

Dealing with anxiety and hyperventilation symptoms

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Remember

- Anxiety is a normal emotion. It is useful in situations when the person needs to be alert and focused (e.g. in exams) and when quick action is required (such as avoiding being run over by a bus). Many people with anxiety disorders view all anxiety as 'bad'.
- The goal of treatment is to control anxiety symptoms, not eliminate anxiety in its entirety.
- Anxiety disorders are common. The recent Australian National Mental Health and Wellbeing Survey found a 12-month prevalence of anxiety disorders to be 9.7%, making them the commonest mental disorder.¹
- Comorbidity is common, particularly substance abuse (benzodiazepines, alcohol) and mood disorders – 20 to 30% of people with a main complaint of anxiety will have comorbid depression.
- Hyperventilation results in changes in arterial carbon dioxide concentration, with associated physical symptoms. It can be controlled with simple behavioural techniques.
- Long term benzodiazepine use is likely to lead to tolerance and dependence, while the underlying disorder is untreated.

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Assessment

- Exclude physical conditions that may present with anxiety. These include:
 - thyroid disease
 - epilepsy
 - cardiac arrhythmia
 - prescribed medication side effects
 - substance abuse (stimulants)
 - withdrawal (depressants).
- Exclude a depressive disorder, particularly in the elderly, and psychosis in young adults.
- Consider that anxious children may be the symptom bearers for pathology within the family.
- Try to define the focus of the worry. Is it fear of:
 - collapse (panic disorder)
 - negative evaluation (social phobia)
 - repetition of trauma (post-traumatic stress disorder)
 - contamination or harm to others (obsessive compulsive disorder)
 - everything (generalised anxiety disorder)?
- Assess current life stressors. Is the current anxiety an adaptive response?
- Look for comorbidity.
- Assess associated avoidance of activities and environments, and their effects on the person's life.
- Ask the patient to count his or her breathing rate over one minute (one breath in and out equals one). Most people breathe at about 10 to 12 breaths per minute. Chronic overbreathing or periods of hyperventilation result in feelings of apprehension, light headedness and somatic concerns.
- Always specifically enquire about thoughts or plans for suicide.

Management

- Structured problem-solving techniques² are useful for anxiety associated with life stressors.
- Hyperventilation control is an easily taught and effective technique. Using a watch with a second hand, the person

breathes in and out over a six-second cycle (three seconds in, three seconds out, through the nose). Initially the patient should practise the technique for five full minutes, four times a day. It should also be instituted at any time the individual feels anxiety rising.

- Progressive muscle relaxation exercises help reduce overall bodily tension. Relaxation tapes are available from most large bookshops. Relaxation should be done nightly for six weeks before its full benefit can be assessed.
- Cognitive therapy involves eliciting and challenging automatic unhelpful thoughts that may be perpetuating anxiety. Usually this treatment is provided by a psychologist or psychiatrist trained in this style of therapy.
- Serotonin reuptake inhibitors have been found to be efficacious in the anxiety disorders, particularly if there is comorbid depression. However, anxiety tends to recur when the medication is ceased.
- While benzodiazepines offer rapid symptom reduction, their complications make them problematic. (Most anxious people will be happy to accept that with the measures listed above, their anxiety will most likely diminish in the next two to three weeks.)
- Substance abuse problems should be addressed.
- Specialist help should be sought if the patient appears at risk of self-harm, or doesn't appear to be improving. **MT**

References

1. Andrews G, Henderson S, Hall W. Prevalence, comorbidity, disability and service utilisation: overview of the Australian National Mental Health Survey. *Br J Psychiatry* 2001; 178: 145-153.
2. Treatment Protocol Project. The management of mental disorders. 3rd ed. Sydney: WHO Collaborating Centre for Mental Health and Substance Abuse, 2000.