

Managing Anxiety Without Medication

review by Irene Alleger

Living With Anxiety

by Bob Montgomery, PhD and Laurel Morris, PhD

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Anxiety occurs in response to possible threats to our security, especially those we can see coming, whether it's overdue bills, hurricanes, or terrorism. Psychologists regard anxiety as normal in humans at mild levels; it's only when anxiety becomes excessive that it becomes a problem. Since the attacks in New York City, most Americans have experienced some level of anxiety. Fear is the natural reaction to an immediate threat whereas anxiety is the natural reaction to a *possible* threat, rather than a present one.

Our thoughts are necessary to produce anxiety by anticipating and imagining possible threats. So it is with the mind that we can learn to control and lessen our anxiety. *Living With Anxiety* is a clinically-tested self-help book, full of step-by-step strategies, and sound psychological advice. Although written for the public it can be an excellent reference for family physicians and other practitioners who may be trying to help individuals with the anxiety produced by the terrorist attack, and fear about the future.

Researchers have found that 30 to 40% of the general population have sufficiently high levels of anxiety to benefit from professional help. However, not all anxiety problems are correctly diagnosed; many patients referred to heart specialists because of chest pain, for instance, turn out to be suffering from panic attacks. But the biggest problem may be the treatment with pharmaceutical anti-anxiety drugs.

"Any drug you use to manage your anxiety," say the authors, "is never going to be your best answer and can easily become a big problem itself." Alcohol and tobacco are commonly used legal drugs that people use to manage their anxiety. Alcohol, especially, has been found to have a strong relationship to anxiety. In general, people with anxiety disorders are 1.7 times more likely to have a substance abuse problem. The authors present interesting material on the associations between anxiety and health-reducing behavior such as smoking, excessive drinking or bad eating habits, including anorexia or bulimia. Stress and anxiety are rarely addressed by conventional physicians, even though the clinical evidence has been in for some time.

In 1994 a total of 18 million prescriptions were given for anti-anxiety drugs and 25 million prescriptions for antidepressants (a number of which are also used to treat anxiety). Between 1995 and 1999, drug expenditures in the US increased from \$65 billion to \$125 billion, a large share of which was spent on anti-anxiety drugs. These drugs are intended for short term use, yet research has shown that most people whose anxiety problems were improved by taking an anti-anxiety drug, relapsed back into anxiety after stopping the drug. In real life, this means that people will continue to take these drugs for years at a time.

Most doctors are not trained in diagnosing and treating psychological problems and they're bombarded with advertising by drug companies claiming effectiveness and safety. Despite the drug companies' claims to the contrary, anti-anxiety drugs have a high risk of being addictive. People with anxiety problems do not need the additional burden of a drug-dependency problem. To make matters worse, anti-anxiety drugs are disproportionately prescribed for two groups: women and the elderly. A 1999 study of homebound elderly found that nearly 40% were prescribed at least one inappropriate drug; in addition, elderly people have a higher risk of adverse drug interactions because they are more likely to have multiple health problems that require multiple prescriptions.

After several introductory chapters, *Living With Anxiety* is divided up into sections on General Anxiety, Panic and Agoraphobia, Phobias, Social Phobia and Social Anxiety, Post-Traumatic Stress Disorder, and Obsessive-Compulsive Problems. The authors stress that the title is intentionally *living with* as opposed to *eliminating* anxiety. The goal is to teach people with different levels of anxiety to use clinically tested strategies for *managing* their excessive worrying, etc.

Each section describes what is known about the particular anxiety symptoms, effective strategies such as learning how to manage anxious feelings, how to manage anxious thoughts, and how to manage physical signs of anxiety that threaten a panic attack. There are clear and simple exercises that give the sufferer some control over these feelings.

The authors have ended the book with an interesting chapter on Strengthening Interpersonal Skills as being able to deal with other people skillfully and effectively can help to manage anxiety problems, particularly for non-assertive individuals.

This is a good self-help guide for people who suffer from all kinds of anxiety. A scientific evaluation of anti-anxiety drugs, and an effective and safe alternative to them, give individuals a healthier choice for managing stress and anxiety.

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