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What Is “Almost Anxious”?

On a blazing afternoon in July 2003, I learned a lesson on how to keep a healthy perspective on anxiety.

Hiking had never been my strong suit, especially hiking at high altitudes. Yet here I was near the end of the Half Dome trail in California’s Yosemite National Park. I was drawn to Yosemite, and to this trail in particular, because of my love for Ansel Adams’s photos of the area. Yosemite Valley has been described as “not just a great valley, but a shrine to human foresight, the strength of granite, the power of glaciers, the persistence of life, and the tranquility of the High Sierra.”¹ After such a powerful description, how could I not want to hike its Half Dome trail . . . even if it’s a treacherous 8.5-mile climb up a 5,000-foot peak?

I had been hiking uphill since 4 a.m. For most of the hike, I’d been covered by a canopy of beautiful forest. The landscape suddenly shifted as I approached the base of Half Dome. In front of me stood a bald granite face that seemed to go straight

up and disappear into the sky. Ascending the last 400 feet to the top would require gripping two steel cables and holding on (for dear life!) as I walked up with emptiness on either side of me.

My heart pounded, my sweating increased, my body tensed, and I slowed my pace. All I could think about was “What if I slip and fall?” The more I focused on that thought, the more my body reacted. I began scanning my surroundings for rocks with edges that I could grab in case I stumbled. My sense of apprehension increased. My friend who was hiking with me asked if I was okay. I answered, “I’m not sure; I might have a height phobia.” He raised his eyebrows and remarked, “And you choose *now* to tell me?”

Maggie’s Story

Several years later, a young woman named Maggie sat in my office. Maggie was nineteen years old, originally from South America (like me), and studying abroad in the United States for the first time. You might not have known that Maggie was from another country had she not told you, since her spoken English was impeccable and she immediately engaged in a detailed discussion of the upcoming presidential election. Maggie experienced her first-ever panic attack while walking to class during her freshman year of college.

The attack came out of the blue, and she could not pinpoint anything that led to it: “I was walking to class when suddenly I noticed my heart starting to pound. I began to feel nauseated and had difficulty breathing. My mind started to race and I had trouble focusing. I started getting sweaty and it felt like someone was sitting on my chest. I believed I was having a heart attack. I nearly went to the emergency room, but, thankfully,

I was able to reach my mom on the phone. She distracted me from my anxiety and helped me calm down enough that I was able to go to class.”

Despite this scary experience, Maggie described herself as happy, with many friends, and very lucky to have gotten a scholarship to study in the United States. At our first meeting, she was only mildly worried about the attack, but she had sought help at the request of her mother, who had battled panic disorder for most of her life.

Does Maggie have full-fledged panic disorder? Do I have a diagnosable phobia of heights? Alternatively, perhaps we are both feeling the normal physical sensations that are designed to help protect us in threatening situations. Or are we somewhere in the “almost anxious” space in between? To answer that question, it is helpful to know a little more about anxiety and its evolutionary benefits.

Why Humans Have Anxiety: A Brief History

Imagine if Maggie had lived thousands of years ago and instead of walking across campus to go to class she was walking through a dense jungle. Walking through a jungle thousands (and even hundreds) of years ago, our ancestors had to be alert, focused, watchful, and ready to attack an animal for dinner or fight off an enemy to stay alive—as do tribal peoples who still hunt for their food today. If Maggie stumbled across a lion during her walk, her body’s first response would be to go into a fight-or-flight mode.

- Her heart would speed up, as she would need more blood moving through her body to get her muscles ready to fight the lion or flee from it. A stronger heartbeat also

leads to more blood circulation, which in turn would raise Maggie's body temperature.

- She would get sweaty, which has two primary functions: to decrease her body temperature (this is important to keep her brain cool!) and to make her body more slippery, which would make it harder for an attacker to grab her.
- Her muscle tension would increase. With a little luck, her tightly wound muscles would propel her safely out of the lion's grasp.
- If Maggie had just eaten prior to seeing the lion, she likely would start to feel nauseated and she might have stomach cramps. In an extreme circumstance, she might even feel the pangs of diarrhea, since her body would stop digesting food to ensure instead that blood was available to her muscles to help her run.

Do these symptoms sound familiar? They did to Maggie. All of these sensations are identical to what she experienced during her panic attack late that fall. They were also the same sensations I felt when looking up to the top of Half Dome. This is our bodies' alarm system and it looks similar regardless of what triggers the alarm.

If Maggie had been facing a lion in the jungle when she had those sensations, she would have really appreciated what her body was doing. A jolt of the hormone adrenaline—or the burst of anxiety that results from it—is essential to survival when humans run into lions in the jungle. People facing immediate danger need these jolts to survive.

Physical sensations like these are uncomfortable and even scary when you're having them, especially when they come

out of the blue, but they are not the enemy. Just the opposite: the fight-or-flight response is what kept humans alive through history.

As you start looking at your anxiety in new ways, this is the first lesson I’d like you to keep in mind: these symptoms are simply tools that evolution has hardwired into our bodies to help us survive. This will give you a starting point for changing the way you think about anxiety-related sensations so they’re not so startling.

From Fight-or-Flight Response to a False Alarm

You can think about the fight-or-flight response like an alarm system set to go off when you are in danger. As helpful as this system is, there are two ways in which the alarm system can cause you some trouble. The first is when there is a false alarm.

Maggie’s experience of having a panic attack is not unusual. People can experience panic attacks even without having a full-blown panic disorder—a common form of anxiety disorder characterized by recurrent panic attacks. In fact, the results of a national survey suggest that 28 percent of people will experience a panic attack at some point in their lives, but only 4.7 percent of people meet the diagnostic criteria for panic disorder in their lifetimes.² So why do some people develop panic disorder, while millions of others don’t?

One reason people develop panic disorder is their misinterpretation of the consequences associated with their physical sensations. It’s easier to understand this with an example.

Imagine that you are at the mall, shopping for shoes, when you notice that everyone in the store is running quickly toward the door.

What is the first thought that comes to mind? Fire!

What do you feel? Most people would start to feel the fight-or-flight impulse. The heart pumps faster. Muscles tense.

What would you do? I know I would run if I thought the store were on fire, likely fast and without questioning it. How about you?

But, suppose that before dropping your shoes and running for the door, you were to stop another shopper and ask, “Hey, what is going on?” And the shopper told you that Brad Pitt had just been seen elsewhere in the mall shooting a movie! How would this piece of information change your natural fight-or-flight response? True fans might still run. Yet they would now be running with a smile and the hope of seeing the movie star. For others, like myself, our bodies might relax and we might just keep browsing for shoes. (I have to confess, if it were the exciting Colombian entertainer Shakira, I might run to see *her!*)

Your body is wired to respond in a particular way when your alarm goes off. But, as you see, at times that response is not appropriate. Sometimes there is no real danger. Sometimes the body is responding to a false alarm. This is what happened to Maggie. As she was walking to class, she noticed her heart was beating a little faster than usual. Perhaps she was concerned about her class or perhaps she was simply walking fast enough to get her heart pumping a little harder than usual. Whatever the reason, when she noticed her heart beating quickly, her brain misinterpreted those physical sensations as something dangerous, yelled “Fire!” and kicked her alarm system into full gear. But, as she would later realize, there was no danger. It was a false alarm.

Live a Better Life with the Yerkes-Dodson Curve

Although false alarms occasionally occur, much of the time our alarm system works as it is supposed to, going off when there is something important that we need to pay attention to. Fortunately for us, fighting lions isn't the only time some anxiety can be helpful. In today's world, you're likely to encounter situations that drop your body into this emergency mode over and over through the course of a day: the radio doesn't go off on time when you need to wake up, the computer crashes during an important project, or your spouse starts an argument when you are already overwhelmed.

In short, higher anxiety, when it's linked to specific situations and doesn't expand to fill up too much of your attention, can be helpful. This anxiety allows a mother to jump and catch her baby daughter before she falls from a chair or a student to concentrate harder while taking an important exam. It helped me hold on tight to those cables as I climbed to the top of the mountain. But when does normal anxiety cross the line and become almost anxiety? As two Harvard scientists found, the line that defines the healthy level of anxiety is actually pretty easy to find.

In 1908, Robert M. Yerkes and John D. Dodson conducted a series of experiments with mice to learn about the relationship between electric shock intensity and performance.³ They found that performance on difficult tasks increased with increasing shock intensity up to a point and then began to decrease. These experiments suggested that an increase in physiological arousal (in other words, alertness) is directly associated with an increase in one's ability to perform a task—but only up to a point. Psychologists now call this the “Yerkes-Dodson Law.”

This is easy to understand if you think about that first cup of coffee in the morning, which raises your body's level of arousal and helps you focus a little better. (No wonder Starbucks has lines out the door every morning!)

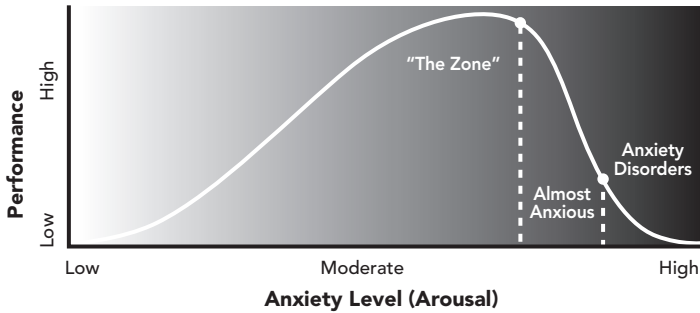
But drinking more and more coffee doesn't send your performance levels continuously higher in a straight line. Eventually, the coffee produces an unwanted effect. If you have too many cups of coffee, you feel jittery, a pounding heart, less ability to focus, and an overall *decrease* in productivity.

Similarly, the Yerkes-Dodson Law suggests that the increase in performance related to the increase in arousal—a word that we can also take to mean “anxiety”—only goes so far. As figure 3 illustrates, moderate levels of arousal are associated with an increase in mental and physical performance. Yerkes and Dodson showed that the level of anxiety that fuels optimal performance lies about midway through the curve.

For decades, mental health professionals have called this “adaptive anxiety.” This is like being in “the zone,” which often leads to increased focus, creativity, problem solving, and multitasking. Often athletes will describe such feelings while they're competing, with the sense that their minds are quiet and focused. Most people have had similar experiences; at times, they feel as though their minds are without distraction and they are able to fully focus on the task at hand, productive and happy. I often find myself in the zone immediately after a “hot yoga” class (in fact, most of this book was written during these periods!).

At these moments, you have some anxiety fueling your good feelings—you just aren't very aware of it.

Figure 3.

Adaptation of Yerkes-Dodson Curve to Almost Anxious

The Yerkes-Dodson curve teaches us that “the zone” is the state in which anxiety and arousal are moderate but performance is high, when you are using anxiety to propel your life forward.

The curve also makes clear what happens when people become *too* anxious. After a point, greater anxiety causes your performance to suffer. You may not work as quickly. You may have trouble focusing your attention. Your once-motivating thoughts turn to fears and worries, distracting you from your task at hand. Unpleasant physical sensations, like Maggie’s pounding heartbeat, take you further away from a normal, fully productive life.

This is the second way in which our alarm system can cause us some trouble: when the alarm is a little too loud and the anxiety becomes just a bit too much. As the graph reveals, this is when you become almost anxious and your performance starts to decrease. Indeed, research has shown that people with mild to moderate anxiety (as compared with individuals with normal anxiety) report increased functional impairment, which

includes reduced ability to work, get along with others, and take care of themselves.⁴

“The Zone” versus “Almost Anxious”

I define “almost anxious” as the problem that arises when you spend most of your time somewhere to the right of “the zone” and the left of “anxiety disorder” on the Yerkes-Dodson curve. In other words, this is the state when anxiety begins to interfere with your life but isn’t severe enough to warrant a diagnosis of an anxiety disorder.

How Can You Know Whether Your Anxiety Is Helpful or Unhelpful?

If a car is speeding toward you while you’re crossing the street, you want that burst of anxiety that prompts you to leap out of the way. When you have a big project due at work, you want a proper amount of anxiety to motivate you to complete it on time. In these examples, my patients can easily understand why adaptive anxiety—the term mental health professionals use for “healthy” anxiety—can be useful.

But my patients often respond, “But no car is coming toward me in the middle of the night when I am lying awake in bed with my mind racing and my heart pounding!” And they are right. Anxiety is no longer helpful when

- it doesn’t shut off when you’re out of danger.
- it flares up at inappropriate times.
- it keeps you from living your life.

Instead, it’s a problem that needs solving.

How Can You Know Whether You Have Almost Anxiety or a Full-Blown, Diagnosable Anxiety Disorder?

In the next chapter, I'll discuss the difference between almost anxiety and anxiety disorders in more depth. To get started answering this question, you can complete the easy screening questionnaire known as the GAD-7. (The questionnaire is presented in exercise 1, or you can download it at www.AlmostAnxious.com.)

This seven-question scale is well supported as a reliable and valid measure of common anxiety symptoms. In other words, the GAD-7 does a good job of identifying people who may have an anxiety disorder, whether a generalized anxiety disorder (GAD), social anxiety disorder, or panic disorder. Higher scores on the GAD-7 indicate more severe anxiety symptoms.⁵ Even though it's quite short, the GAD-7 has been shown to perform as well as longer anxiety questionnaires.⁶

Exercise 1.

GAD-7 Questionnaire

During the last two weeks, how often have you been bothered by the following problems? Rate each of the statements in the table below using a scale of 0 to 3, with 0 meaning “not at all” and 3 meaning “nearly every day.”

Not at all	Several days	More than half the days	Nearly every day
0	1	2	3

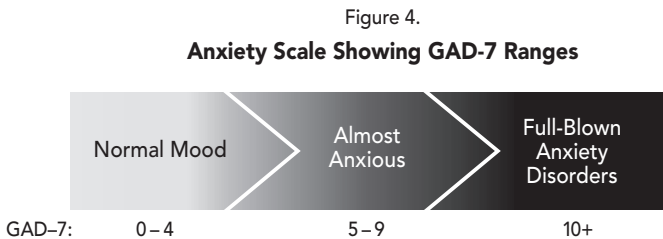
		My Score
1.	Feeling nervous, anxious, or on edge	
2.	Not being able to stop or control worrying	
3.	Worrying too much about different things	
4.	Trouble relaxing	
5.	Being so restless that it is hard to sit still	
6.	Becoming easily annoyed or irritable	
7.	Feeling afraid, as if something awful might happen	
Total score (sum of all scores)		

What was your number? Here’s what the results of one study suggest:

- A score of 0 to 4 points represents minimal anxiety.
- A score of 5 to 9 represents mild anxiety.
- A score of 10 or higher represents moderate to severe anxiety that likely meets diagnostic criteria for a clinical disorder.⁷

For our purposes, a score of 5 to 9 points means that you probably fall in the almost anxious category. However, this range should not be considered a hard-and-fast rule. If your

score is hovering around an 8 or 9, you may indeed have an anxiety disorder.



If using the tools in this book isn’t enough to bring your anxiety down to a comfortable level, you may want to consider seeking professional treatment (see chapter 12). If your score on this questionnaire is 10 or higher, you may have a full-fledged anxiety disorder. In this case, consult with a mental health care provider for assistance.

How Common Is Almost Anxious?

Research suggests that approximately 24 percent of the general population scores between 5 and 9 on the GAD-7.⁸ In other words, nearly one out of four people is almost anxious. What these numbers should tell you is that being almost anxious is very common. At one point or another, most people will experience some of the symptoms described in this book. So, if you scored between a 5 and 9 on the GAD-7, you’re in good company!

Why Is It Important to Tackle My Almost Anxiety?

You may have mixed feelings about reducing your anxiety. There have likely been times when your anxiety was helpful. It may have pushed you to work harder on an important project or study more for a test. If so, you may feel like you’re

not quite ready to give up your anxiety. When considering whether to tackle your almost anxiety, there are two important things to consider. First, almost anxiety can be harmful to your physical and mental health. Experts refer to almost anxiety as a “subthreshold” condition, meaning the symptoms fall below the level required for a diagnosis of an anxiety disorder. Nonetheless, many studies suggest that subthreshold anxiety-related conditions are associated with significant life interference. For example, people with subthreshold panic disorder are at increased risk for other psychiatric disorders, including depression and substance use problems.⁹ Individuals with subthreshold social anxiety are also at increased risk for other psychiatric disorders, and they report lower life satisfaction and greater work disability.¹⁰ Second, addressing almost anxiety does not mean you will never experience anxiety again. The goal of this book is to teach you how to bring your anxiety from a level that is negatively affecting your life back to the zone where you are actually benefiting from the sense of moderately heightened arousal that evolution gave to you.

Maggie’s Outcome

Maggie is a great example of someone who is almost anxious. Even though she had some mild anxiety and distress associated with the panic attacks, she was still engaging in her day-to-day life and was not significantly impaired by this distress. Yet she was engaging in some *avoidance behaviors*. Much like an ostrich that sticks its head in the sand when it is afraid, humans may try to avoid things that make them anxious. Maggie avoided drinking coffee or exercising because it brought on physical sensations that she associated with her panic attacks. When people avoid anxiety-provoking situations, they come to believe that

those situations are more and more dangerous.¹¹ As a result, some individuals with almost anxiety go on to develop a full-blown anxiety disorder.

To help Maggie learn that these sensations are not dangerous, we had her confront them. At first, she was skeptical that her panic-like sensations would not harm her (after all, they felt horrible!). As time went on, however, she started to learn that her sensations were merely a false alarm and not an actual dangerous situation. In one session, we had a shot of espresso and I asked her to spin around in my office chair as fast as she could (sometimes my patients find that counseling sessions can be an adventure!). This was the perfect way to bring on the heart-pounding sensations and dizziness that Maggie experienced during her panic attack.

These techniques are supported by research studies and are called "interoceptive exposure."¹² Specifically, researchers have shown that the way to treat panic-like sensations is to actually induce the very symptoms that the person fears. In Maggie's case, I asked her to drink espresso to get her heart pounding, which forced her to face a sensation she would normally avoid. I also encouraged her to "ride her wave of anxiety" (that is, stay on top of it, rather than feel crushed by it), and experience the heart pounding as the false alarm it truly was, which in turn naturally decreased her symptoms.

I encouraged her to experience these sensations but not to try to change them. She learned to stand her ground and observe the sensations rather than try to confront them or run from them.

During our sessions, I also had her examine how she interpreted the consequences of her panic attack. At first, Maggie

was certain that another panic attack could cause her to go crazy or lose control of her actions. However, by having panic-like sensations in my office without reacting to them, she was able to experience firsthand that her “false alarm” didn’t have to lead anywhere harmful.

In short, by breaking the connection between her physical sensations and her subsequent thoughts about them, Maggie learned not to be afraid of the feelings associated with anxiety or panic. She was able to return to activities in her life that she would have previously avoided, like her morning coffee and distance runs. By the end of our work together, Maggie would joke that even though she still felt like something within her was trying to get her anxiety elevated, she no longer felt the need to respond to it, because it was merely a fire drill—not an actual fire that needed attention.

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Anxiety disorders are very common in our society and all over the world, so odds are good that you know someone who has had a full-blown anxiety disorder. Being almost anxious is a different problem, though it has much in common with anxiety disorders. In the next chapter, I’ll show you how to tell the difference between them and explain why understanding this difference is so important.



3

Am I Almost Anxious ... and Something Else?

If you are having symptoms that fit with what we're describing as almost anxiety, you will probably notice that these symptoms rarely show up alone. Think back over your life: Was there a time when you felt anxious without any other disruptions? Or do your anxiety symptoms come with physical complaints like headaches or upset stomach?

The mind and body are closely entwined. When one becomes out of balance, the other often follows. That's why when you're trying to uncover the source of your almost anxious symptoms, it's important to consider whether some other psychological problem—or possibly a physical concern—is actually the cause.

When trying to untangle two problems to figure out which is the *cause* and which is the *effect*, people often use the analogy of the chicken and the egg. Which one comes first?

Mental health professionals may wrestle this poultry-sorting

question when trying to discern whether an anxiety disorder is causing additional physical or mental health concerns or whether the other physical or mental health issues are producing the symptoms of anxiety.

For example, I commonly see anxiety in my patients who have been diagnosed with irritable bowel syndrome (IBS). This is a medical condition that causes changes in bowel movements, leading to either diarrhea or constipation. IBS also often causes cramping and physical pain.¹

As you can imagine, people who struggle with frequent pain, and worry about venturing too far from the nearest bathroom, feel stressed. Researchers have also found elevated rates of IBS in people with generalized anxiety disorder and panic disorder.² For some individuals with IBS, doctors prescribe anxiety-relieving medications such as selective serotonin reuptake inhibitors (SSRIs). These medications increase levels of the neurotransmitter serotonin, which is thought to produce feelings of well-being and happiness. SSRIs may also relieve IBS symptoms.³ In these cases, doctors and mental health providers must ask themselves how to proceed. Should they treat the physical problems, the psychological concerns, or both?

The answer is never straightforward, and it generally depends on the person's unique history. As such, in this chapter I have one primary focus: to help you become an educated consumer of your own mental health treatment by considering what *else* you should discuss with your providers while they're arriving at a diagnosis.

Even if you are facing almost anxiety and not a full-fledged anxiety disorder, you and your doctor should rule out other concerns before assuming that you are facing *only* a psycho-

logical issue. For example, medical conditions such as inner-ear problems and thyroid dysfunction can produce anxiety symptoms similar to those from panic disorder or generalized anxiety disorder.⁴

As you read this chapter, I encourage you to consider any role that physical problems may potentially be playing in your symptoms before you begin addressing your almost anxiety.

The ABCs of My Anxiety

The first step in accurately diagnosing other possible causes for your feelings of almost anxiety is to consider the **A**ntecedents (what came before) of your **B**ehavior, and the **C**onsequences of a behavior that bothers you. In other words, the **ABCs**.

Let's use an example of something that most of us can easily understand: eating a cookie. Sometimes you might eat a cookie because you are just craving the cookie. Other times, you might be feeling almost anxious, and you find that rewarding yourself with a cookie helps tame your anxiety. Alternatively, you might just be distracted while working on a project and notice that without thinking about it, you have just eaten three large cookies.

The behavior is the same in each situation: you ate cookies. But each situation had a different antecedent (craving, anxiety, distraction), any of which can lead to different emotional consequences—from guilt to contentment—depending on your history and attitudes related to food. Take a few minutes to answer the questions in exercise 3, which will help you untangle any medical and psychological factors contributing to your almost anxiety. You can also download this exercise at www.AlmostAnxious.com.

Exercise 3.

ABCs of Anxiety Questionnaire

1. *What is the primary focus of my anxiety?* In other words, what are you most concerned will happen as a result of your increased anxiety state? Keep in mind that you might be concerned about several of these examples, but try to pinpoint which one is most prominent for you.

I am concerned about these aspects:

- uncontrollable worries
- depression related to anxiety
- social fears
- panic-like sensations
- health-related issues
- relationship problems
- family problems
- drinking or other drug abuse
- other: _____

2. *When did I first notice that my anxiety had reached a bothersome level?*

3. *What was going on in my life during this time that might have contributed to my heightened anxiety level?* Were there any major changes in your life that might account for your increased anxiety? Keep in mind that even positive changes like having a baby can lead to a temporary jump in your baseline anxiety level.⁵ Below are examples of a few stressors that might account for your heightened anxiety:

- job stressors
- family stressors

- relocation
- relationship stressors
- financial stressors
- loss of support system
- death of a loved one
- major physical illnesses
- other: _____

4. *What makes my anxiety symptoms better?*

- exercising
- hanging out with friends
- eating healthy
- relaxing
- taking time for myself
- taking a mental vacation
- meditating
- other: _____

5. *What makes my anxiety symptoms worse?*

- conflict with my loved ones
- demanding tasks at work/home
- lack of emotional/physical support
- alcohol and drug use
- excessive caffeine consumption
- lack of restful sleep
- unhealthy eating habits
- other: _____

6. *Why now?* One of the questions I often ask people when they first come to see me is “Why now?” What was the tipping point that led them to seek help? Give some thought to what drove you to pick up this book and consider tackling your almost anxious state. One way to think about this is to picture how your life would be better if you could learn to manage your anxiety instead of your anxiety running you. So, *why now?*

7. *What are my anxiety-free moments?* When you think of your almost anxious symptoms in the past month, have you had any anxiety-free moments? If so, what did they feel like and what had you been doing during that time?

A close examination of your almost anxiety will help you better understand your own patterns (that is, which factors are antecedents of your behaviors and which are consequences of them) and be able to answer your treatment providers’ questions about the course of your almost anxious feelings.

Your answers will also help your providers focus on the true cause of your symptoms. In the event that medical issues are suspected as the cause of your almost anxiety, I’d like to discuss some common medical conditions that mimic anxiety.

Medical Conditions That Can Masquerade as Anxiety

Studies have connected the following health problems with anxiety symptoms. If you have the symptoms of any of these conditions (or have been diagnosed with any of them), it makes sense to consider whether the medical condition may be causing your anxiety symptoms before you and your mental health professional conclude you have almost anxiety. It is important to remember that these conditions are uncommon in the general population. (As a caveat, also keep in mind that you could have any of these conditions *in addition* to almost anxiety.)

- **Labyrinthitis** is an inflammation of the inner ear. When your inner ear is inflamed, you might have balance problems that can lead to dizziness. Dizziness caused by labyrinthitis or other vestibular problems may trigger panic and anxiety symptoms.⁶
- **Mitral valve prolapse (MVP)** is a heart disorder that can cause heart palpitations (rapid heartbeats) and dizziness. MVP may exacerbate panic disorder because it produces feared physical sensations. However, there's some controversy in the medical community as to the nature of the relationship between panic disorder and MVP.⁷
- **Cardiovascular disease** may also cause or exacerbate anxiety with regard to feared physical sensation (such as chest pain). As such, a medical workup for anxiety may include an assessment for cardiovascular illness.
- **Temporal lobe epilepsy** is a brain disorder that creates abnormal electrical activity in the brain's temporal lobe, found at the side of the head. This can also create panic-like symptoms.⁸

- **Pheochromocytoma**, an adrenal gland tumor, can lead to excessive production of adrenaline by the adrenal glands. This in turn can lead to an increase in blood pressure as well as panic-like sensations. Additional symptoms of pheochromocytoma include persistent tachycardia (heart rate exceeding the normal range), weight loss, and blood-pressure spikes.⁹
- **Thyroid disorders.** Both hyperthyroidism (excessive thyroid activity) and hypothyroidism (too-little thyroid activity) can lead to many anxiety-like symptoms, such as nervousness, tremors, and sweating, all of which are also symptoms of generalized anxiety disorder and panic disorder (as well as their almost forms).¹⁰ Other symptoms of hyperthyroidism include weight loss, bulging eyes, persistent tachycardia, and continuous tremors. Other symptoms of hypothyroidism include weight gain, cognitive impairment, hair loss, and skin changes.
- **Irritable bowel syndrome (IBS).** As mentioned earlier, this condition causes diarrhea, constipation, and abdominal pain and cramping. Its cause remains unknown.¹¹

To determine whether any of these conditions may be a cause of your almost anxious symptoms or a factor that worsens them, I would recommend that you meet with your primary care physician and have a complete physical exam. My personal policy with patients is to always rule out medical conditions, just to be on the safe side.

This is especially important if you haven't seen your doctor in a while. At the visit, discuss whether you need to rule out some of these conditions with medical assessments, such as a

thyroid or heart test. (If it helps relieve any concerns you may have about having a medical condition, all of the almost anxious people I've worked with saw their primary care doctors before coming to see me, and in many cases their medical tests didn't find any physical problems.)

Bring the questionnaire that you completed at the beginning of the chapter to your checkup; it will be very helpful for your doctor as she narrows her focus on a diagnosis.

Psychological Conditions That Can Also Occur alongside Almost Anxiety

Other emotional and mood problems can also fuel almost anxious feelings. For example, researchers estimate that 63 percent of people who are diagnosed with an anxiety disorder also have a depressive disorder.¹² Many of the people I treat who are almost anxious report other emotional difficulties as well:

- Mood and emotional issues can cause anxiety symptoms.
- Anxiety symptoms can cause other psychological problems.
- Anxiety symptoms can occur alongside other mood or emotional issues, without one causing the other.

Again, this can give you a chicken-and-egg conundrum to work out. Here are some common psychological issues that are worth addressing as you're learning how to manage your almost anxiety.

Depression

Symptoms of anxiety and depression—as well as full-fledged anxiety and depressive disorders—frequently occur alongside each other. Researchers estimate that approximately 57 percent

of people with major depressive disorder also have an anxiety disorder.¹³ Given the high rates of *comorbidity*, meaning the co-occurrence of these conditions, and symptom overlap between anxiety and depression (for example, irritability), the American Psychiatric Association even considered creating a mixed anxiety/depression diagnosis, but ultimately decided against it.¹⁴

Although there are indeed some similarities between anxiety and depression, research seems to indicate that they are distinct disorders.¹⁵ For example, someone who is primarily facing depressive symptoms is more likely to feel blue and have a lack of energy, while a person who's almost anxious is likely to have "extra" energy and jitteriness. Research suggests that *behavioral activation*, meaning supporting a person in getting re-engaged in life while he or she is depressed, is one way to treat depression.¹⁶ However, when someone is primarily anxious, decreasing the brain chatter is usually called for, which would not be done only by behavioral activation.

If you have both, it's clear that they can be treated simultaneously with cognitive-behavioral therapy, which I'll help you learn to practice throughout this book.

To help determine whether you may also have depression, take a look at the symptoms below. If you have experienced five or more of these symptoms nearly every day in the past two weeks, it's a good idea to ask your doctor or a mental health care provider to screen you for depression.¹⁷ You may also wish to consult *Almost Depressed*, a companion book in this series. Symptoms of depression include

- persistent depressed mood.
- not enjoying things you used to enjoy.

- loss of energy.
- feelings of worthlessness.
- concentration difficulties.
- sleep disturbances.
- feeling sluggish or restless.
- sudden weight gain or loss.
- suicidal thoughts.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is an underrecognized and undertreated disorder in adults. Researchers estimate that approximately 12 percent of people with generalized anxiety disorder also have ADHD.¹⁸ Symptoms of this problem can include

- inattention.
- hyperactivity.
- impulsivity.¹⁹

Adults with ADHD are more likely to experience symptoms of inattention than hyperactivity, and they also report problems with *executive functioning* (such as having trouble planning ahead). ADHD tends to affect all areas of people's lives. That's a contrast to generalized anxiety disorder (GAD), which tends to produce a more focused effect. Both disorders can occur at the same time, and both might warrant treatment.

One step for getting a sense of whether you have generalized anxiety or ADHD is to think about the course of your anxiety. Almost all individuals with ADHD develop the disorder in childhood or adolescence, whereas anxiety disorders can develop anytime throughout adulthood.²⁰

Eating Disorders

Eating disorders, such as anorexia and bulimia, are often related to anxiety. Researchers estimate that approximately two-thirds of people with an eating disorder have a current or lifetime history of an anxiety disorder. In addition, the anxiety disorder typically occurs before the development of the eating problem.²¹

Given the strong relationship between disordered eating and anxiety, it is important to consider the focus of your almost anxiety. Do you overeat or undereat when you are anxious? Do your worries center primarily on weight and shape concerns? Eating disorders are serious psychological problems that can be fatal. If you are restricting your food intake or engaging in behaviors such as vomiting or taking laxatives to hold down your weight, you should seek a medical consultation as soon as possible. The good news is that cognitive-behavioral therapy has proven highly effective for the combined treatment of anxiety and eating disorders. If you suspect that disordered eating behaviors may be playing a role in your anxiety symptoms and you'd like to learn more, you can consult *Almost Anorexic*, another book in this series.

Substance Use and Abuse

Alcohol and drug abuse in conjunction with anxiety disorders have been extensively researched. Studies suggest that people with social fears often self-medicate by drinking or using other drugs to reduce the anxiety associated with their fears.²²

However, in my clinical practice I have also had patients tell me the opposite. Specifically, some patients with social anxiety say that they abstain from alcohol because of the fear of losing

control or looking foolish while intoxicated.

Regardless of the relationship between substance use and anxiety symptoms, I often recommend that my patients keep track of their anxiety after using alcohol or other drugs. Heavy drinking is associated with withdrawal symptoms that can mimic anxiety, such as shakiness, irritability, tachycardia, and hypertension.²³ Drugs like caffeine, methamphetamine, and cocaine can also cause shakiness and other symptoms of panic disorder.²⁴

If you notice an increase in anxiety symptoms after drinking or using other drugs, it might be prudent to either cut back or stop your substance use while you tackle your almost anxiety. If you suspect that alcohol or drug use may be playing a role in your anxiety symptoms and you'd like to learn more, you can consult *Almost Alcoholic* and *Almost Addicted*, which are companion books in this series. And the best option when you suspect that your drinking or drug use is causing a problem is to consult with your primary care physician or see an addiction counselor for an assessment.

Hypochondriasis

Nowadays known as “health anxiety,” this is a condition in which people often feel worried that they might have a serious medical condition, like cancer or AIDS. Even after seeking multiple medical opinions and receiving a clean bill of physical health, people with health anxiety often have a difficult time believing that their symptoms, such as tingling in the extremities or racing heartbeat, are caused by their anxiety rather than a medical condition.

Health anxiety and the other anxiety disorders share some

symptoms (such as worry about health-related problems). However, I will not specifically address health anxiety in this book. If you believe you have health anxiety, I would recommend consulting with a mental health professional, seeking out literature specific to health anxiety, or doing both. That being said, individuals with health anxiety may also be almost anxious in other areas, as they might worry about issues such as social events that are not related to their health anxiety. If that is the case for you, read on to learn how you can better manage your worries.

I have highlighted the most common disorders that can mimic almost anxiety or coexist with it, but this list is not exhaustive. Again, it's best to discuss your symptoms with your doctor, as my patients who are almost anxious have done. This visit may uncover important health concerns that you should address, and it may give you new tools for reducing your almost anxiety.

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Now that you have a good understanding of why it's important to manage your almost anxiety, let's take a closer look at your particular symptoms. Almost anxiety comes in different "flavors," and coming to terms with this problem requires knowing which type you have.

