



DR. JONES

MENTAL FITNESS UPDATE[©]

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WAYNE C. JONES, M.D.

Dr. Jones is a board certified Psychiatrist with 30+ years of clinical, research, and teaching experience. He is among the first Psychiatrists in the U.S. to be certified as a Psychopharmacologist. His specialties include anxiety and mood disorders, stress management, ADHD, and innovative medication management.

When “stress overload” meets the person that is prone to worry, trouble is inevitable. If this condition goes on for over six months and is serious enough to cause multiple symptoms, it is “Generalized Anxiety Disorder” or GAD. Milder or briefer episodes are referred to as Adjustment Disorder with Anxiety. If stressors are not identified or not clearly excessive, the stress is Anxiety NOS (not otherwise specified).

Unfortunately, many people either ignore the earliest warning signs of stress overload, or self-treat with substances such as alcohol and smoking. (Stress is the number one reason smokers give for not being able to quit). Another very common early response is to see a primary care doctor for one or two of the symptoms. A visit to the doctor will typically

GENERALIZED ANXIETY DISORDER

*“I’ve known a great many troubles....
Most of which have never happened.”
—Mark Twain*

get the symptoms treated without uncovering the main problem that is causing symptoms. (See list at right). Successful treatment can be pinpointed by asking a few simple questions:

Anxiety is the first sign of stress overload

What are the current stressors in the person’s life? Are there too many changes, too many conflicts? Can the stressors be slowed down or resolved? Can stress management be improved by more relaxation or “healthy escapism” instead of TV all night or doing dreaded exercising that causes more pressure and stress? Can worry habits be changed? Would counseling be helpful? If stress can’t be managed or a healthy state achieved, medication, at least short-term can protect your health and improve quality of life.

GAD SYMPTOMS Central Nervous System:

- √ Restless, keyed up
- √ Decreased concentration
- √ Fatigue
- √ Insomnia
- √ Irritability
- √ Memory Problems
- √ Dizziness

Musculoskeletal System:

- √ Muscle tension
- √ Tension headache
- √ Backaches
- √ Trouble swallowing
- √ Shortness of breath
- √ Trembling/twitching
- √ Weakness

Autonomic Nervous System:

- √ Cold, clammy hands
- √ Sweating
- √ Urinary frequency
- √ Dry mouth
- ❖ √ Nausea and/or diarrhea

MEDICAL TREATMENT OPTIONS

↓ Dopamine	Stimulants, Pristiq, Effexor XR >225mg, Wellbutrin SR
↑ Serotonin	Pristiq, Effexor XR ≤ 75mg, Prozac, Zoloft, Celexa, Lexapro, Luvox; Buspar
↑ Norepinephrine	Effexor XR >75mg, Strattera, Tricyclics, Pristiq
↓ GABA	Klonopin, Xanax, Neurontin, Depakote, Topamax, Gabatril

EFFEXOR XR FOR GAD

Effexor XR (Venlafaxine), is an antidepressant that has been FDA approved for the treatment of GAD. It is a unique drug known as a Serotonin Norepinephrine Reuptake Inhibitor. This means it is a “broad spectrum” medication that works by blocking reuptake of both norepinephrine and serotonin. Over time Effexor XR can restore normal levels of serotonin and norepinephrine, and prevent overactivity of both. The dual action of the drug also allows successful treatment of a broader range of symptoms than most stress medications. Because 68% of depressed people first have anxiety disorders, most will have some anxiety symptoms, making this medication an excellent first line treatment for both.

Chart 1 (left) explains which transmitters are affected by GAD and the medication options that can be utilized for designing a treatment plan. ❖

ABOUT OUR STAFF

Paige Embrey, M.B.S., L.P.C. Clinical assistant to Dr. Jones, she is certified as a licensed professional therapist. She is available for personal counseling, including children, teens, social anxiety, and ADHD coaching.

Penny Chaney, B.B.A., -does writing/editing, and research. She develops patient education materials, management of presentations, and web site production.

Melissa King, B.F.A. -Coordinator of our program for total fitness. She will serve as “coach” for patients that wish to initiate positive lifestyle changes.

Chelsea Giddings-A seasoned member of our administrative staff. She has advanced training in stress disorders.

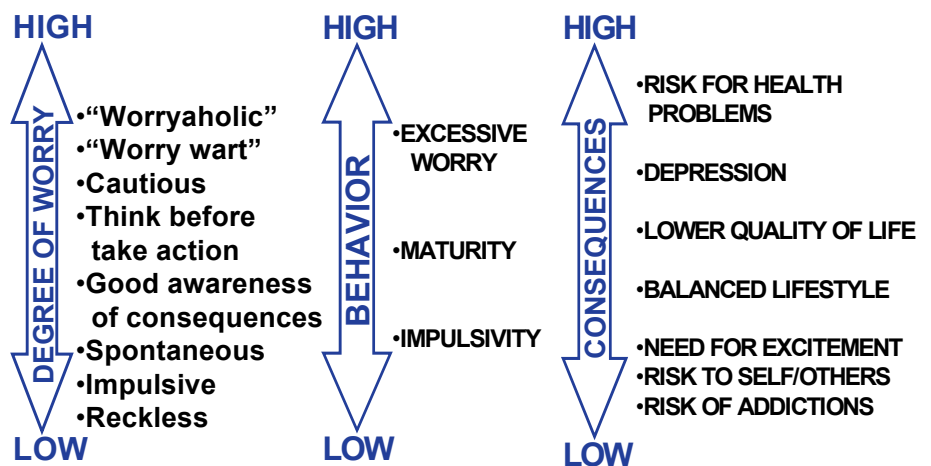
Davin Williams-Newest addition to our administrative staff. She brings knowledge and experience to complete our team.

THE MALADY OF THE “WHAT IFS?”

Worry is the cognitive, or thinking component of anxiety. Just as each individual has a healthy range and extreme range of body weight, each also has a healthy and extreme range of worry.

Too little worry can often be more harmful than too much worry. We see many examples of the consequences of this in behavior. It is the people that say things that are hurtful, or spend too much money, or drive recklessly, or are sexually promiscuous without considering the outcome. These people always seem to be a disaster looking for a place to happen!

At the other end of this anxiety spectrum are the worriers and the “what if?” people. They tend to be the “nice” people among us that feel over responsible for outcomes. They struggle with obsessive thinking and exaggerated fears. The worry can be about health, or jobs, or relationships, or finances, etc. The chart below illustrates worry in a range from high to low, and the behavior and consequences respectively. ❖



NEW RESEARCH GIVES GOOD REASON TO SEEK TREATMENT

Recent studies have found that the healthy adult brain continues to make new brain cells. This happens especially in the hippocampus, where memories are stored. But stress overload raises norepinephrine and cortisol. This interferes with new cell development and conversely can even kill existing brain cells.

THE NEUROPHYSIOLOGY OF WORRY

“IT’S ALL IN YOUR HEAD!...”

That’s where your *brain* is—the most important organ in the body. The tendency to worry too much is usually inherited. In this world, there is a lot to worry about—we could all worry constantly... and people with GAD do just that!

Worriers overproduce serotonin, a brain transmitter that functions as a modulator in the brain. Serotonin provides “brightness”, just as a TV or computer has a brightness control for the screen. The brain is like a complex computer system where everything is interconnected. High serotonin may cause an increase in norepinephrine, another brain modulator that is like the “contrast” control. Norepinephrine levels go up with arousal which leads to increased vigilance.

Norepinephrine also stimulates the release of *cortisol*, the stress hormone. As a result, growth hormone and immune function are reduced. Brain levels of dopamine, which is the motivation and focus system of the brain, go down during times of acute chronic stress.

These brain transmitter changes, as shown on **Chart 2** to the right, cause multiple changes in the body and prepare us for “fight or flight”. In today’s complex, demanding, but often sedentary world, the excessive or prolonged physical changes in the body can cause physical illnesses.

The body becomes like an automobile that is accelerated all day, but only in neutral or first gear. Wear and tear is the ultimate result—especially for the excessive worriers. ❖



WORRY, WORRY, WORRY! Cognitive/Behavioral Therapy for GAD

The most effective psychotherapy for GAD is Cognitive Behavioral Therapy (CBT). CBT teaches strategies to help perceive, think, and behave differently. Worry, dread, and other painful emotions are reduced.

People with GAD think and analyze too much. Symptoms occur when a worrier personality has too much current life stress. They become overwhelmed with worry and negative anticipation. The result is emotional block-action not taken.

I have developed a four option model based on the Serenity Prayer:

(1) Decide if the situation can be improved - This requires "the wisdom to know the difference".

(2) Take positive action - This is the most powerful choice, eg.: Confront and work through hurt feelings with a friend.

(3) Accept it – Not only learn to live with but truly make peace with yourself, eg.: You can't protect loved ones from all dangers.

(4) Leave – Let go, this may mean physically leaving or actively avoiding contact, eg.: A job that has too many demands, not enough control, or an unsympathetic or unrealistic boss.

Doing nothing is choosing to stay stuck and unhappy!

A therapist can be helpful in this process if:

- You can't decide what your options are or what the consequences might be
- You feel too overwhelmed to take action
- No matter what you do, the situation gets worse
- You are in a constant state of worry

A therapist can teach coping skills like relaxation (Mindfulness) training, life style changes, and retraining of old thinking habits. This will ultimately establish a more stress-free, higher functioning life...instead of worry, worry, worry!❖

"Drag your thoughts away from your troubles—by the ears, by the heels, or any other way you can manage it. It's the healthiest thing a body can do."

—Mark Twain

⇒As much as 70% of the population may have at least one classic symptom of an anxiety disorder.

⇒Normal amounts of anxiety are helpful. It is the raw material of guilt which helps individuals develop standards of good behavior.

⇒There are two kinds of feelings that people with anxiety are likely to deny: anger and unexpressed wishes or desires.

⇒Anxiety disorders develop first in 68% of people who later become depressed.

⇒11% of men and 20% of women describe themselves as suffering from symptoms of worry, anguish, or anxiety.

⇒Anxious people can develop social handicaps which result in problems with intimacy. They often live their lives at a distance from the people around them.

⇒Women are 2X more likely to have an anxiety disorder than men. This makes women more likely to also develop depression.

⇒Since 55% of people with GAD relapse when medication is discontinued after 6 months, long term therapy should be carefully considered.

⇒Insomnia is often a key warning sign of stress overload. If left untreated it usually leads to more severe anxiety symptoms .

DID YOU KNOW.....?

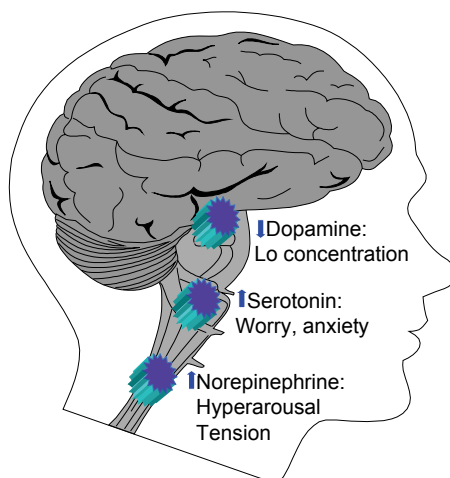
Factors that determine reaction to stress:

- Reactivity
 - Genetics
 - Experiences
- Current Stress Overload

Physical Consequences

↑ Cortisol, Adrenalin

↓ Immune function, Brain cells



RESOURCE CORNER

- ✓ *Feeling Good: The New Mood Therapy*, by David Burns, M.D.
- ✓ *Worry: Controlling It and Using It Wisely*, by Edward Hallowell, M.D.
- ✓ *Mindfulness Meditation*, by Jon Kabat-Zinn, PhD
- ✓ *Don't Sweat the Small Stuff*, by Richard Carlson, PhD

Anxiety Disorders Association of America
P.O. Box 96505
Washington, D.C. 20077-7140 (adaa.org)

National Institute of Mental Health
5600 Fishers Lane Room 15C-05
Rockville, MD 20857 (nimh.gov)



Penny Chaney, Editor
375 Municipal Drive, # 224
Richardson, TX 75080
972-234-0489 FAX 972-235-1558
AskDrJones.com

EDITOR'S NOTES

All of us have had more to be anxious and worried about since September 11, 2001. Studies since then have found that men and women tend to cope very differently.

Men are more likely to feel angry. They are more action oriented and believe in the President's ability to take care of the situation. They exercise more in response to stress and tend to deny there is any real danger. Men are also more optimistic than women. Men are better at distracting themselves and plotting solutions later. They can put it off and out of mind. This protects them from ruminating and developing anxiety symptoms as often as women.

Women are a different story. In fact, women are twice as likely as men to develop anxiety disorders. Author Susan Nolen-Hoeksema says that women can fall into the habit of, "endless analysis of the past, present, and future." She goes on to write, "if they're upset, they tend to call friends who hold a magnifying glass to every angle."

This type of thinking can be harmful because it amplifies sadness, makes problems harder to solve, and often alienates others.

After Sept. 11th, women tend to worry about the safety of their families, feel helpless, and drink alcohol. Women feel less safe and react passively to the attacks.

Why do women cope this way? One compelling theory goes back in time to our ancestors. This theory states that the "fight or flight" reaction to threats enhanced survival in men. Women, on the other hand, suppressed this defensive response because someone needed to stay with the children. According to this model, women are more serotonergic (reflective, emotional) in their response to stress and men are more noradrenergic (action oriented).

The terrorist acts of Sept. 11th, and the daily threat of new attacks affects us all with anxiety and worry. However, women must learn to develop coping strategies and skills to prevent constant rumination and vulnerability to stress disorders .

"Concern should drive us into action
and not into depression." Karen Horney

Our main goal in writing this newsletter is to provide education that helps people have better quality lives and relationships! We would like to remind you however, our intention is not to personally advise anyone on treatment or medications. Please consult your physician before making any decisions concerning your own diagnosis and treatment plan. We would be delighted to get comments/suggestions from you! Fax or E-Mail anyone on our staff at the numbers listed above. . .

I HOPE SOMETHING IS OF VALUE TO YOU!