

Stress And Anxiety

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Anxiety Disorder

Everybody knows what it's like to feel anxious - the butterflies in your stomach before a first date, the tension you feel when your boss is angry, the way your heart pounds if you're in danger. Anxiety rouses you to action. It gears you up to face a threatening situation. It makes you study harder for that exam, and keeps you on your toes when you're making a speech. In general, it helps you cope.

But if you have an anxiety disorder, this normally helpful emotion can do just the opposite - it can keep you from coping and can disrupt your daily life. Anxiety disorders aren't just a case of "nerves". They are illnesses, often related to the biological makeup and life experiences of the individual, and they frequently run in families. There are several types of anxiety disorders, each with its own distinct features.

An anxiety disorder may make you feel anxious most of the time, without any apparent reason. Or the anxious feelings may be so uncomfortable that to avoid them you may stop some everyday activities. Or you may have occasional bouts of anxiety so intense they terrify and immobilize you.

Anxiety disorders are the most common of all the mental disorders. At the National Institute of Mental Health (NIMH), the Federal agency that conducts and supports research related to mental disorders, mental health, and the brain, scientists are learning more and more about the nature of anxiety disorders, their causes, and how to alleviate them. NIMH also conducts educational outreach activities about anxiety disorders and other mental illnesses.

Many people misunderstand these disorders and think individuals should be able to overcome the symptoms by sheer willpower. Wishing the symptoms away does not work - but there are treatments that can help.

Anxiety Treatment

There are several different approaches to dealing with anxiety disorders. This disease is different for every person, so the treatment will be different for each person as well. Consult with your physician to decide what treatment is right for you.

Behavioral therapy

The goal of behavior therapy is to help individuals modify and gain control over unwanted behavior. People will learn how to cope with difficult situations, which will often take place through controlled exposure to these situations. The only drawback to this type of treatment is that it can take a great deal of time to achieve the desired results.

Cognitive therapy

The goal of cognitive therapy is to change unproductive thought patterns. People will learn to examine feeling as well as separating realistic from unrealistic thoughts.

Medication

The goal of medication is to resolve symptoms of anxiety through a more conventional method. Medication will help restore chemical imbalances that lead to symptoms of this disorder. The drawback to medication is that they can have side effects and treatment benefits are limited to active use of the medication.

Relaxation techniques

The goal of these techniques is to relax and calm people to a state where they will no longer experience symptoms. This therapy includes a number of techniques including breathing retraining.

Depression HelpWhat is depression?

Depression is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depression is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depression cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate depression treatment, however, can help most people who suffer from depression.

Types of Depression

Depression comes in different forms, just as is the case with other illnesses such as heart disease. This pamphlet briefly describes three of the most common types of depression. However, within these types there are variations in the number of symptoms, their severity, and persistence.

Major depression is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

A less severe type of depression, dysthymia, involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Another type of depression is bipolar disorder, also called manic-depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder is characterized by cycling mood changes: severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder. When in the manic cycle, the individual may be overactive, overtalkative, and have a great deal of energy. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, the individual in a manic phase may feel elated, full of grand schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen to a psychotic state.

Symptoms of Depression and Mania

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time.

Depression

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Mania

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

Causes of Depression

Some types of depression run in families, suggesting that a biological vulnerability can be inherited. This seems to be the case with bipolar disorder. Studies of families in which members of each generation develop bipolar disorder found that those with the illness have a somewhat different genetic makeup than those who do not get ill. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder will have the illness. Apparently additional factors, possibly stresses at home, work, or school, are involved in its onset.

In some families, major depression also seems to occur generation after generation. However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with changes in brain structures or brain function.

People who have low self-esteem, who consistently view themselves and the world with pessimism or who are readily overwhelmed by stress, are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes as well. Medical illnesses such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depression, making the sick person apathetic and unwilling to care for his or her physical needs, thus prolonging the recovery period. Also, a serious loss, difficult relationship, financial problem, or any stressful (unwelcome or even desired) change in life patterns can trigger a depression episode. Very often, a combination of genetic, psychological,

and environmental factors is involved in the onset of a depressive disorder. Later episodes of illness typically are precipitated by only mild stresses, or none at all.

Depression Treatment

The first step to getting appropriate treatment for depression is a physical examination by a physician. Certain medications as well as some medical conditions such as a viral infection can cause the same symptoms as depression, and the physician should rule out these possibilities through examination, interview, and lab tests. If a physical cause for the depression is ruled out, a psychological evaluation should be done, by the physician or by referral to a psychiatrist or psychologist.

A good diagnostic evaluation will include a complete history of symptoms, i.e., when they started, how long they have lasted, how severe they are, whether the patient had them before and, if so, whether the depression symptoms were treated and what depression treatment was given. The doctor should ask about alcohol and drug use, and if the patient has thoughts about death or suicide. Further, a history should include questions about whether other family members have had a depressive illness and, if treated, what treatments they may have received and which were effective. Last, a diagnostic evaluation should include a mental status examination to determine if speech or thought patterns or memory have been affected, as sometimes happens in the case of a depressive or manic-depressive illness.

Depression treatment choice will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies that can be used to treat depression. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined depression treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression. Depending on the patient's diagnosis and severity of symptoms, the therapist may prescribe medication and/or one of the several forms of psychotherapy that have proven effective for depression.

How to help yourself if you have depression?

Depression make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as depression treatment begins to take effect. In the meantime:

- Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities, and do what you can as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that may make you feel better.
- Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition-change jobs, get married or divorced-discuss it with others who know you well and have a more objective view of your situation.
- People rarely "snap out of" a depression. But they can feel a little better day-by-day.
- Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- Let your family and friends help you.

How Family and Friends Can Help Person with Depression

The most important thing anyone can do for the depressed person is to help him or her get an appropriate depression diagnosis and depression treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor's orders about the use of alcoholic products while on medication. The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it." Eventually, with treatment, most people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.

Source: National Institute of Mental Health

