

Anxiety Disorder

A plain-English guide for you and your family

WHAT IS HAPPENING

Everyone feels nervous before a test or a first date—that normal worry helps you prepare and stay safe. An anxiety disorder is different: the alarm system in your brain gets stuck in the 'on' position even when there is no real danger, and that constant alarm makes your heart pound, your muscles stay tight, and your mind spins through 'what if' thoughts you cannot turn off. Over weeks and months, you start staying away from places, people, or situations that set off the alarm, and that avoidance shrinks your world until work, friendships, and everyday tasks stop working. Doctors group anxiety into five main types. Generalized anxiety disorder means you worry most days about many things (health, money, family, work) for six months or longer. Panic disorder means sudden waves of terror hit you out of nowhere—your chest hurts, you cannot breathe, and you feel like you are dying, even though tests show your heart is fine. Social anxiety disorder means you are terrified of being judged or embarrassed in front of other people, so you avoid speaking up, eating in public, or going to parties. Agoraphobia means you fear places you cannot easily escape, like buses, crowds, or bridges. Specific phobia means one thing (heights, needles, dogs, flying) triggers intense fear and you go far out of your way to avoid it. Each type lights up different fear circuits in the brain and responds best to specific talk therapy or medicine. None of this is weakness or your fault—your body is running a survival program too hard, and the right treatment resets that program so you can take your life back.

What you might feel

- Excessive worry that is hard to control, happening more days than not for at least 6 months (generalized anxiety disorder)
- Sudden panic attacks that peak in under 10 minutes, with chest pain, racing heart, trouble breathing, dizziness, and fear of dying
- Intense fear in social situations where others might judge you—like speaking in public, eating in front of people, or being watched (social anxiety disorder)
- Avoiding places where you feel trapped or unable to escape—buses, crowds, malls, open spaces, or leaving home alone (agoraphobia)

- Extreme fear of one specific thing—heights, needles, flying, animals, or blood (specific phobia)
- Restlessness, constant fatigue, trouble focusing, irritability, tight muscles, or broken sleep
- Physical symptoms that mimic serious illness—chest pain, shortness of breath, dizziness, nausea, or diarrhea
- Thoughts of suicide or hurting yourself

Call the doctor right away if...

- Suicidal thoughts or a plan to harm yourself—screen at every visit; risk jumps when depression and substance use are also present
- New anxiety or panic starting after age 45—rule out overactive thyroid (hyperthyroidism), irregular heartbeat (cardiac arrhythmia), adrenal tumor (pheochromocytoma), or side effects from stimulants or steroids
- Substance use disorder or needing higher and higher doses of benzodiazepines—tolerance and rebound anxiety signal dependence; safe taper or addiction treatment is required
- Total social withdrawal or inability to work—severe functional loss predicts worse outcomes and may require intensive outpatient or inpatient psychiatric care
- Hallucinations or delusions (psychotic symptoms)—anxiety alone does not cause psychosis; consider schizophrenia, bipolar disorder, or drug-induced psychosis

What the care team will do

- Screen for suicide risk at every visit using direct questions about thoughts of self-harm, plans, and access to lethal means like guns or pills
- Teach the patient to recognize early warning signs of panic attacks—like racing heart, sweating, or dizziness—and use grounding techniques such as slow breathing (breathe in for 4 counts, hold for 4, breathe out for 6) and naming 5 things they can see
- Monitor for benzodiazepine misuse by counting pills, asking about dose increases, and watching for signs of tolerance (needing more medicine for the same effect) or withdrawal (shaking, sweating, seizures when doses are missed)
- Educate the patient that SSRIs like sertraline and SNRIs like venlafaxine take 4 to 6 weeks to reduce anxiety, and early side effects like nausea or jitteriness usually improve after the first week
- Refer the patient to cognitive-behavioral therapy (CBT) or exposure therapy as first-line treatment, especially for social anxiety disorder and specific phobias

- Check thyroid function (TSH and free T4), electrolytes, blood sugar, and electrocardiogram (ECG) in patients over 45 or those with new anxiety, weight loss, tremor, or irregular heartbeat
- Teach the patient to limit caffeine to under 200 mg per day (about 2 cups of coffee) and avoid energy drinks, decongestants with pseudoephedrine, and recreational stimulants
- Document alcohol and substance use at every visit, and offer referral to addiction treatment if the patient is using substances to manage anxiety

Medicines you may be given — and why

Sertraline (Zoloft), Escitalopram (Lexapro), Fluoxetine (Prozac)

SSRIs block a pump that sucks serotonin (a brain chemical that steadies mood and turns down worry) back into the nerve cell after it sends its message. By jamming that pump, more serotonin stays in the tiny gap between brain cells, letting the calm signal work longer. Over four to six weeks, this extra serotonin helps the brain rewire its alarm circuits—like giving a tangled fire alarm time to reset so it stops going off at every little thing.

Venlafaxine (Effexor XR), Duloxetine (Cymbalta)

SNRIs block two pumps: one that recycles serotonin (a chemical that steadies mood and worry) and one that recycles norepinephrine (a chemical that boosts focus and energy). By jamming both pumps, more of each chemical stays active in the gaps between brain cells. This double boost helps people whose anxiety comes with low energy, poor focus, or tight, tense muscles—it calms worry while lifting drive.

Lorazepam (Ativan), Alprazolam (Xanax), Clonazepam (Klonopin)

Benzodiazepines (benzos) grab onto a special spot on the GABA-A receptor—a brake pedal built into nerve cells—and make that brake slam down much harder. GABA (the brain's main calming messenger) normally opens a small gate in the cell to let chloride ions (tiny negatively charged particles) flow in, making the cell less likely to fire. Benzos make that gate open wider and stay open longer, so excited, firing nerve cells shut down fast. Panic, muscle tension, and racing thoughts stop within 20 to 30 minutes. But the brain adapts within two to four weeks, needing more drug to get the same effect (tolerance), and stopping suddenly can trigger dangerous withdrawal like seizures and severe rebound anxiety.

Buspirone (BuSpar)

Buspirone gently nudges serotonin 1A receptors in the brain—think of it as tapping the calm button instead of slamming it. It does NOT flood the system like SSRIs or sedate like benzos. Instead, it slowly shifts the balance so the amygdala (the brain's alarm center) gets more steady everything-is-okay signals from serotonin. It takes two to four weeks to work because

the brain needs time to adjust how sensitive these receptors are and grow new calming pathways. There is NO tolerance, NO withdrawal, and NO abuse risk.

Propranolol (Inderal), Atenolol (Tenormin)

Beta blockers sit on adrenaline receptors (also called beta receptors) in the heart, blood vessels, and lungs and block adrenaline (the fight-or-flight chemical, also called epinephrine) from landing. This stops the physical panic symptoms—racing heart, shaking hands, heavy sweating, trembling voice—but does NOT touch the worry thoughts in your brain. Think of it as unplugging the alarm bell so you do not hear it ring, even though the alarm is still going off inside. It works within 30 to 60 minutes and is perfect for performance anxiety (stage fright, test jitters, public speaking fear) when you need steady hands and a calm heartbeat but your mind is already prepared.

Hydroxyzine (Vistaril, Atarax)

Hydroxyzine blocks histamine receptors (called H1 receptors) in the brain. Histamine is a chemical that keeps you alert and awake. By blocking it, hydroxyzine causes drowsiness and a gentle calming effect within 30 to 60 minutes. It also has mild effects on other receptors that reduce nausea and loosen tight muscles. Because it does NOT work on GABA (like benzos do), there is NO tolerance, NO dependence, and NO abuse risk. It is used for short-term anxiety relief or sleep, especially when benzos are too risky (people with a history of addiction or older adults).

Where this information comes from

- DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision), American Psychiatric Association
- APA Clinical Practice Guideline for the Treatment of Anxiety Disorders (2023)
- Cochrane systematic reviews on CBT and pharmacotherapy for anxiety disorders
- U.S. Preventive Services Task Force (USPSTF) anxiety screening recommendation (2023)

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