

Services Provided:

- Individual therapy
- Group therapy
- Pre-surgical evaluations
- Psychological evaluations



www.coloradohealthpsychology.com

VOLUME 1, ISSUE 2

FEBRUARY 2008

Anxiety and Physical Health

Excessive and anxiety and worry that an individual finds difficult to control is the central feature of an array of disorders such as Generalized Anxiety Disorder (GAD) and Obsessive Compulsive Disorder (OCD). Panic attacks can occur in people with these disorders. The attacks include a combination of somatic and cognitive symptoms such as palpitations, accelerated heart rate, sweating, sensations of shortness of breath, feelings of depersonalization, and a fear of "going crazy."

GAD is referred to as the basic anxiety disorder because the core

process of anxious apprehension is a fundamental component of all anxiety disorders (Barlow, 1988).

Symptoms of anxiety include:

- Restlessness, or feeling "keyed up" or "on edge"
- Being easily fatigued,
- Difficulty concentrating
- Irritability
- Muscle tension
- Sleep disturbance

The prevalence of GAD is found to be between 5.1%-5.8% overall, between 3.6%-4.5% in men, and

between 6.6%-6.8% in women.

Generalized Anxiety Disorder (GAD) can have far-reaching negative effects on physical and mental health. In regards to the medical consequences, GAD is implicated in such stress-related medical disorders as the irritable bowel syndrome, high blood pressure, obesity, asthma, and coronary heart disease.

More serious forms of anxiety disorders include Panic Disorder, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, Specific Phobia, and Social Phobia.

Symptoms and Treatment of Anxiety Disorders

Excessive anxiety and worry that an individual finds difficult to control is the central feature of an array of disorders such as Generalized Anxiety Disorder (GAD) and Obsessive-Compulsive Disorder (OCD). Panic attacks can occur in people with these disorders. The attacks include a combination of somatic and cognitive symptoms such as palpitations, accelerated heart rate, sweating, sensations of shortness of breath, feeling of depersonalization, and a fear of "going crazy."

Generalized Anxiety Disorder (GAD) is most frequently treated

with Cognitive Behavioral Therapy (CBT) and some form of relaxation treatment (Chambless et al., 1998). The two main components that are the targets of a treatment intervention for GAD are excessive, uncontrollable worry and its associated persistent over-arousal, which results in tension-related, central nervous system symptoms.

Many patients experiencing worry and tension who are referred to mental health professionals are already taking psychotropic medication, most often prescribed by primary care physicians. (Zinbarg et al., 1993). A

review of studies (Chambless & Gillis, 1993) indicated that CBT was more effective than waiting-list or pill placebo control conditions and nondirective therapy. In addition, CBT and other therapies including pharmacotherapy lead to changes in cognition that are related to reduction of anxious symptoms and to the persistence of treatment gains at follow-up (Chambless & Gillis, 1993).

CBT is generally well received by patients and is an effective method of treating anxiety disorders.



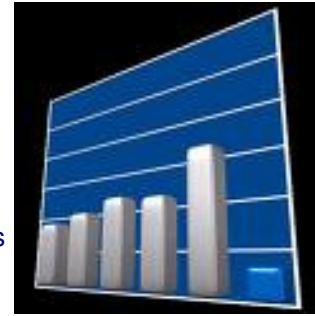
Melanie S. Weitzenfeld, Ph.D.

Contact Information

Colorado Health Psychology
7995 E. Prentice Ave, Suite 207
Greenwood Village, CO 80111
P: 303.596.0454
F: 888.299.1224

Anxiety Statistics

- 19 million adults suffer from various anxiety disorders (Anxiety Disorders Association of America, 2005)
- Anxiety is the most common diagnosis in the child population with 13% of US children being affected (Anxiety Disorders Association of America, 2005)
- Among initially healthy persons, symptoms of anxiety and depression have been found to predict the later development of coronary heart disease (Kubzansky et al., 1997; Pennix et al., 2001), heart failure (Williams et al., 2002), stroke (May et al., 2002), and early death (Hermann et al., 1998).
- Anxiety disorders have been reported in 25% of patients with insomnia and hypersomnia (Jain, 1998).
- Anxiety and depressive affect in children with asthma and distress in their families have been frequently documented (Austin, 1989; Bender, ILke, DuHamesl, & Tinkelman, 1998; Kashani et al., 1988)
- The most prevalent mental disorders and symptoms in outpatient medical populations include major depressive disorders (4%) and minor depressive disorders (10%); anxiety disorders (4%-8%); anxiety symptoms, depressive symptoms, or both (20%); somatoform disorders (4%); and drug and alcohol dependence (7%-12%) or abuse (10%) (Cavanaugh & Zalski, 1998).
- Anxiety disorders are found to be common in patients with diabetes, and one study reported a prevalence of GAD in adults with insulin-dependent and non-insulin-dependent diabetes that was approximately six times greater than the estimated base rate of 5% in the general population (Lustman, 1988).
- The introduction of mental health services into medical services can decrease inappropriate health care utilization by 30%-70% (Cavanaugh & Zalski, 1998).

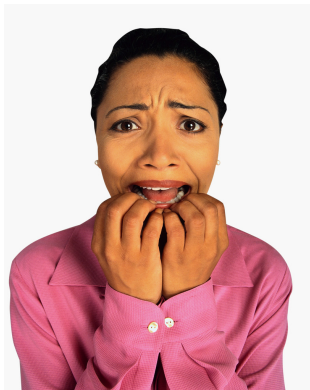


Medical conditions associated with anxiety

Anxiety disorders have been found to be independently associated with many physical health conditions.

These include, but are not limited to:

- Acne
- Allergies
- Ankylosing spondylitis
- Asthma
- Arthritis
- Atopic dermatitis
- Cancer
- Crohn's disease
- Diabetes
- Fibromyalgia
- Gastrointestinal disorders
- Hemophilia
- HIV
- Irritable Bowel Syndrome (IBS)
- Lupus
- Migraine headaches
- Pain
- Preterm delivery
- Psoriasis
- Respiratory disease
- Rheumatoid arthritis
- Sickle cell disease
- Sleep disorders
- Thyroid disease
- Ulcerative colitis



Medically ill patients with co-occurring anxiety commonly report lower levels of functioning and well-being than those without comorbid anxiety (Sherbourne et al., 1996). Self-reported anxiety in combination with general medical conditions may be associated with extensive functional impairment (Marcus et al., 1997). When evaluating patients for these or other medical conditions, it is important to consider the presence of an anxiety (or other mental health) disorder and how it may be impacting the well-being of the patient. Oftentimes, concurrent treatment of the anxiety disorder along with the medical illness can provide greater physical and emotional relief to the patient.