From the time she was a child, Tara Mandarano always felt a little anxious. But when she became pregnant with her daughter, her anxiety reached new heights.

“I started to worry about everything incessantly. I was terrified I would lose my baby. I would sit in the bathroom in the dark, sobbing, and my husband would have to comfort me and try to talk me down from whatever catastrophic thoughts I was having,” recalls the 41-year-old Ontario, Canada–based writer. Mandarano finally got the help she needed when she was diagnosed with perinatal generalized anxiety disorder, a mental health condition that affects 8 to 10 percent of women during pregnancy and 4 to 10 percent postpartum. She received treatment throughout her pregnancy and into her postpartum period, including cognitive behavioral therapy (CBT) to help her deal with the panicky, worst-case feelings she was experiencing, and medication after she stopped breastfeeding her baby at four months. “I stopped constantly having dreams that my baby was somehow lost in my bed, or that she had stopped breathing, or that I would accidentally drop her.”

Anxiety disorders like the one Mandarano experienced are extremely common among men and women of all ages and backgrounds. Anxiety disorder is the most common mental illness in the U.S., experienced by about 19 percent of adults in the past year, according to the National Institute of Mental Health. And an estimated 31 percent of adults will cope with an anxiety disorder at some point in their lives. In fact, you’ve likely felt anxious at some point in your life, whether it was a nervous feeling before a big test or an interview, or some.

Anxiety disorders have been linked to health conditions like irritable bowel syndrome.

High Anxiety

ABOUT ONE IN FIVE OF US HAS AN ANXIETY DISORDER—BUT MANY GO UNDIAGNOSED AND UNTREATED. HERE’S HOW TO IDENTIFY THE PROBLEM AND GET THE HELP YOU NEED.

BY DIANA KELLY LEVEY

In the mind
excitement and uneasiness before a first date. “It’s important to remember that anxiety as an emotion is totally normal—and in fact, it’s essential for survival,” says Dana Dorfman, PhD, who treats patients at a private practice in New York City. “It’s not always pathological. Anxiety is only problematic when it interferes with one’s functioning in [his or her] home or work life.”

The Rise of Anxiety

Anxiety disorders can be grouped into several categories, including generalized anxiety disorder (GAD), panic disorder, social anxiety disorder, obsessive compulsive disorder, post-traumatic stress disorder and specific phobias. And it seems like we are feeling more anxious, more often. A 2018 survey from the American Psychiatry Association found 40 percent of Americans say they felt more anxious than they did the previous year. That followed a 36 percent increase from 2016 to 2017.

But while these disorders affect millions of Americans, only 36 percent of those with a disorder receive treatment, according to the Anxiety and Depression Association of America (ADAA). Much of that may have to do with an ingrained bias against receiving help. “It may be a challenge for someone to be willing to accept it as a condition to manage, versus a deep character flaw,” says Debra Kissen, PhD, executive director and owner of the Light On Anxiety in New York City. “It’s not always pathological. Anxiety is only problematic when it interferes with [someone’s] functioning in [his or her] home or work life.”

Defining the Different Disorders

Like most mental illnesses, in order for someone to be diagnosed with an anxiety disorder, there are specific criteria that they need to exhibit—especially for insurance to pay for treatment. Those symptoms may include excessive anxiety and worry, worry that is difficult to control, feelings of restlessness, being easily fatigued, irritability and sleep disturbances. These symptoms must be severe enough to interfere with your personal or professional life.

Anxiety also comes in many forms, including the following:

- Generalized Anxiety Disorder (GAD) is characterized by what feels like out-of-control worries, says Kissen. “When you hear someone saying, ‘I just can’t stop worrying,’ or ‘I spent all night worrying about my finances or health’—those are signs of generalized anxiety.”
- Social Anxiety Disorder is where the core characteristic is fear of negative evaluation or judgment. “It might look like the person has a lot of worries and anxiety or stress, but what they’re really worried about are things like, ‘What if I do a bad job?’ or ‘What if I seem awkward at the party?’” Here, the core fear is around negative evaluations from others.
- Obsessive-Compulsive Disorders (OCD) are often associated with obsessive hand-washing or needing things to be symmetrical, but this chronic disorder has more to do with order (which might surface in your career or physical appearance) as well as recurring thoughts and repetitive behaviors. “OCD-related disorders that we see a lot of include perfectionism or needing things to be just right,” says Kissen.
- Who’s More Prone

A number of factors play a part when it comes to developing an anxiety disorder. “It’s not just your upbringing and what you’ve learned throughout your life, and it’s not just your biology, but it’s really how they interact with each other,” says Kissen. Genetics, or having a family history of anxiety, plays a big part in anxiety disorders. “If a parent or sibling suffers from anxiety, it significantly increases one’s genetic predisposition,” says Dorfman. Trauma—either ongoing stresses or having experienced trauma as a child or having witnessed a traumatic event—can also make you more likely to develop anxiety as an adult. Working an extremely stressful job, and not managing those worries in a healthy way, may also be a contributing factor. Other stressors that can influence anxiety include the death of a loved one, a serious illness or financial stress. Finally, there can also be some learned behavior involved. “Anxiety is very emotionally contagious,” says Dorfman. “So if you’re around a lot of anxious people, there’s a mirroring quality that happens. Oftentimes people are at greater risk for becoming anxious when they are around other people who are anxious.”

Sometimes, anxiety may seem like it crops up out of nowhere. “I’d been told I might have anxiety after going to a couple of walk-in clinics for chest pain in my early 20s, and I was having panic attacks somewhat regularly for years, but I didn’t get help for it until age 27,” says Lauren Coffin, a 35-year-old baker/cake decorator and writer in Boston. “For reasons I still don’t really know, my anxiety flared up in my mid-20s and simply didn’t stop. I even ended up in the hospital. I think what made the difference that time was that...
It usually takes around four weeks for an SSRI to start to work. If you need help in the meantime with severe panic or anxiety attacks, you might also need a fast-acting medication like a sedative or a benzodiazepine like Klonopin, Xanax or Valium, says Dorfman. “They can work within 30 minutes or so, but the effects may only last for a few hours.” These have a tendency to be more habit-forming and are a “quick fix” but don’t necessarily address the root of the problem, she adds.

Coffin—who was diagnosed with generalized anxiety disorder and panic disorder—says she benefited from a combination of treatments, including CBT and taking benzodiazepine. “It got me down to having a panic attack only once or twice a year. It was a massive improvement, but it took months of hard work to get there.” Eventually, her doctor encouraged her to try SSRIs again and they worked for her within a week. “The difference has been astonishing!” says Coffin. “I genuinely had a moment of wondering, ‘What is this nice feeling I’m having?’ It was calm. I hadn’t felt purely calm in months. My anxiety before felt like a candle. If it gets too hot, I can put it down. Anxiety right now feels like holding a candle. If it gets too hot, I can put it down. My anxiety right now feels like holding a candle. If it gets too hot, I can put it down. My anxiety right now feels like holding a candle. If it gets too hot, I can put it down.

For moderate to severe anxiety, “It’s not just your mind racing; all your bodily systems react when you start to panic.”

“An anxiety or panic attack is simply your sympathetic nervous system activating the fight-or-flight response of the body,” says Debra Kissen, PhD. “It’s an adaptive response that you have when you’re facing an immediate threat, like if you were in a burning building or a loved one was about to get hit by a car. All systems would say, ‘go’ to attempt to survive this immediate threat.” But a panic or anxiety attack is a false alarm where your brain has decided that you’re in imminent danger—even though you might not even know what caused it and could be wondering, “Why is my body freaking out all of a sudden?” Here’s what may happen inside your body when an anxiety attack strikes:

- Your heart rate speeds up as you start to breathe faster in an effort to pump more blood and oxygen to your major muscles to help you run from or fight this “immediate threat.”
- Some people might feel like they’re suffocating and their chests get tight as the body takes in more oxygen than it actually needs. These small breaths of air throw off the alkaline level in the blood and can lead to a feeling of not getting enough air, which can cause you to want to breathe even more, in a downward spiral.
- Your fingertips might get cold as blood flow leaves the stomach and heads to large muscle groups so you are ready to flee or fight.
- Your pupils may dilate, so you can see more of any perceived threats. You might feel dizzy, experience vertigo or have trouble concentrating. You could feel shaky, like all of your muscles are tense. You may experience headache tension that feels like a rubber band is wrapped around your head.

Common symptoms of anxiety include feeling nervous, irritable or on edge; having an impending sense of doom; an increased heart rate; rapid breathing and GI distress.

The care team walked me through the steps I needed to take in order to seek treatment.”

● Getting Help
A licensed therapist can help you identify your core fears and provide you with tips and tools to assist you in calming down and alleviating the sense of alarm. “Often, there’s no single solution to moving past panic, but instead [you need] a combination of techniques and tools that will work best for you,” says Kissen.

Cognitive behavioral therapy (CBT), for one, has the highest evidence-based support as a treatment modality for anxiety. “CBT involves identifying maladaptive beliefs, like ‘I need to be perfect to be loved,’ or, ‘The world is dangerous and I’m never OK,’ or whatever it might be, and then revising that belief to come up with more reasonable beliefs,” says Kissen. “You’ll learn how to disentangle yourself from these core beliefs and identify and address the maladaptive behaviors that might be reinforcing things. It’s a very action-oriented therapy; very here-and-now, [and there’s] lots of homework to work on outside of the session to move past the issues you’re talking about in session.”

For moderate to severe anxiety, using a combination of medications like selective serotonin reuptake inhibitors (SSRIs) and CBT may be necessary. “It’s like a one-two punch,” says Kissen. “They work really well together because the medication helps enhance the learning you’re getting in therapy. It’s kind of increasing the neuroplasticity, allowing for the brain to learn these new concepts.”

It’s important to start somewhere. “I wish I realized much sooner that you don’t have to wait until you hit a certain level of mental illness in order to get help,” says Coffin. “No one would ever tell you that you’re too physically healthy to go to the gym, right? ‘Think of your mental health in the same way.’ ●