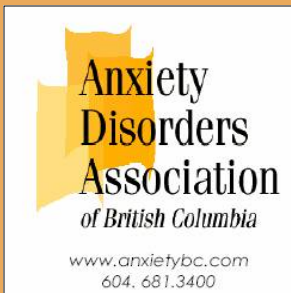


WORRY & GENERALIZED ANXIETY DISORDERS



Our Mission

- Increase awareness & promote education of anxiety disorders.
- Increase access to evidence based treatment.
- Encourage & develop new treatments & delivery

Small steps lead to big ...

STRIDES

Thank you, members, for your support during the past year. You have enabled ADABC to take—**not just small steps but big STRIDES.**

We have new Directors joining our Board after our Annual General Meeting held on June 10th 2004. Our President, **Donna Thomas** steps down after a great year. She strengthened our ties with schools and ADABC's participation in the provincial professional day (PRODY) training. Thank you Donna for the great work. We welcome **Jacquelyn Weatherall**, our new president, who brings many years' experience as a counselor. After many years, **Harry Parslow**, our Government Relations representative, has also stepped down but continues his support to the Board. Thanks to Harry, ADABC continues its constructive relationships with the government authorities, constantly reminding them of our cause.

Melanie O'Neill, our Secretary, moves on (to the Island) but continues her dedication to our work and has an able successor in **Michelle Haring**. Welcome Michelle! **Dana Bales** joins Gene McDonald in fund raising activity . Dana is a CBC News Reporter and brings invaluable experience to our Board. Welcome Dana!

We are grateful to our members who dedicate so much time working behind the scenes to ensure ADABC's success in meeting its goals:

Dr Peter Mclean - CBT Training

Dr Lynn Miller—FRIENDS & LEAF (Research)

Suzanne Macvey-Accounting

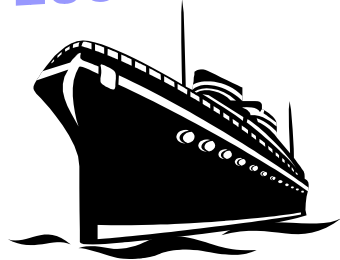
Charles Bois—Legal

Dough Oucharek—Webmaster



A new **Tri-Cities LEAF** (Living Effectively with Anxiety & Fear) program will be launched this Fall. LEAF is a 14 week training program for adults with panic disorder. Funding is provided in part by the Fraser Health Authority Community Health Grants and Coquitlam Foundation. The program will be in partnership with the Canadian Mental Health Association - Simon Fraser and the Fraser Health Authority: Tri-cities region. We need leaders for the program and will provide them the necessary training. If you have overcome panic disorder using cognitive-behavioral approaches this is your opportunity to help others get their lives back . We are also looking for leaders for the general adult program for the new Young Adult LEAF program. If you would like to contribute to your community please contact us at (604) 681.3400 or e-mail us at—info@anxietybc.com

2004 Fund Raiser



Following the successful cruise last year where we raised \$5,000, our second annual ADABC Cruise is scheduled for THURSDAY, 2 DECEMBER 2004 . Help us raise funds:

- Recruit or become a SPONSOR
- Join the cruise's ORGANIZING team
- Join the cruise and BRING YOUR FRIENDS (ticket will be available by September)

Patricia's Story

My life ten months ago had become one that I found **unbearable** to live. The anxiety that had infiltrated my every waking moment kept me **suspicious** and **fearful** of making ordinary decisions. I knew that something was seriously wrong with me but I didn't know what was causing me to feel so **worried all the time**.

When I had a problem that needed a solution I would become agitated and fearful. **Everyday problems became too much to cope with**. Many times family, friends and co-workers would tell me to "relax and take it easy". It felt as though my **head was going to burst**. The levels of my anxiety became so unbearable that I went on a medical leave from my employment. I had hit the wall and slid down. **I was depressed, angry, sad and scared**. Most people around me didn't understand why I had become depressed. Little did they know that my days had been an exercise on **acting "normal."** Thankfully, one of the qualities that sustained me through all of this was my quick sense of humor. I used this to distract myself from the **painful rushes of fear and anger** that pulsed through my body. Sure I had functioned in the daytime at my job but at night I would go home, turn the phone off, close the curtains, drink wine and watch t.v. Next day it would start all over again.

Social situations became unbearable. I would reject invitations to attend a social gathering. I would make up lies about why I couldn't make it. The thought of walking into an unfamiliar setting with unfamiliar people sent me into a panic state. If I did go then I would be sure to have a couple of drinks be-

fore going, to calm myself down. Every time I was introduced to someone **I could feel my heart racing** as my mind would be searching for something to say. Needless to say, conversation did not flow. **I began to feel like a real loser**. I didn't think that I had anything interesting to talk about. Soon I was sneaking out the door so that I wouldn't have to say good-bye to anyone.

In my home I didn't use my alarm system or the self-cleaning on my oven. My mind hung on threads of fear that the alarm would go off and never stop and my oven would go up into flames. During this period I also stopped driving outside the city because I believed that my car would explode on the highway.

At work I needed to know what was going to be the outcome of every situation that came up. **I could not stand uncertainty**. In my mind I would be working through every possible negative scenario so that in the end I would be so fearful that I didn't make a move. **I could not see the solutions for the problems**.

While I was doing some voluntary work I met a woman who shared with me that she had gone to the Anxiety Disorders Unit at UBC for treatment of her anxiety. She thought that maybe I needed some help so she gave me the contact information. Months later I got a call to come for an interview. This was the beginning of a journey that would change the course of my life for ever afterwards.

It was quite liberating to now be able to attach a name to what had plagued me and to know that **I could learn how to have control over it**. First I needed to understand how my mind spiraled into an ob-

sessive attachment to a negative process and then learn how to interfere with this. **Something which seemed so out of control was now going to be manageable by me**. I was to become my own therapist and I found this to be an exciting prospect. I met with two therapists once a week for approximately eight months. They guided me through the **principles of cognitive-behavior therapy**. Every week I learned a new way to look at and deal with my problems. My home work gave me the opportunity to challenge my belief system.

Some weeks I felt sad and fearful as I sat in their office. **It's not easy to let go of old habits**. The therapists were very kind to me and I always felt reassured by them that all this hard work was going to have real value for me. I became very motivated to change these negative patterns. **It was empowering to have the skills to make concrete changes to what had been a painful existence**. Every time I left their office I came away with a added sense of self esteem, that I was worth all the effort that the three of us were contributing to my well being.

We said our good-byes last week. My therapy sessions with them are over. I must now be my own therapist. It is going to be very important that **I spend time each day on worry management** so that those feelings of helplessness don't get a chance to return. The more practiced I become the better chance I will have of incorporating healthy responses into my daily life.

All I really have left to say is that I will never forget the two women who shared with me the tools to live my life with confidence. Thank you Nicole and Michelle.

ARE YOU WORRIED/ GENERALLY ANXIOUS ?

by Michele Haring, M.A.

Dr Sarah Newth Comments:

Patricia's story brings to life the pain that uncontrollable and excessive worry can cause in our lives. If we don't have the tools to manage worry it can become like a nasty octopus and spread its tentacles through all aspects of our lives. A false but commonly held myth is that people who have problems with worry are "neurotic" or just don't know how to relax. Now we know better — this real health problem is called **Generalized Anxiety Disorder (GAD)**. Patricia is a role model for those of us coping with excessive worry or GAD. As she has discovered there are effective ways to manage and overcome this problem. Read on for more information about worry, GAD and management options.

Worry is a universal experience. All of us worry from time to time, especially during periods of heightened stress or uncertainty in our lives. For most people, this period of worry is relatively short-lived and things get back to normal once the stressful situation has passed. But for some people, this intense worry and the anxiety that comes with it doesn't go away, causes intense distress and interferes with effective functioning. This experience is typical of people with **Generalized Anxiety Disorder** or **GAD**. This article provides information to help you better understand the experience of GAD.

What is worry?

Worry typically consists of a series of distressing thoughts about possible negative future events. Worries often come in the form of "what if" questions. For people with GAD, these questions can lead to a worry "spiral": "Why is my husband late coming home from work? What if something has happened to him? What if he's been in an accident? What if he is seriously injured and can't call for help? What if he dies before he gets proper medical attention?". Some experts believe that worrying is really an attempt to problem-solve or to gain control over uncertain future events.

Talk to us -

- Any suggestions....
- Want to share a Story
- Join us as a member
- Help us fund raise

Oh, have I missed something??

Contact Us:

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What is Generalized Anxiety Disorder?

Approximately 4% of the population (approximately 67,000 people in B.C. in any one year period), are affected by Generalized Anxiety Disorder. People with this disorder suffer from chronic, excessive and uncontrollable worry about a number of different events and activities in their daily lives. This worry happens more days than not for at least six months and is associated with a number of uncomfortable physical symptoms, including sleep problems, fatigue, restlessness, severe muscle tension, and irritability. The excessive worry and associated anxiety cause considerable distress and interferes with the person's ability to function effectively.

Generalized anxiety disorder typically begins in late adolescence or early adulthood, although many people with GAD report that they have been worriers since childhood. Approximately twice as many women as men are affected by GAD. GAD is also more common in the elderly and among those of lower socio-economic status, possibly because of a higher rate of life stressors that can make a person vulnerable to uncontrollable worry. Generalized anxiety disorder tends to be chronic, although it may worsen or intensify during times of stress. People with generalized anxiety disorder are prone to developing other anxiety and mood disorders. In fact, approximately 75% of people with GAD have at least one other anxiety or mood disorder.

How is worry in GAD different from “normal worry”?

People with GAD worry about the same things as the rest of us: work/school, finances, relationships, health & well-being of friends and family or the self, community/world affairs, and more “minor” matters, like being on time for appointments and attending to daily chores or errands. However, worry in GAD differs from “normal” worry in its breadth, frequency, intensity and controllability. People with GAD tend to worry about a greater variety of topics than people without GAD, and the focus of worry in GAD can shift over time depending on the person’s life experiences. However, many people with GAD will say that they worry about “everything”. People with GAD tend to worry most days, for a significant portion of the day. It is not uncommon for people with GAD to report that they are worrying for almost all of their waking hours. They often find it extremely difficult to concentrate or “live in the moment” because of all of the worries swirling around in their heads. People with GAD also find that their worry is difficult to control - once they have started worrying about something, they find it difficult to let go and turn their attention to other tasks. Worry in GAD tends to be “exaggerated”, or out of proportion to the actual situation – that is, people with GAD worry more than other people would in the same situation.

Worry in GAD is more often associated with physical symptoms than normal worry. *In addition to the physical symptoms described above, some people with GAD report feeling shaky or twitchy, muscle soreness, sweating, dry mouth, nausea, diarrhoea, “jumpiness”, trouble swallowing, or a “lump in the throat”.* The rates of stress-related conditions such as recurrent tension headaches and irritable bowel syndrome are generally higher in people with GAD than in the rest of the population. Because people with GAD have so many physical symptoms associated with their worries, they very often seek out medical advice about these ailments, rather than seeking help for their worrying. Many times the underlying worry that drives these symptoms goes unrecognised.

What about treatment for GAD?

The good news is that effective treatments for GAD do exist. Both pharmacological and psychological treatments have been shown to be helpful in reducing the symptoms and impairment associated with GAD. For example, some anti-depressants are effective treatment options for

GAD — talk it over with your physician or psychiatrist to see if medication is an option for you. Cognitive-behaviour therapy (CBT) has also been shown to be an effective treatment for GAD. CBT for GAD involves learning more about your particular worry triggers, worry topics and about the factors that serve to keep worry going (e.g., positive beliefs about worry, difficulty tolerating uncertainty in life). The strategies taught in CBT help clients to “short circuit” the worry process and invest their energy in more effective coping strategies.

Because many people with GAD have been worrying excessively for years, they often think that they are just “worry warts” and that their worry is just part of their personality that cannot be changed. For this reason, many continue to suffer needlessly for years before getting an accurate diagnosis and appropriate treatment. If you or someone you know has symptoms of GAD, encourage them to get an assessment from a qualified mental health professional.

Michelle Haring is a doctoral candidate currently completing her residency at UBC Hospital. She is an active clinician and researcher in the area of anxiety disorders with a special focus on GAD and OCD.

For more information about GAD . . .

See the Anxiety Disorders Toolkit www.heretohelpbc.ca. Check out www.anxieties.com for tips on how to manage GAD and other types of anxiety disorders.

White, J (1999). “Overcoming Generalized Anxiety Disorders—client manual. New Harbinger Publication.

Get to Know More on:-

Worry Management Program

Contact the program coordinator, Michelle Haring at UBC Hospital on

Tel: (604) 822-7306 or (604) 822-1788.