

# Anxiety disorders

This factsheet gives information on anxiety disorders. How they are diagnosed, possible causes and ways to get treatment. It can help carers, friends or relatives of someone with an anxiety disorder.

## Key Points.

- Anxiety can make you feel worried or scared.
- Anxiety can cause physical symptoms such as a fast heartbeat or sweating.
- It is a normal human response to be anxious in certain situations. You may have an anxiety disorder if you feel anxious all or most of the time.
- You can recover from anxiety disorders. Treatment and support is available for you.
- Your doctor can offer you treatment. What you are given will depend on your symptoms and how severe they are.

### This factsheet covers:

1. [What are anxiety disorders?](#)
2. [What are the different types of anxiety disorder?](#)
3. [What causes anxiety disorders?](#)
4. [How are anxiety disorders treated?](#)
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## 1. What are anxiety disorders?

We all have feelings of anxiety, worry and fear sometimes. These can be normal responses to certain situations. For example, you might worry about a job interview, or about paying a bill on time. These feelings can

give you an awareness of risks and what you need to do in a difficult or dangerous situation. This reaction is known as 'fight or flight.'

Your brain responds to a threat or danger by releasing stress hormones such as adrenaline and cortisol. Even if you have imagined the danger, these hormones cause the physical symptoms of anxiety.<sup>1</sup> Once the threatening situation has stopped, your body will usually return to normal.

But if you have an anxiety disorder these feelings of fear and danger can be ongoing and interrupt your daily routine long after you the threat has gone.<sup>2</sup> They can make you feel as though things are worse than they actually are.

Everyone's experience of anxiety disorders is different. Not everyone who has an anxiety disorder will experience the same symptoms.

Mental symptoms of anxiety can include:

- racing thoughts,
- uncontrollable over thinking,
- difficulties concentrating,
- feelings of dread, panic or 'impending doom',
- feeling irritable,
- heightened alertness,
- problems with sleep,
- changes in appetite,
- wanting to escape from the situation you are in, and
- dissociation.

If you dissociate you might feel like you are not connected to your own body. Or like you are watching things happen around you, without feeling it.

Physical symptoms of anxiety can include:

- sweating,
- heavy and fast breathing,
- hot flushes or blushing,
- dry mouth,
- shaking,
- hair loss,
- fast heartbeat,
- extreme tiredness or lack of energy
- dizziness and fainting, and
- stomach aches and sickness.

Anxiety can often lead to depression.<sup>3</sup>

## Ali's story

Both getting to sleep and getting up in the morning is difficult for me. I have a constant sense of dread that is tough to ignore. My mind never switches off. It's exhausting.

Things like going to work or even doing the weekly shop became so tricky that I decided to speak to my GP. I'm now waiting for talking therapy.

You can find more information about 'Depression' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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## 2. What are the different types of anxiety disorder?

This section provides an overview of the most common types of anxiety disorders.

- [Generalised anxiety disorder \(GAD\)](#)
- [Panic disorder](#)
- [Social anxiety disorder](#)
- [Phobias](#)
- [Obsessive compulsive disorder \(OCD\)](#)
- [Skin picking](#)
- [Hair pulling](#)
- [Body dysmorphic disorder \(BDD\)](#)
- [Post-traumatic Stress disorder \(PTSD\)](#)

### Generalised anxiety disorder (GAD)

GAD is common. The main symptom of GAD is over worrying about different activities and events. This may feel out of your control.<sup>4</sup> You feel anxious a lot of the time if you have GAD. You might feel 'on edge' and alert to your surroundings.

This can affect your day-to-day life. You might find that it affects your ability to work, travel places or leave the house. You might also get tired easily or have trouble sleeping or concentrating. You might have physical symptoms, such as muscle tension and sweating.<sup>5</sup>

It is common to have other conditions such as depression or other anxiety disorders if you have GAD.<sup>6</sup>

GAD can be difficult to diagnose because it does not have some of the unique symptoms of other anxiety disorders. Your doctor is likely to say you have GAD if you have felt anxious for most days over six months and it has had a bad impact on areas of your life.<sup>7</sup>

## **Panic disorder**

You will have regular panic attacks with no particular trigger if you have panic disorder. They can happen suddenly and feel intense and frightening. You may also worry about having another panic attack.<sup>8</sup>

Panic disorder symptoms can include the following.<sup>9</sup>

- An overwhelming sense of dread or fear.
- Chest pain or a sensation that your heart is beating irregularly.
- Feeling that you might be dying or having a heart attack.
- Sweating and hot flushes or chills and shivering.
- A dry mouth, shortness of breath or choking sensation.
- Nausea, dizziness and feeling faint.
- Numbness, pins and needles or a tingling sensation in your fingers.
- A need to go to the toilet.
- A churning stomach.
- Ringing in your ears.

You may also dissociate during a panic attack. Such as feeling detached from yourself.<sup>10</sup>

Certain situations can cause panic attacks. For example you may have a panic attack if you don't like small places but you have to use a lift. This doesn't mean that you have panic disorder.<sup>11</sup>

## **Social anxiety disorder**

Social anxiety disorder is sometimes known as social phobia. Lots of people may worry about social situations but if you have social anxiety you will have an intense fear or dread of social or performance situations. This will happen before, during or after the event.

Some common situations where you may experience anxiety are the following.

- Speaking in public or in groups.
- Meeting new people or strangers.
- Dating.
- Eating or drinking in public.

You may be worried that you will do something or act in a way that is embarrassing.

You might feel aware of the physical signs of your anxiety. This can include sweating, a fast heartbeat, a shaky voice and blushing. You may worry that others will notice this or judge you. You might find that you try to avoid certain situations. You might realise that your fears are excessive, but you find it difficult to control them.

Your GP will ask you questions about your symptoms, and might ask you to fill out a questionnaire. This will help them find out how anxious you feel

in social situations. They may refer you to a mental health specialist for a full assessment.<sup>12</sup>

You can ask for a telephone appointment with your GP if it would be too difficult for you to see them in person.

## **Phobias**

A phobia is an overwhelming fear of an object, place, situation, feeling or animal.

Phobias are stronger than fears. They develop when a person has increased feelings of danger about a situation or object. Someone with a phobia may arrange their daily routine to avoid the thing that's causing them anxiety.<sup>13</sup>

Common examples of phobias include the following.<sup>14</sup>

- **Animal phobias.** Such spiders, snakes or rodents.
- **Environmental phobias.** Such as heights and germs.
- **Situational phobias.** Such as going to the dentist.
- **Body phobias.** Such as blood or being sick
- **Sexual phobias.** Such as performance anxiety

## Agoraphobia

Agoraphobia is a fear of being in situations where escape might be difficult. Or situations where help wouldn't be available if things go wrong.<sup>15</sup> This could be the following.

- Leaving your home.
- Being in public spaces.
- Using public transport.
- Being in crowded spaces.

You might find that these situations make you feel distressed, panicked and anxious. You may avoid some situations altogether. This can affect day-to-day life.

Agoraphobia can make it difficult to make an appointment with your GP to talk about your symptoms. You might not feel able to leave your house or go to the GP surgery. You can arrange a telephone appointment if you have symptoms of agoraphobia.<sup>16</sup> A GP will decide on the best treatment options for you depending on what you tell them.

## **Obsessive-compulsive disorder (OCD)**

You will have obsessions, compulsion or both if you have OCD.<sup>17</sup>

- **Obsession.** An obsession is an unwelcome thought or image that you keep thinking about and is largely out of your control. These can be difficult to ignore. These thoughts can be disturbing, which can make you feel distressed and anxious.

- **Compulsion.** A compulsion is something you think about or do repeatedly to relieve anxiety. This can be hidden or obvious. Such as saying a phrase in your head to calm yourself. Or checking that the front door is locked.

You might believe that something bad will happen if you do not do these things. You may realise that your thinking and behaviour is not logical but still find it very difficult to stop.

There are different types of OCD, which include: <sup>18</sup>

- **Contamination.** A need to clean and wash because something or someone is contaminated.
- **Checking.** The constant need to check yourself or your environment to prevent damage, fire, leaks or harm.
- **Intrusive thoughts.** Thoughts which are repetitive, upsetting and often horrific.
- **Hoarding.** Not feeling able to throw away useless or worn out items.

Speak to your GP if you think you have OCD. They should discuss treatment options with you. Or you could try to self-refer to an NHS talking treatment service. <sup>19</sup>

### **Skin-picking**

Skin picking is medically known as dermatillomania. It is an impulse control disorder. You will regularly pick at your skin. Often you will pick healthy skin. This can cause damage to your skin, including bleeding, bruising and sometimes permanent marks. You will usually pick the skin on your face, but might also pick other areas of the body. You will find it difficult to stop yourself doing it. <sup>20</sup>

No one knows the cause for skin-picking. It is thought that it could be a type of addiction. Or it relieves tension and stress. It is common to have OCD and dermatillomania at the same time.

Your GP may arrange for you to see a specialist mental health doctor like a psychiatrist for diagnosis.

### **Hair pulling**

Hair pulling is medically known as trichotillomania. It is an impulse control disorder. You feel the urge to pull out your hair if you have this condition. This can be from your scalp or other places such as your arms, eyelashes, legs or pubic area. You will find it difficult to stop yourself doing this. <sup>21</sup>

You might experience a build-up of tension which you can relieve by pulling out the strand of hair. You might not even be aware that you're doing it.

It can be difficult to stop, which can lead to hair loss. This in turn can make you feel guilty, embarrassed and affect how you feel about yourself or how your friends and family see you.

Your doctor will look at the following to diagnose your condition.<sup>22</sup>

- You repeatedly pull your hair out, causing noticeable hair loss
- You feel increasing tension before you pull your hair out
- You feel relief or pleasure when you have pulled your hair out
- There are no underlying illnesses, such as a skin condition, causing you to pull your hair out
- Pulling your hair out affects your everyday life or causes you distress.

### **Body dysmorphic disorder (BDD)**

You will have upsetting thoughts about the way you look if you have BDD. The thoughts don't go away and have a big effect on daily life. This is not the same as being vain about your appearance. You may believe that you are ugly and that everyone sees you as ugly, even if they reassure you that this isn't true. Or you may believe that people are focused on an area of your body such as scar or birthmark. It can be very distressing and lead to depression.<sup>23</sup>

You may spend a large amount of time doing the following.<sup>24</sup>

- Staring at your face or body in the mirror.
- Comparing your features with other people's.
- Covering yourself with lots of makeup.
- Thinking about plastic surgery when you do not need it.

Speak to your GP if you think you have BDD. They should discuss treatment options with you. The GP may arrange for a team with more BDD experienced to help you.<sup>25</sup>

### **Post-Traumatic Stress Disorder (PTSD)**

You have PTSD if your anxiety symptoms were caused by a threatening life situation. Such as a train crash or fire. You can feel anxious for months or years after the event even if you weren't physically harmed at the time.<sup>26</sup>

You can find more information about '**Post-Traumatic Stress Disorder**' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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## **3. What causes anxiety disorders?**

We don't fully understand what causes anxiety disorders. But it is thought that the following factors can cause anxiety.<sup>27</sup>

**Genetics.** Some people seem to be born more anxious than others. You may get anxiety through your genes.

**Life experience.** This could be bad experiences such as being bullied or losing a loved one. It could also include big changes in life such as moving home, losing your job or pregnancy.

**Drugs.** Caffeine in coffee and alcohol can make you feel anxious. Illegal drugs, also known as street drugs can also have an effect.

**Circumstances.** Sometimes you know what is causing your anxiety. When the problem goes, so does your anxiety.

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#### 4. How are anxiety disorders treated?

The NHS offer low-intensity treatments, talking therapy or medication to treat anxiety disorders. Some people will need both at the same time.<sup>28</sup> People can recovery from anxiety disorders.

##### **What are low-intensity treatments?**<sup>29</sup>

###### Non-facilitated self-help

Non-facilitated means that you will try to help yourself using information for the NHS.

You should get:

- A written or electronic information based on cognitive behavioural therapy principles.
- Instructions to work through the material over at least 6 weeks.
- Very brief support from a therapist such as a 5-minute telephone conversation.

###### Guided self-help.

You should:

- get written or electronic materials,
- be supported by a trained professional, who delivers the self-help programme and reviews progress and outcomes, and
- get 5 to 7 weekly or fortnightly face-to-face or telephone sessions. Each lasting 20–30 minutes. But this will depend on the type of anxiety that you have.

###### Psycho educational groups.

Psycho education means that you will learn about your symptoms and how to manage them.

Your learning should:

- be based on CBT,
- get you involved,

- include presentations from a trained professional,
- include self-help manuals,
- have 1 therapist to about 12 people, and
- Usually be 6 weekly sessions, each lasting 2 hours. But this will depend on the type of anxiety that you have

## **Talking therapies**

### Cognitive Behavioural Therapy (CBT)

CBT helps you understand the links between your thoughts, feelings and behaviour. It can help you to find ways to overcome your anxiety by challenging negative thoughts and beliefs.

Depending on the anxiety that you have, you will usually get 12–15 weekly sessions each lasting 1 hour. You should get less if you recover sooner and more if you need it.<sup>30</sup>

### Applied Relaxation

Applied relaxation means that you will focus on relaxing your muscles in a certain way. And at a certain time. For example learning how you can relax your muscles so that you are able to fall asleep easier.

A trained therapist will teach you different techniques to manage your situation.

Depending on the anxiety that you have, you will usually get 12–15 weekly sessions each lasting 1 hour. You will get less if you recover sooner and more if you need it.<sup>31</sup>

### Exposure and response prevention (ERP)

This is effective for a range of anxiety disorders, particularly obsessive-compulsive disorder (OCD). Your therapist will encourage you to experience your obsessive thoughts and help you to manage them in a different way. They will build up the difficulty of each task.<sup>32</sup>

## **Medications**

### Selective serotonin reuptake inhibitors (SSRIs)

SSRI's are a type of antidepressant used to treat anxiety disorders. Sertraline is the most common SSRI suggested for anxiety<sup>33</sup>, but there are other SSRIs available.

### Benzodiazepines

Doctors should only prescribe benzodiazepines if your anxiety is extreme or if you are in crisis.<sup>34</sup> This is because they are addictive and they may become less effective over time.

### Beta-blockers

These can help with the physical signs of anxiety. They can help to lower a fast heartbeat, shaking or blushing.

## Complementary therapies

Complementary therapies are treatments that are not usually part of mainstream NHS care. Some people find them useful for helping with symptoms of anxiety. Such as mindfulness, yoga and hypnotherapy.

Go to [www.rethink.org](http://www.rethink.org) for information on:

- Talking Therapies
- Antidepressants
- Benzodiazepines
- Complementary and alternative therapies

Or call our General Enquiries team on 0121 522 7007 and them to send you a copy of our factsheet.

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## **5. How can I ask for help and treatment?**

You should make an appointment to talk with your GP if you are worried about your symptoms. Or they are causing problems in your day to day life.

Your doctor will look at different things when deciding on your treatment such as the following.

- Your diagnosis and symptoms.
- What options you have tried already.
- Your goals and preferences.
- Any other conditions you have.
- Guidance from the National Institute for Health and Care Excellence (NICE).

The NHS should follow the NICE guidelines for the treatment and care of anxiety disorders. The guidelines aren't legally binding. This means that your GP can decide not to follow the guideline. But they should be able to explain their decision to you.

You can download NICE guidance for free from [www.nice.org.uk](http://www.nice.org.uk) or contact NICE publications on 0300 323 0140 for paper copies. NICE has written copies of these guidelines for patients and carers too.

Go to [www.rethink.org](http://www.rethink.org) for information on:

- GP: What to expect from your GP
- Medication. Choice and managing problems

Or call our General Enquiries team on 0121 522 7007 and them to send you a copy of our factsheet.

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## 6. What can I do to help myself?

As well as medication or talking treatments you could also try self-help techniques. These are things that you can do to help you relax and manage your symptoms better.

It is important to find out what is right for you. Don't expect things to change overnight. You may need to practice your self-help techniques on a regular basis before your symptoms get better.<sup>35</sup>

Some examples of self-help techniques are the following.

- Learning ways to relax such as listening to meditation CDs or relaxing music.
- Eat healthy foods regularly.
- Exercise more.
- Have a daily routine.
- Have healthy relationships.
- Have enough sleep.
- Keep a mood diary to be more aware of your symptoms and what makes you better and worse.

You can find more information about self-help in our '**Recovery**' factsheet at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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## 7. What if I am not happy with my treatment?

You can try the following options if:

- you are not happy with your care or treatment,
- or feel that the relationship between yourself and your professional is not working well,

### **Patient Advice and Liaison Service (PALS)**

PALS are part the NHS. There will be PALS in your area. They can try to sort problems or answer questions about the NHS.

You can find your local PALS' details at [www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

### **Advocacy**

Advocacy can help you to be a part of decisions about your care.

An advocate is someone independent from the NHS. This means that the NHS doesn't employ them. Advocacy services are free to use. Usually a charity will run an advocacy service. An advocate is there to support you. They can help to make your voice heard when you are trying to sort

problems. They may be able to help you to write a letter to the NHS or go to a meeting with you.

You can find more information about 'Advocacy' at [www.rethink.org](http://www.rethink.org). Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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## 8. Information for carers, friends and relatives

It's important to be aware of your own mental health and get your own support if are struggling to cope. There may be a local carers' support group you can go to. You can ask for a carer's assessment from your local authority if you need extra support to care for your relative.

You can be involved in your relative's care and support planning. But only if your relative wants you to be involved. This is because of confidentiality law. The team should ask your relative if they are happy for information to be shared with you.

Go to [www.rethink.org](http://www.rethink.org) for information on:

- Carer's assessment and support planning
- Confidentiality and information sharing
- Supporting someone with a mental illness

Or call our General Enquiries team on 0121 522 7007 and them to send you a copy of our factsheet.

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### Useful Contacts

#### **Anxiety UK**

A user led organisation that supports anyone with anxiety, phobias, panic attacks or other anxiety disorders.

**Telephone:** 08444 775 774 (Monday to Friday 9.30am–5.30pm)

**Text:** 07537 416905

**Address:** Anxiety UK, Zion Community Resource Centre, 339 Stretford Road, Hulme, Manchester. M15 4ZY

**Email:** [support@anxietyuk.org.uk](mailto:support@anxietyuk.org.uk)

**Website:** [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

#### **Anxiety Alliance**

Not for profit who support people with anxiety over the phone.

**Telephone:** 0345 296 7877 (open 10am-10pm daily)

**Website:** [www.anxietyalliance.org.uk](http://www.anxietyalliance.org.uk)

## **SASH (London Social Anxiety Self-Help Groups)**

They run groups across London.

**Email:** [info@sashgroup.org](mailto:info@sashgroup.org)

**Website:** [www.sashgroup.org](http://www.sashgroup.org)

## **Social Anxiety UK**

Offers support with social anxiety disorder. They are a web-based organisation and offer forums, a chat room and information about social anxiety.

**Email:** [contact@social-anxiety.org.uk](mailto:contact@social-anxiety.org.uk)

**Website:** [www.social-anxiety.org.uk](http://www.social-anxiety.org.uk)

## **OCD-UK**

Gives information, advice and support on obsessive compulsive disorder (OCD) and related disorders such as body dysmorphic disorder (BDD), skin-picking and hair pulling.

**Telephone:** 03332 127890 (10am – 4pm, Monday to Friday)

**Address:** OCD-UK, Marble Hall (Office 5), 80 Nightingale Road, Derby, DE24 8BF

**Email:** [support@ocduk.org](mailto:support@ocduk.org)

**Website:** [www.ocduk.org](http://www.ocduk.org)

## **No Panic**

Offers emotional support and information on anxiety disorders and medication including tranquilizers. They have a 1 to 1 mentoring scheme and a telephone recovery group available to their members.

**Telephone:** 0844 967 4848 (Everyday 10:00am - 10:00pm, Service Charge: 5p a minute + local rate)  
Youth Helpline 0330 606 1174 (For ages 13-20, open 3pm - 6pm. Monday to Friday)

**Address:** Jubilee House, 74 High Street, Madeley, Telford, Shropshire, TF7 5AH

**Email:** [admin@nopanic.org.uk](mailto:admin@nopanic.org.uk)

**Website:** [www.nopanic.org.uk](http://www.nopanic.org.uk)

## References

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<sup>1</sup>Royal College of Psychiatrists. Feeling stressed.  
[www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingstressed.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingstressed.aspx)  
(Accessed: 11th September 2017)

<sup>2</sup> Royal College of Psychiatrists. Feeling stressed.  
[www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingstressed.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingstressed.aspx)  
(Accessed: 11th September 2017)

<sup>3</sup> Royal College of Psychiatrists. *Anxiety, Panic and Phobias: key facts*  
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/anxiety,panicandphobias/anxietyphobiaskeyfacts.aspx> (Accessed 28<sup>th</sup> September 2017)

<sup>4</sup> National Institute for Clinical Excellence. *Generalised anxiety disorder and panic disorder in adults: management Clinical Guidance 113*. London:

- 
- National Institute for Health and Clinical Excellence; 2011. Page 5.  
[www.nice.org.uk/guidance/cg113](http://www.nice.org.uk/guidance/cg113) (Accessed: 5<sup>th</sup> September 2017)
- <sup>5</sup> NHS Choices. *Anxiety symptoms*  
[www.nhs.uk/Conditions/Anxiety/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Anxiety/Pages/Symptoms.aspx) (Accessed 5th September 2017).
- <sup>6</sup> National Institute for Clinical Excellence. *Generalised anxiety disorder and panic disorder in adults: management Clinical Guidance 113*. London: National Institute for Health and Clinical Excellence; 2011. Page 5.
- <sup>7</sup> National Institute for Clinical Excellence. *Generalised anxiety disorder and panic disorder in adults: management Clinical Guidance 113*. London: National Institute for Health and Clinical Excellence; 2011. Page 5.
- <sup>8</sup> National Institute for Clinical Excellence (2011) *Generalised anxiety disorder and panic disorder in adults: management Clinical Guidance 113*. London: National Institute for Health and Clinical Excellence; 2005. Page 5
- <sup>9</sup> NHS Choices. *Panic disorder*  
[www.nhs.uk/Conditions/Panic-disorder/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Panic-disorder/Pages/Symptoms.aspx)  
(Accessed 4th September 2017)
- <sup>10</sup> NHS Choices. *Panic disorder*. [www.nhs.uk/Conditions/Panic-disorder/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Panic-disorder/Pages/Symptoms.aspx) (Accessed: 2nd October 2017)
- <sup>11</sup> National Institute for Clinical Excellence. *Generalised anxiety disorder and panic disorder in adults: management Clinical Guidance 113*. London: National Institute for Health and Clinical Excellence; 2011. Page 5.
- <sup>12</sup> NHS Choices. *Social anxiety disorder* [www.nhs.uk/conditions/social-anxiety/Pages/Social-anxiety.aspx](http://www.nhs.uk/conditions/social-anxiety/Pages/Social-anxiety.aspx) (Accessed: 3rd July 2017)
- <sup>13</sup> NHS Choices. *Phobias*.  
[www.nhs.uk/Conditions/Phobias/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Phobias/Pages/Introduction.aspx) (Accessed: 11th September 2017)
- <sup>14</sup> NHS Choices. *Phobias*.  
[www.nhs.uk/Conditions/Phobias/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Phobias/Pages/Introduction.aspx) (Accessed: 11th September 2017)
- <sup>15</sup> NHS Choices. *Agoraphobia*.  
[www.nhs.uk/conditions/Agoraphobia/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Agoraphobia/Pages/Introduction.aspx). (Accessed: 29th June 2017)
- <sup>16</sup> NHS Choices. *Agoraphobia*  
[www.nhs.uk/Conditions/Agoraphobia/Pages/Diagnosis.aspx](http://www.nhs.uk/Conditions/Agoraphobia/Pages/Diagnosis.aspx) (Accessed: 29th June 2017)
- <sup>17</sup> National Institute for Health and Clinical Excellence. *Obsessive compulsive disorder and body dysmorphic disorder: treatment*. London: National Institute for Health and Clinical Excellence; 2005. Page 5
- <sup>18</sup> OCD UK. *The Different Types of Obsessive-Compulsive Disorder Types of OCD*. [www.ocduk.org/types-ocd](http://www.ocduk.org/types-ocd) (Accessed: 3rd July 2017)
- <sup>19</sup> NHS Choices. *Symptoms of OCD*.  
[www.nhs.uk/Conditions/Obsessive-compulsive-disorder/Pages/Symptoms.aspx](http://www.nhs.uk/Conditions/Obsessive-compulsive-disorder/Pages/Symptoms.aspx) (Accessed: 9th September 2017)
- <sup>20</sup> NHS Choices. *Dermatillomania*.  
[www.nhs.uk/conditions/dermatillomania/Pages/Introduction.aspx](http://www.nhs.uk/conditions/dermatillomania/Pages/Introduction.aspx)  
(accessed 4th September 2017)
- <sup>21</sup> OCD-UK. *Trichotillomania* [www.ocduk.org/trichotillomania](http://www.ocduk.org/trichotillomania) (Accessed 4th September 2017)

- 
- <sup>22</sup> NHS Choices. Trichotillomania.  
[www.nhs.uk/Conditions/trichotillomania/Pages/diagnosis.aspx](http://www.nhs.uk/Conditions/trichotillomania/Pages/diagnosis.aspx) (Accessed: 2nd October 2017)
- <sup>23</sup> NHS Choices. *Body Dysmorphic Disorder*.  
[www.nhs.uk/Conditions/body-dysmorphia/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/body-dysmorphia/Pages/Introduction.aspx)  
(Accessed: 29th June 2017)
- <sup>24</sup> NHS Choices. *Body Dysmorphic Disorder*.  
[www.nhs.uk/Conditions/body-dysmorphia/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/body-dysmorphia/Pages/Introduction.aspx)  
(Accessed: 29th June 2017)
- <sup>25</sup> National Institute for Health and Clinical Excellence. *Obsessive compulsive disorder and body dysmorphic disorder: treatment*. Clinical Guidance 31.  
London: National Institute for Health and Clinical Excellence; 2005. Page 14.
- <sup>26</sup> Royal College of psychiatrists. *Anxiety, Panic & Phobias*.  
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/anxiety,panicandphobias/anxietyphobiaskeyfacts.aspx> (accessed 4th September 2017)
- <sup>27</sup> Royal College of psychiatrists. *Anxiety, Panic & Phobias*.  
<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/anxiety,panicandphobias/anxietyphobiaskeyfacts.aspx> (accessed 4th September 2017)
- <sup>28</sup> NHS Choices. *Generalised anxiety disorder*.  
[www.nhs.uk/Conditions/Anxiety/Pages/Treatment.aspx](http://www.nhs.uk/Conditions/Anxiety/Pages/Treatment.aspx) (Accessed: 3rd July 2017)
- <sup>29</sup> National Institute for Clinical Excellence. *Generalised anxiety disorder and panic disorder in adults: management*. Clinical Guidance 113.  
London: National Institute for Health and Clinical Excellence; 2011. Page 16.
- <sup>30</sup> National Institute for Clinical Excellence. *Generalised anxiety disorder and panic disorder in adults: management* Clinical Guidance 113. London: National Institute for Health and Clinical Excellence; 2011. Page 17.
- <sup>31</sup> National Institute for Clinical Excellence (2011) *Generalised anxiety disorder and panic disorder in adults: management* Clinical Guidance 113. London: National Institute for Health and Clinical Excellence; 2005. Page 17.
- <sup>32</sup> NHS Choices. *Obsessive compulsive disorder*.  
[www.nhs.uk/Conditions/Obsessive-compulsive-disorder/Pages/Treatment.aspx](http://www.nhs.uk/Conditions/Obsessive-compulsive-disorder/Pages/Treatment.aspx) (Accessed: 3rd July 2017)
- <sup>33</sup> National Institute for Clinical Excellence (2011) *Generalised anxiety disorder and panic disorder in adults: management* Clinical Guidance 113. London: National Institute for Health and Clinical Excellence; 2005. Page 9.
- <sup>34</sup> National Institute for Clinical Excellence (2011) *Generalised anxiety disorder and panic disorder in adults: management* Clinical Guidance 113. London: National Institute for Health and Clinical Excellence; 2005. Page 9.
- <sup>51</sup> Royal College of Psychiatrists. *Anxiety, Panic and Phobias*. (Accessed: 11th September 2017)

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## Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm  
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Email [advice@rethink.org](mailto:advice@rethink.org)

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### Did this help?

We'd love to know if this information helped you.

Drop us a line at: [feedback@rethink.org](mailto:feedback@rethink.org)

or write to us at Rethink Mental Illness:

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We're open 9:30am to 4pm  
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Leading the way to a better  
quality of life for everyone  
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