

THE NEW CALM COURIER

Summer 2002



From the Ivory Tower

by Lawrence M. Glanz, Ph.D.

Today's topic is health anxiety. What qualifies a person as a hypochondriac? Is it wrong to worry about your health, especially when you have symptoms? Do the symptoms cause the worry or does the worry cause the symptoms?

One estimate asserts that half the visits people make to their doctors are due to stress. It is very common to experience physical symptoms that relate to one's state of mind. I would like to discuss one common example, that of chest pain.

Many people go to the emergency room or to the doctor complaining of chest pain, for which no medical reason can be found. Some are reassured, but many are not, especially when the pain continues. The latter group ruminates, demands other opinions, undergoes redundant, expensive tests, and just feels worried and miserable. These folks fear the

worst, and they cite their ongoing chest pain, or intermittent symptoms. They feel misunderstood and yet they doubt themselves.

The research in this area has a long way to go, but progress is being made in understanding what is going on with individuals suffering from so-called "cardiophobia." One theory is that some people misinterpret non-dangerous body sensations, and instead they tend to think of them as dangerous.

There are many reasons why a person might make such persistently incorrect interpretations. They may have known someone who ignored chest pain and died; they may have a mistrust of doctors; or they may simply have no good explanation for their symptoms.

An interesting research report in the journal "Cognitive and Behavioral Practice" (vol 8, 2001, pp. 305-317) reports a case study of a woman with cardiophobia. She was so dis-

tressed that she routinely went to the ER as often as four times a week, despite many tests and much reassurance. As part of her therapy the authors, G.H.Eifert and A.W. Lau taught her the difference between benign and dangerous chest symptoms, and they coaxed her to do physical tasks while she was experiencing her symptoms. As she came to have a credible alternative explanation of her symptoms, her fears greatly subsided.

There is much more that remains to be understood about the relationship between mind and body. Science proceeds slowly, but it is clear that researchers are making gains in their quest to take a more serious look at a problem that is so easily misunderstood.

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Editor's Note

The *Calm Courier* is published four times a year. It is intended to inform and communicate with people who are interested in the anxiety disorders.

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Anxiety and the Older Adult

by Lawrence M. Glanz



"In the midst of other concerns, it is sometimes all too easy to overlook anxiety problems"

Anxiety problems affect people at all stages of life. It is unfortunately true, however, that older adults do not avail themselves of treatment as often as do younger people, even though they suffer from anxiety to about the same extent that younger people do. Older adults present some special issues in treatment, but the first problem is getting them to come in for help.

Older adults generally have more health problems than younger people. In the midst of other concerns, it is sometimes all too easy to overlook anxiety problems. It is my observation, however, that such problems not only can and do exist, but they can occur for the first time at any age, even in the later years. Anxiety problems

in older adults can include panic attacks, excessive worry, phobias, chronic tension, and obsessive compulsive symptoms. They may exacerbate any physical problems already experienced by the individual, adding further to the worry aspect of anxiety.

Medical doctors sometimes overlook anxiety as a diagnosis in older adults, or view it as a minor or secondary problem, easily solved with a prescription of anti-anxiety medications to be taken as needed. While this may help in some cases, many patients feel that it must be their own fault that they are not feeling better.

Anxiety needs to be taken more seriously in the older adult. It affects quality of life, rela-

tionships, and productivity just as in the younger person, but it is too often overlooked. Treatment is available, and it is generally just as helpful for the older adult as at other stages of life. Treatment most often consists of counseling and sometimes medication. The older adult generally responds well to treatment. Often, the patient or a relative must call the attention of a physician to the anxiety symptoms and ask for help with anxiety as a primary focus of concern. Prompt and consistent professional help can make a substantial difference and lead to significant improvement.



Editorial: Mental Health Parity

There is no x-ray test for Panic Disorder. There is no blood test for Generalized Anxiety Disorder. Some people think that dealing with these problems is as simple as saying "just get over it." The term "mental illness" has often conveyed the connotation of personal inferiority, or even deliberate shirking of responsibility, as though these problems were somehow not real.

The treatment of anxiety problems has often been hindered by a prejudicial view, and much ignorance. In particular, insurance companies are reluctant to provide adequate coverage for the treatment of conditions such as anxiety, depression, and other disorders classified as mental illnesses. The HMO's provide better coverage for conditions such as diabetes, or even allergies, which might require repeated visits to doctors or other specialists. But when it comes to paying for psychotherapy, insurance companies often set limits to the number of visits a patient can make. They claim that increasing coverage for these disorders would raise insurance rates. Recently there has been a lot of

pressure to change these prejudicial practices. Federal legislation to force insurance companies to treat mental illness on a par with physical illness is being considered in congress. Paul Wellstone, D-Minn, and Pete Domenici, R-NM are acting in a bipartisan spirit, co-sponsoring a bill that would greatly improve access to care for millions of Americans. Now even President Bush has come out in favor of this legislation.

In an editorial in the Pittsburgh Post-Gazette (Sunday, May 5, 2002), Ann McFeatters cites the Congressional Budget Office as estimating that this bill would raise insurance rates only nine-tenths of one percent. In contrast, mental health problems cost this country over \$70 billion dollars a year due to measurable things such as employee absenteeism and lost productivity. In fact the cost would be much greater if it could include the subjective misery caused by these problems.

The term "parity" refers to treating mental illnesses the same as any other illness. Not only would it improve the

fairness of insurance coverage, but it would be a big step in correcting the prejudice and reducing the feeling of shame that so often accompany these problems. The New Calm Courier encourages its readers to support this legislation and to make as much noise as possible about it.

The editor

The term "parity" refers to treating mental illness the same as any other illness



The Internet Guy

Is there anything new about panic/anxiety out there on the web? Yes. Some good, some not. For example, I can find

<http://www.sover.net/~schwcof/books.html>. This site has a selection of pamphlets that tell us about anxiety types, treatments, etc. This is information I already knew. It might be good for people with little background in anxiety, or for relatives of people with anxiety. The hard problem is finding new sites with exciting or startling information. One such site that I found was from the federal government. You can find it at

<http://surgeongeneral.gov/library/mentalhealth>. It is a report that provides an up to date re-

view of scientific advances in the study of mental health and of mental illness that affect at least one in five Americans. I found the first two chapters to be pretty interesting...but that may just apply to me. Another site I found helpful that you might want to explore was <http://www.e-help.com>. This claims to be a site for therapy, personal growth, and psychiatry. It is geared more for the professional, in contrast to most sites which are for the patient. It gives you an insider's view of what the pros think about when they are treating patients. Good luck, and happy surfing.



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