Worry, Anxiety, Panic, Fear?

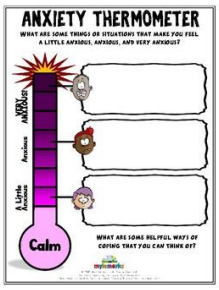
What is the difference between

And fear

Diagnostic Criteria included in this PDF

The ranges of anxiety

PTSD
Acute Stress Disorder
Panic attack
Severe anxiety
Mild/moderate anxiety
Normal/healthy anxiety



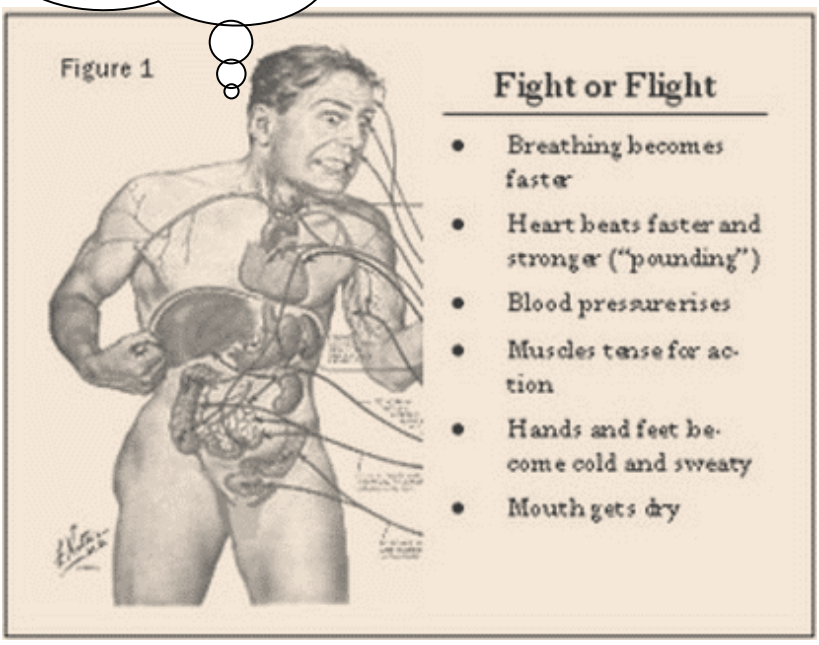
Although this information contains criteria from DSM-5, use this as a guide to discuss with the healthcare professional of your choice. This material is not a substitute for medical diagnosis or treatment.

So ….. how is worry different from anxiety and fear?

Worry, anxiety and fear are functions of the alert system in your brain. They are necessary and essential to your survival. Worry, anxiety and fear are normal… until they are not.

Worry refers to your **thoughts** about potential threats or danger

Anxiety is the **physical sensations** of arousal in your body created by the sympathetic nervous system. When real danger is ACTUALLY present.



Fear activates your body's **fight or flight response** to immediate danger.

Your fight or flight response will override the thinking part of your brain. Fear is activated in the limbic system of the brain, which processes information faster than the logic part of the brain. So if worry, anxiety and fear are not only normal, they are essential for survival, what's the problem? **Sometimes, the brain's alert system has a glitch—false alarms blast a warning for no reason, triggering anxiety when no danger is actually present.**

In some people, the brain makes up really scary stories that keep them awake at night or make it impossible to relax and just live life. When this happens, worry, anxiety and fear are symptoms of what the medical community refers to as *anxiety disorders*. **Anxiety disorders are brain diseases. Anxiety is considered a disorder when the brain triggers more anxiety and fear throughout the body than is considered adaptive in the situation or event**. Learning to cope with anxiety diseases begins with understanding the differences between healthy anxiety, (which keeps us alert and safe) and the more maladaptive anxiety levels that impair decision making, disrupt sleep and reduce quality of life.

Understanding Anxiety as a Disease

Knowing how to distinguish between the different levels of anxiety helps with understanding how best to cope. Use this guide to identify your anxiety level.

"Healthy" Anxiety

- ☐ Body is "ready" and "alert" like a tennis player anticipating the serve.
- ☐ Good level of anxiety for school and work.
- ☐ Normal heart rate and pulse rate.
- ☐ Feeling "in control" without intense fear or anxiety.
- ☐ Continues to be capable of insight but may become slightly impatient or irritable.
- ☐ Vigilant. Aware of surroundings.
- ☐ Good concentration and attention span.
- ☐ Good problem-solving.
- ☐ Good decision-making.

Mild to moderate anxiety symptoms respond well to deep breathing, meditation, yoga, good sleep habits, improved nutrition, physical exercise, and access to nature.

Additional symptoms resolve with the elimination of caffeine, nicotine, and alcohol.

Consult your health care professional if your anxiety symptoms cause extreme distress or interfere with your quality of life. Cognitive behavioral therapy and medication may also serve as coping tools for moderate and severe anxiety disorders.

Mild - Moderate Anxiety

(*Increased discomfort*)

- ☐ Nervousness, dread.
- ☐ Difficulty controlling negative thoughts.
- ☐ Moodiness common. More emotionally fragile.
- ☐ May become either angry or tearful.
- ☐ Breathing faster, heart-pounding, headache.
- ☐ Fatigue, difficulty falling asleep.
- ☐ Dry mouth, tightness in throat.
- ☐ Restlessness, butterflies in stomach, nausea, diarrhea, heartburn, belching.
- ☐ Muscles tight, muscle tension or increased pain.
- ☐ Perspiring, sweating.
- ☐ Talking louder or faster, unable to listen as well.
- ☐ Trouble thinking or making decisions.
- ☐ Worry. Ruminating: repeating thoughts over and over.
- ☐ Attention, concentration and learning impaired by anxiety.

When these symptoms last for several months, impair quality of life, and no other medical reason is found, these symptoms may indicate **a mild to moderate anxiety disorder.**

Severe anxiety may result in an emergency room visit or a consult with a cardiologist. These symptoms are so uncomfortable and distressing that many sufferers will fear a cardiac or pulmonary problem. After a complete battery of tests rules out other medical causes for the symptoms below, these symptoms are referred to as **a severe anxiety disorder.**

- ☐ Body feels hot
- ☐ Urge to use the bathroom: nausea, vomiting, diarrhea.
- ☐ Breathing shallow and rapid or feeling like you can't breathe.
- ☐ Speech-rapid, constant, loud or high pitched.
- ☐ Chest pain, rapid heartbeat, may feel pressure, as if someone is sitting on your chest.
- ☐ Headache.
- ☐ Wringing hands, trembling, shaking, pacing, twitching and other involuntary movements.
- ☐ Intense moodiness: anger or tears.
- ☐ Out of body feeling: wooden, strange or unreal.
- ☐ Feeling powerless, insecure, low self-esteem, inadequate, helpless, "victim" thinking.
- ☐ Unable to hear and understand new information. Learning is blocked by anxiety.
- ☐ Emotions may trigger "fight or flight" response.

The Diagnostic Criteria for Panic Disorder and Panic Attacks

By Sheryl Ankrom | Reviewed by Steven Gans, MD Updated February 12, 2018

According to DSM-5, a panic attack is characterized by four or more symptoms. **The presence of fewer than four of the symptoms** below may be considered a limited-symptom panic attack.

- ☐ Palpitations, pounding heart, or accelerated heart rate
- ☐ Sweating, chills or hot flushes
- ☐ Trembling or shaking
- ☐ Sensations of shortness of breath or smothering or a feeling of choking
- ☐ Chest pain or discomfort
- ☐ Nausea or abdominal distress
- ☐ Feeling dizzy, unsteady, lightheaded, or faint
- ☐ Feelings of unreality (derealization) or being detached from oneself (depersonalization)
- ☐ Fear of losing control or going crazy
- ☐ Fear of dying
- ☐ Numbness or tingling sensations (paresthesias)

DSM V Acute Stress Disorder Diagnostic Criteria

According to DSM-5, the criteria for Acute Stress Disorder requires the following:

A. Exposure to actual or threatened death, serious injury, or sexual violation.

B. Presence of nine (or more) of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:

Intrusion Symptoms

- ☐ 1.Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ☐ 2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the event(s).
- ☐ 3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
- ☐ 4. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the Acute Stress Disorder

Negative Mood

- ☐ 5. Persistent inability to experience positive emotions.

Dissociative Symptoms

- ☐ 6. An altered sense of the reality of one's surroundings or oneself.
- ☐ 7. Inability to remember an important aspect of the traumatic event(s).

Avoidance Symptoms

- ☐ 8. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ☐ 9. Efforts to avoid external reminders that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Arousal Symptoms

- ☐ 10. Sleep disturbance.
- ☐ 11. Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
- ☐ 12. Hypervigilance.
- ☐ 13. Problems with concentration.
- ☐ 14. Exaggerated startle response.

C. Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure.

D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or another medical condition (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a type of brain disorder that may occur due to **direct exposure or witnessing a traumatic even**t such as or threatened death, serious injury, violence or sexual abuse. This includes **learning that the traumatic event** occurred to someone close & experiencing repeated or extreme exposure to aversive details of the traumatic event. Who can have PTSD? Survivors and their loved ones, first responders, health care works and other employees repeatedly exposed to trauma & details of child abuse.

DSM-5 Criteria: If the above description applies, check each box below that also applies to you:

Intrusion **1. Presence of one (or more) of the following symptoms associated with the traumatic event(s), beginning 30 days or more after the trauma occurred and lasting more than one month:**

- ☐ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ☐ Recurrent distressing dreams related to trauma.
- ☐ Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
- ☐ Distressed reactions to cues/reminders of the trauma.

Avoidance **2. Persistent avoidance of reminders associated with the trauma (one or more):**

- ☐ Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about event.
- ☐ Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Mood / cognition **3. Negative altercations in cognitions and mood associated with the trauma beginning or worsening after the trauma occurred, as evidenced by two (or more) of the following:**

- ☐ Inability to remember an important aspect of the trauma (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
- ☐ Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous,")
- ☐ Persistent, distorted cognitions about the cause or consequences of the trauma that lead the individual to blame himself/herself or others.
- ☐ Persistent negative emotion state (e.g., fear, horror, anger, guilt, or shame).
- ☐ Markedly diminished interest or participation in significant activities.
- ☐ Feelings of detachment or estrangement from others.
- ☐ Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Arousal/ reactivity **4. Marked alterations in arousal and reactivity associated with the trauma, beginning or worsening after the trauma occurred, as evidence by two (or more) of the following:**

- ☐ Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- ☐ Reckless or self-destructive behavior.
- ☐ Hypervigilance. (increased watchfulness, heightened awareness of surroundings)
- ☐ Exaggerated startle response.
- ☐ Problems with concentration.
- ☐ Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

5. ☐ The disturbance causes clinically significant distress or impairment social, occupational, or other important areas of functioning.

Scoring: If both sections 1 & 2 =at least one box is checked, AND both sections 3& 4= two or more boxes are checked AND section 5 is checked, the criteria for PTSD have been met according to DSM-5. Use this information with a health care professional for accurate diagnosis and treatment.