

NO NEED TO



Treatments offer relief from anxiety disorders

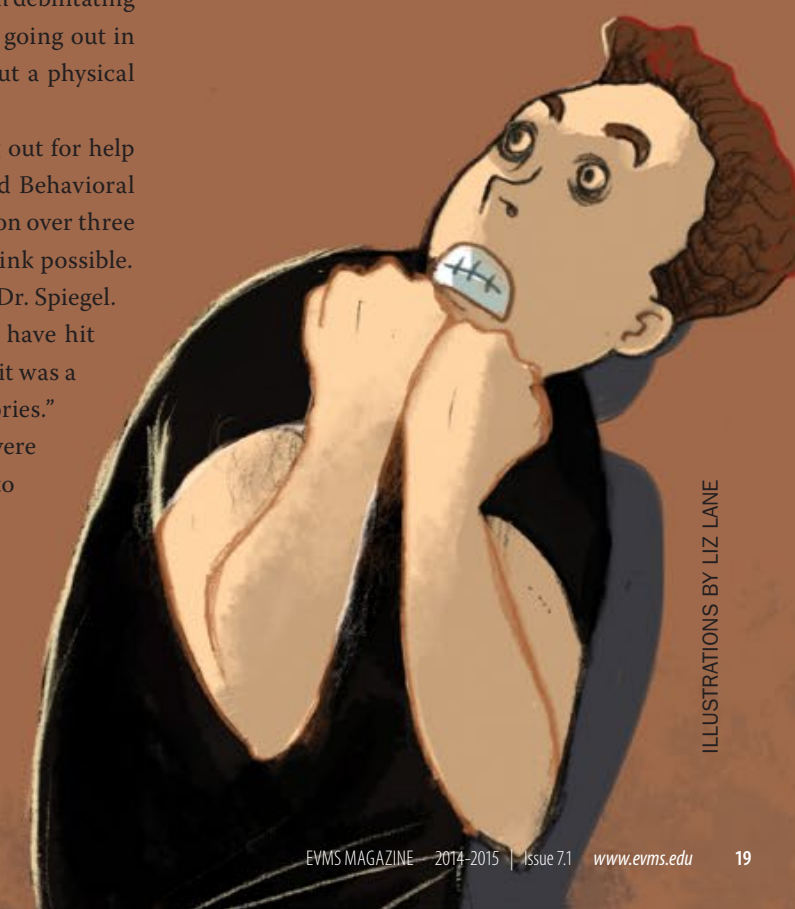
They come to Richard Handel, PhD, and David Spiegel, MD, with debilitating anxiety — some so fearful of a panic attack that they avoid going out in public and others so scared of needles they've gone years without a physical examination.

Often, they have suffered silently for a decade before reaching out for help from Drs. Handel and Spiegel, both professors of Psychiatry and Behavioral Sciences. But with a combination of intense therapy and medication over three months to a year, patients can have a quality of life they didn't think possible.

"I have patients who literally could not leave their houses," says Dr. Spiegel. "I have one who was constantly looking back, thinking he may have hit somebody driving to work. It took him hours to get to work when it was a 10-minute trip. I have a lot of examples like that, tons of success stories."

Success stories like patients who overcame a fear of germs so severe they would not use public restrooms. Or people who were able to put aside — partially or completely — a hand-washing ritual that occupied them for hours per day. Or hoarders who cleaned up

A common phobia — a fear of hypodermic needles — can turn a routine medical visit into a stressful event.



ILLUSTRATIONS BY LIZ LANE

THE IDEA IS TO HELP PATIENTS RATIONALLY APPROACH AN IRRATIONAL FEAR.

rooms once useless because they were so crammed with paper.

“If we can get people to reduce the intensity and frequency by 50 or 60 percent, that can be an enormous change,” Dr. Handel adds. “Many have jobs and are not impaired to the degree that they are on disability, but they are really unhappy.”

Those success stories come from a recognition over the past two decades that a combination of medication and something called “cognitive behavioral therapy” proves dramatically effective treating phobias and other anxiety disorders. The idea is to confront fearful situations, stop the loop of distorted thinking that leads to the anxiety and replace it with a more rational, less emotional, inner voice.

“The rewarding part about treating anxiety disorders is that they are amenable to both medication and cognitive behavioral therapy. There’s a track record,” Dr. Spiegel says. “You can really do wonders.”

ENCOURAGING RATIONAL THOUGHTS

Convincing patients to buy into the therapy is key. Dr. Handel says some patients never come back after he describes the course of treatment. “The initial dropout rate is about 40 percent. But for people who are motivated and do it, it’s very effective,” he says. “Over time, people will start to change the way they view things and find these more rational thoughts, for lack of a better term, creeping in when the situation arises.”

As a psychiatrist, Dr. Spiegel handles some of the more complicated cases, often involving severe obsessive-compulsive disorder or a combination of a phobia and depression. He prescribes medication for eight to 12 weeks to lessen the intensity of the obsession and create the foundation for cognitive behavioral therapy. Dr. Handel, a psychologist who sees many patients with obsessive-compulsive disorder, works with patients who have more moderate issues — people who are functioning despite their anxiety but are living unhappy lives.

First, Dr. Handel asks patients to examine what they are saying to themselves when they are anxious. The idea is to help patients rationally approach an irrational fear. He asks

questions like: What makes you think if you touch a doorknob, you will contract HIV? What evidence shows your fears are true? What evidence shows they’re not?

Dr. Handel likens that to people who know going to the gym will make them healthier. That knowledge doesn’t help if the patients don’t take the next step and start working out regularly.

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For anxiety disorder patients that next step is exposure therapy, basically exorcising their demons by confronting them. For one patient, that meant holding the doctor’s office door handle until his anxiety dropped 50 percent — something that might take an hour or more.

“We try to start with something they can do and work their way up,” Dr. Handel says. “It’s a very effective form of treatment.”

Consider a patient with a fear of hypodermic needles. She started her exposure therapy by looking at photographs of needles online, advanced to looking at a medical-supply store online and then began watching movies like “Pulp Fiction” and “Trainspotting” with hypodermic drug use. She watched them over and over until the scenes no longer bothered her, before she advanced to watching a nurses’ training video on drawing blood. Finally, she volunteered at a blood drive. The therapy took about three months, and at the end, she scheduled an appointment with her physician for an examination, complete with blood tests.

In addition to cognitive behavioral therapy, Dr. Handel says exercise, breathing control and yoga can help alleviate symptoms.

“MAGICAL IDEATION” AND OTHER PHOBIAS

Anxiety disorders like the ones Dr. Handel and Dr. Spiegel treat include everything from specific phobias like a fear of germs, spiders and snakes to “magical ideation,” an extreme form of superstition that makes people believe if they don’t do something like flick a light switch a certain way, they or loved ones will suffer a terrible fate.



One patient regularly took hours to drive the short distance to work, constantly looking back in fear that he had hit a pedestrian.



Some people avoid public rest rooms out of a fear of contact with germs.

Both Dr. Spiegel and Dr. Handel treat patients who suffer from panic attacks so severe that over time they refuse to leave their homes because they can't face the possibility of an attack in public. This adds agoraphobia to the mix. They also see people who incorrectly think they are having a panic attack because they've read about them. By definition, a panic attack usually lasts no more than 10 minutes.

As treatment, each therapist will simulate the body's response to an attack by having patients run in place or hyperventilate, for instance, to raise their heart and breathing rates. With one patient who was having panic attacks two or three times a day, Dr. Handel simulated the response in his office through hyperventilating; then he had the patient repeat the same simulations on his own multiple times per day. Within a month, he stopped having the attacks. About five years later,

he returned, saying the attacks had started again. Dr. Handel used the same therapy, and the attacks stopped.

Dr. Handel says often patients don't realize the power that the combination of medication and cognitive behavioral therapy has to drastically change their lives.

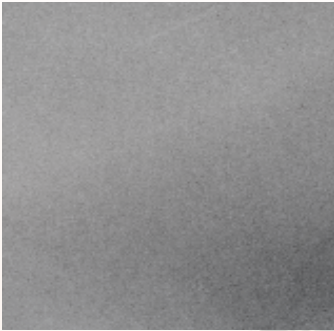
He remembers an email from a patient months after their sessions ended who, like so many patients, was confident no treatment could help him. When they first met, the man had been hopeless, crushed by a significant anxiety disorder he thought would bedevil him the rest of his life. After six months of therapy and medication, he was looking forward to a dramatically brighter future. Months after that, he reached out to Dr. Handel as a man looking forward to the rest of his life.

"Today," he wrote, "I have a lot to be thankful for." □

FRIGHTENING NUMBERS

IN A GIVEN YEAR
40 MILLION AMERICAN ADULTS AGE 18 YEARS AND OLDER SUFFER FROM ANXIETY DISORDERS, ACCORDING TO THE NATIONAL INSTITUTE OF MENTAL HEALTH.

WOMEN ARE



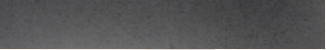
60% MORE
LIKELY THAN MEN
TO EXPERIENCE AN
ANXIETY DISORDER OVER
THEIR LIFETIMES.

NON-HISPANIC
BLACKS ARE



20% LESS
LIKELY THAN NON-HISPANIC
WHITES TO EXPERIENCE AN
ANXIETY DISORDER DURING
THEIR LIFETIMES.

HISPANICS ARE



30% LESS
LIKELY THAN NON-HISPANIC
WHITES TO EXPERIENCE AN
ANXIETY DISORDER DURING
THEIR LIFETIMES.

**8%
OF TEENS**

AGES 13-18 HAVE
AN ANXIETY
DISORDER,
ACCORDING TO A
LARGE NATIONAL
SURVEY, WITH
SYMPTOMS
COMMONLY
EMERGING AT
ABOUT AGE SIX.

**ONLY
18%**
OF THOSE TEENS
RECEIVED MENTAL-
HEALTH CARE.