it was. And in the same way there will be a time, one way or another, when it stops being there (although it may come back in the same or a different form). But the part of you that has awareness of those thoughts, and is able to observe them – does that have a beginning or an end, or is it always there? So in terms of how you can apply mindfulness to anxiety, it is about trying to get into that ‘fridge’ mental state, and allowing your worries to pass by.

Treatment of GAD

Many people affected by GAD find that before they find a treatment that works for them, they often have to try a number of treatment approaches first. It is important to realise that talking about a ‘cure’ for anxiety is not helpful.

Cure implies that a problem can be fully resolved and that it cannot happen again. With anxiety, the reality is that it can come and go; it can be managed and it can reoccur during stressful periods. Also we all experience anxiety from time to time, so it would be abnormal not to experience this perfectly normal emotion.



Chris's Tip

The reason people may find that they have to try a range of treatments or approaches may also be because of the treatment options they are offered by their doctor or mental health professional. There have been many developments in recent years and sometimes doctors and health professionals may not be up to date with these. So don't worry if you find yourself explaining to them what you've learned about the treatment of GAD. NICE – the National Institute for Health and Clinical Excellence – is a government body that produces guidelines on evidence based therapy interventions for specific conditions. In 2004 NICE produced guidance on anxiety (including GAD) which was reviewed and updated in 2007 and which is periodically reviewed every three years. (See <http://www.nice.org.uk/guidance/index.jsp?action=download&o=29640>) NICE recommends a type of program called 'stepped care' for the treatment of anxiety. It involves the people with the lowest level of anxiety being given the lowest level of treatment, then the higher the need, the longer the therapy and the more intensive the treatment. This means that people get the help and support they need quickly and efficiently.

Cognitive Behavioural Therapy (CBT)

CBT is the therapy that currently has the largest clinical evidence base for its effectiveness. It can be delivered at a number of levels of intensity. In the lower levels of the stepped care model (usually step 2 and 3) 'soft' CBT techniques are often used, prior to full CBT. These 'soft' techniques include guided self-help, which uses a CBT based model but places the onus on the individual to complete diary sheets and other interventions, with the support and

guidance of a trained mental health worker. Self-help resources are often CBT based courses suitable for a range of conditions, that mental health workers may use (along with others) with a GAD sufferer to provide an awareness of techniques that may empower them to overcome their problem.

During full CBT, therapists will usually set clients 'homework tasks' that are completed between sessions. Homework tasks may include carrying out activities such as thought monitoring throughout the week and entering thoughts into a thought diary or practicing specific behaviours through what is known as 'behavioural exposure'. CBT is available through Anxiety UK or alternatively on the NHS via your GP. Most CBT therapists are registered with the BABCP (British Association of Behavioural and Cognitive Psychotherapies), which is the governing body for CBT. The BABCP have put together a new webpage with a map showing all of the CBT therapists across the UK. To search for a therapist go to <http://cbtregisteruk.com/>

Computerised Cognitive Behaviour Therapy (cCBT)

cCBT provides a step 2 option within the stepped care model and has become widely recognised as an effective form of treatment for anxiety and/or depression. Current guidance on cCBT can be found at <http://www.nice.org.uk/guidance/index.jsp?action=download&o=33187>

Please note at the time of compiling this report, new guidance was in the process of being developed.

cCBT packages are interactive and allow users to type in answers to specific questions. People are encouraged to think about the problems that they are experiencing in terms of thoughts, behaviours and physical symptoms and users work their way through modules that are most relevant to them. Modules available are based on CBT techniques and principles and encourage people to challenge their thoughts and behaviours in a positive manner.

Clinical Hypnotherapy

Although clinical hypnotherapy is not a NICE approved therapy, there is plenty of anecdotal evidence available to suggest that this type of therapy is very beneficial to people experiencing anxiety. Hypnotherapy aims to provide an individual with results fairly quickly. Hypnotherapists will use a variety of techniques such as visualisation, which is aimed at producing often quite deep levels of relaxation. Visualisation involves asking people to imagine a feared situation or object while they are in a deep state of relaxation. They are then asked to use positive visualisation to manage how they are feeling and to imagine the experience in a positive way. If you are thinking about accessing hypnotherapy independently of Anxiety UK, it is important to check what sort of qualifications and experience the therapist has and whether they are members of a hypnotherapy governing body (you can check this on the internet).

Counselling

Counselling is often used to explore issues in depth and to allow for a focus on feelings associated with anxiety. Often, the cause of anxiety can also be explored through counselling sessions. The most common form of counselling is known as 'Person Centred Counselling'. This type of therapy seeks to explore the main issues from the individual's perspective. Counselling can often last for longer than the standard 12 sessions offered with other therapies such as CBT, however this is dependent upon the individual. Counselling is available through Anxiety UK or via the NHS. For more information on counselling, contact the governing body for counsellors – the British Association for Counselling and Psychotherapy (BACP).

Medication/Drug Therapy

Anxiety UK believes that medication and drug therapy should only be used when other treatment approaches have proved ineffective in the treatment of GAD. Antidepressants and other psychiatric medication can, however, be very helpful particularly in severe cases of GAD or where anxiety has been experienced over a prolonged period of time.

Antidepressants

These are commonly prescribed for the treatment of anxiety disorders, and the SSRI group (Selective

Serotonin Reuptake Inhibitors) are advised as the first line of treatment for GAD by NICE. The group of antidepressants, SSRIs that are currently specifically licensed for GAD are Escitalopram and Paroxetine. Other licensed antidepressants are the serotonin-noradrenaline reuptake inhibitors Duloxetine and Venlafaxine. Side effects of antidepressants can include a 'settling in period' in the first two weeks which may show as an increase in anxiety in some cases (this is usually resolved within four weeks).

Benzodiazepines

These drugs are grouped into two categories – anxiolytics (or 'anti-anxiety') and hypnotics (sleeping tablets). Many GAD sufferers will have come across these types of medication at some stage of their problem as these drugs include Diazepam (Valium) and Nitrazepam. Benzodiazepines are sometimes used to provide immediate relief for anxiety symptoms in the short term, but NICE guidance suggests they should be prescribed for only two to four weeks, as a tolerance can develop rapidly. What this means is that you might need more of the drug to get the same effect as the initial dosage. Evidence shows that benzodiazepines can be effective in the treatment of GAD but when they are withdrawn anxiety symptoms can return. They are therefore currently advised as the fourth line of treatment.

New treatments

A new anxiolytic drug has recently been licensed in the treatment of GAD - Pregabalin ('Lyrica'). It is effective in treating GAD in both adults aged 18-65 years, and in the elderly. As with most SSRIs and benzodiazepines, discontinuation symptoms can be seen after abrupt withdrawal, so it is common practice to taper the dose when treatment is no longer needed.

For more information on GAD, worry, or any other anxiety related issues please contact Anxiety UK. Our helpline is available between 9.30 am and 5.30 pm Monday to Friday on 08444 775 774.

You can also get in touch via our email support service at support@anxietyuk.org.uk or via our live chat instant messaging support at www.anxietyuk.org.uk

Chris's Tip

If you have any concerns about the therapy or medication you are receiving you can usually discuss these with your doctor, mental health professional or NHS Direct. However, if you are a member of Anxiety UK you can also get advice about effective treatments from our Psychology Information Line and advice about medication from our Psychiatric Pharmacy helpline.





Sources of help and support

British Association for Behavioural and Cognitive Psychotherapies (BABCP)
Victoria Buildings, 9 - 13 Silver Street,
Bury, BL9 0EU
Tel: 0161 797 4484 Fax: 0161 797 2670
Email: babcp@babcp.com
Website: www.babcp.com

The General Hypnotherapy Register (GHR)
PO Box 204, Lymington, SO41 6WP
Email: admin@general-hypnotherapyregister.com
Website: www.general-hypnotherapyregister.com

British Society of Clinical Hypnosis (BSCH)
Tel: 01262 403103
Email: sec@bsch.org.uk
Website: www.bsch.org.uk

National Council for Hypnotherapy (NCH)
PO Box 421, Charwelton,
Daventry, NN11 1AS
Tel: 0800 952 0545
Website: www.hypnotherapists.org.uk

The British Association for Counselling and Psychotherapy (BACP)
BACP House, 15 St John's Business Park,
Lutterworth, Leicestershire LE17 4HB
General enquiries tel: 0870 443 5252
Email: bacp@bacp.co.uk
Website: www.bacp.co.uk

Useful websites

www.fiveareas.com
www.livinglifetothefull.com
www.nice.org.uk
www.depressionalliance.org
<http://www.cci.health.wa.gov.au/resources/consumers.cfm>
www.glasgowsteps.com

Useful Books

General books on anxiety

Fast facts: Anxiety, panic and phobias - Malcolm H Lader
ISBN: 190373441X

Overcoming Anxiety - H Kennerley
ISBN: 1854874225

Overcoming Anxiety: A five areas approach - Dr Chris Williams
ISBN: 034081005X

Generalized Anxiety Disorder: Diagnosis, Treatment and Its Relationship to Other Anxiety Disorders - David J. Nutt
ISBN: 1841841358

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*Names have been changed to protect anonymity

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