GAD is not simply the sort of anxiety experienced by ?normal' people.

It is chronic (only diagnosed if the problems persist for more than 6 months) heightened worry and tension, without obvious triggers.

People who suffer from GAD go through constant worries that may be out of proportion to the source of the concerns; this is something the sufferers themselves often recognise. They may feel tearful or irritable and may have trouble concentrating.

(Attention span is like an Oriental fan, which is open when we are relaxed, but closes up more as we get more tense, until the attention span is extremely limited, which can happen in highly stressful situations such as exams: people have been known only to be able to write their name over and over because their attention span has been so limited by their stress).

In addition to the psychological impact of GAD, the most debilitating problems can be physical symptoms, which tend to include:

- Muscle tension
- Trembling
- Headaches including migraines
- Feeling light-headed
- Palpitations
- Irritability
- Startle easily
- Being out of breath
- Sweating
- Nausea
- Feeling a need to urinate frequently
- Upset stomach/diarrhoea
- Sensation of a lump in the throat
- Difficulty swallowing

- Hives
- Irregular periods
- Trouble sleeping (falling/staying asleep)
- Nightmares
- Grinding teeth at night> painful jaw muscles
- Fatigue
- Accident proneness

Further associated problems include increased/decreased appetite, change in smoking or drinking habits, loss of libido etc.

What we can see from looking at this rather long list is that a number of the symptoms are commonly experienced in arachnoiditis; they tend to be the non-specific symptoms and are often those that relate to the **autonomic nervous system**.

This is the system that deals with involuntary bodily processes such as heart rate, gut propulsion etc.

The physical stress of being in constant pain can itself be a trigger for a sustained high level of stress hormones in the bloodstream: cortisol, insulin and adrenaline, all of which are contributors to the symptoms mentioned above.

There tends as a result, to be a chronic over stimulation of the autonomic nervous system, which in turn perpetuates the various symptoms and thus the stress on the body, as well as the mind.

Adrenaline is of course the hormone that is involved in ?fight, flight and fright'.

It is therefore of no surprise that high levels are going to make us feel much the same as we would if we were in that sort of ?emergency' situation, and this means we may feel anxious, frightened and perhaps angry.

Cortisol is another hormone whose levels are affected by chronic physical stress.

This means that the normal diurnal (day/night) rhythm is affected and we may experience ?dips' which correspond to feeling very fatigued at times we would not normally expect, or the usual time (around 3-4pm) brings an overwhelming degree of fatigue.

Insulin is a hormone which regulates blood sugar and this may cause a lowering of the blood sugar at times which triggers various symptoms such as agitation, irritability, feeling faint, nausea, headache etc., which are all common in anxiety.

It is important to recognise the role that these hormones play because it not only gives us a better understanding of the symptoms of anxiety, but also potential ways of combating them.

Doctors may ask a variety of questions designed to elicit evidence of anxiety. Below is an example of the sort of questionnaire that might be used. It is helpful because it shows us the wide variety of problems one might expect to be associated with anxiety.

Hamilton Anxiety Scale

Symptom Rating Scale

A. Anxious Mood

1. Worries
2. Anticipates worst

B. Tension

1. Startles
2. Cries easily
3. Restless
4. Trembling

C. Fears

1. Fear of the dark
2. Fear of strangers
3. Fear of being alone
4. Fear of animal

D. Insomnia

1. Difficulty falling asleep or staying asleep
2. Difficulty with nig htmares

E. Intellectual

1. Poor concentration
2. Memory Impairment

F. Depressed Mood

1. Decreased interest in activities
2. Anhedonia: inability to take pleasure
3. Insomnia

G. Somatic Complaints: Muscular

1. Muscle aches or pains
2. Bruxism (grinding teeth)

H. Somatic Complaints: Sensory

1. Tinnitus
2. Blurred vision

I. Cardiovascular Symptoms

1. Tachycardia
2. Palpitations
3. Chest Pain
4. Sensation of feeling faint

J. Respiratory Symptoms

1. Chest pressure
2. Choking sensation
3. Shortness of Breath

K. Gastrointestinal symptoms

1. Difficulty swallowing
2. Nausea or vomiting
3. Constipation
4. Weight loss
5. Abdominal fullness

L. Genitourinary symptoms

1. Urinary frequency or urgency
2. Painful periods
3. Impotence

M. Autonomic Symptoms

1. Dry Mouth
2. Flushing
3. Pallor
4. Sweating

N. Behaviour at Interview

1. Fidgets
2. Tremor
3. Paces

Interpretation

A. Above 14 symptoms are graded on scale

1. Not present: 0
2. Very severe symptoms: 4

B. Criteria

1. Mild Anxiety (minimum for treatment with an Anxiolytic medication): 18
2. Moderate Anxiety: 25
3. Severe Anxiety: 30

The Beck Anxiety Scale is an alternative scale that is often used.

Panic attacks:

If we consider GAD as a ?background' of anxiety then panic attacks are short, acute bursts of

severe anxiety that may be set against that backdrop.

They are deeply unpleasant and distressing and one of the first ways in which to combat them is to develop an understanding of what is going on.

This is because panic attacks can seem life threatening at the time.