Types of Anxiety Disorders

Most people experience stress during their college years: studying, writing papers, relationship issues, family concerns, participation in athletics, and other campus activities contribute to feeling pressured and anxious.

An anxiety disorder, however, differs from normal stress in that symptoms such as worry, panic and/or physical discomfort are more intense and frequent, and persist even when the situational pressures of life lessen.

An anxiety disorder typically causes a great deal of distress, and interferes with the ability to relax and experience a sense of enjoyment and well-being. According to the National Institute of Mental Health, anxiety disorders comprise the most common mental health diagnosis in the U.S. Approximately 1 in 9 people suffer from an anxiety disorder at any given time. It is important to diagnose and treat an anxiety disorder that develops or worsens during the college years to help prevent the problem from becoming chronic and continuing into later life.

There are several types of anxiety disorders, and each has its own set of common symptoms:

**Panic Disorder**

Panic Disorder is characterized by sudden, intense episodes of fear and anxiety that occur often and without warning. During a panic attack, physical symptoms such as shortness of breath, racing heart, dizziness, or feeling flushed typically occur. Feelings of unreality and fear of fainting, losing control, or dying are also common during panic episodes. Although panic attacks are not physically harmful in themselves, the experience can be frightening. People who experience panic attacks may become fearful of having more, and may begin to avoid public situations, such as parties, classrooms or social gatherings. College students are in a high risk age group for Panic Disorder, which is most frequently diagnosed during young adulthood. Please click here for more information on Panic Attacks

**Generalized Anxiety Disorder**

Generalized Anxiety Disorder (GAD) is characterized by excessive apprehension and worry about everyday life events that is difficult to control. Ongoing feelings of restlessness or feeling keyed up, difficulty concentrating; muscle tension or headache, irritability, and difficulty sleeping are common symptoms of this disorder. People who have GAD often have a persistent, unrealistic fear that something bad is about to happen. About 5% of the population suffers from GAD.

**Phobias**

A phobia is an exaggerated fear of a specific object or situation (e.g. spiders, flying in an airplane, enclosed places, blood, heights, dogs, thunderstorms). A phobia may cause a person to
limit oneself unnecessarily because of the anxiety associated with the possibility of encountering what is feared. Phobias often begin in childhood. Although 5-10% of the population have been found to have specific fears severe enough to be classified as phobic, often what is frightening can be avoided without causing significant difficulty in life. However, treatment is recommended if the fear of the object or situation causes frequent distress, or if it leads to significant disruption in routine, activities or relationships.

**Obsessive Compulsive Disorder**

The obsessions of Obsessive Compulsive Disorder are persistent thoughts, images or impulses that are distressing. Common examples of obsessive thoughts are doubts about having turned off an electrical appliance or having locked a door, unrealistic fears of germs, or disturbing thoughts of causing harm to a loved one. The compulsions of OCD are characterized by the urgent need to do something to prevent or get rid of the anxiety associated with the obsessive thoughts. Compulsions include behaviors such as hand washing, counting, or having to do things perfectly or in a particular order. Many people have occasional obsessive thoughts or compulsive behaviors. However, people who struggle with this disorder spend over an hour a day consumed with obsessive thoughts and compulsive behaviors, and these symptoms greatly interfere with daily life.

**Post-Traumatic Stress Disorder**

PTSD may occur in the wake of a traumatic event, such as a serious accident, sexual or physical assault, or combat in war. Symptoms may include avoidance or distress at reminders of the trauma, recurring images of the event, feeling numb or detached, irritability, being easily startled, and having nightmares or other sleep difficulties. Not everyone who experiences a traumatic event will develop PTSD, and it is common for people to experience some of these symptoms in the weeks following a traumatic event. However, PTSD is diagnosed when the symptoms persist for more than a month after the event, and cause significant distress or impairment in daily life.

**Social Anxiety Disorder**

Social Anxiety Disorder is a marked and persistent fear of social or performance situations in which there is exposure to unfamiliar people or the possibility of judgment by others. These situations are avoided because of the fear of acting in a way that might be humiliating. When the situation cannot be avoided, physical symptoms of anxiety such as trembling, blushing or nausea often occur. Many people experience some degree of nervousness in social settings. However, individuals who struggle with Social Anxiety Disorder severely limit what they do to avoid unfamiliar situations or people, and their anxiety usually does not diminish when actually in the stressful situation.