

Anxiety and phobias

Published 3 November 2006. Updated 3 February 2010.

Mental anguish and fears are part of life; they help the body to react appropriately to specific circumstances, thus improving your efficiency. Many people, however, have an alarm system that sets off too easily. This causes them to react too strongly or needlessly, and results in unnecessary suffering and a lowered capability to function.

Anxiety may be continuous, or manifest itself as fits of fear or panic which are often connected to certain situations. At the same time you may suffer from other mental symptoms, like depression.

Panic symptoms begin suddenly for example in a bus, in crowded places or in a queue. Many of the symptoms are physical: chest pains, palpitation, difficulty in breathing, sweating, dizziness or disturbances in the tactile sense. You may feel strange, as if you were disappearing. Similar symptoms may appear also when you are interacting with other people, especially if you are somehow the centre of attention. In such cases, people often refer to this as a 'social phobia'.

Alcohol and other intoxicants have a two-fold effect on anxiety and phobic symptoms. On the one hand alcohol functions as a type of a medication that alleviates symptoms of fear and anxiety and helps you face the situations you normally fear. This may sometimes lead to regular, high-scale consumption of alcohol, and at the same time, the alleviating effect of alcohol decreases.

On the other hand the use of alcohol and other intoxicants causes strain on your body and makes your system even more sensitive and therefore contributes to the development of excessive symptoms of fear and anxiety. Especially panic attacks are often caused by a prolonged use of alcohol and the resulting withdrawal symptoms. It is sometimes difficult to tell the difference between panic symptoms and withdrawal symptoms.

Anxiety and phobias can be treated with psychopharmaceutical medication and psychotherapy, among other things. The most effective medicines, at least in short term use, are benzodiazepines. They, however, involve a considerable addiction risk, especially for people who are predisposed to addictions and have been addicted to for example alcohol. A patient suffering from phobias should tell his doctor about his style of alcohol consumption when psychopharmaceuticals are considered. Some other medicines, like certain antidepressants, are better suited for long-term treatment of phobias.

Psychotherapy may involve a long psychoanalysis, a shorter behaviour therapy treatment or occasional support discussions with a health care professional. In some towns it is also possible to participate in group therapy or self-help groups. For more information, contact your local mental health clinic or an A-Clinic. The treatment is usually successful; in some cases, however, a life-long predisposition to anxiety and fears remains in some form.

If you use alcohol or other intoxicants and want to free yourself from anxiety and fears, try abstinence for a few months. If your symptoms still continue, the chances that other treatments will work are better when you are not using intoxicants.

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