Anxiety and Worry: The Brain as a Pain Machine

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It seems that the cost of survival for the evolving homo sapiens has been the brain’s function as a pain machine. This month’s edition of Psychiatric Annals, guest edited by Michael E. Portman, D-Phil, LISW-S, presents a very useful series of articles discussing the evolving thinking about the diagnosis of generalized anxiety disorder (GAD) and excellent reviews about what is known about its biological underpinnings and treatment with both medications and psychotherapy. This series of articles will reflect to the clinician the struggle to cast the entity in its most valid separable diagnosable form as well as its common occurrence with other disorders.

Irrespective of diagnosis, it seems that the presence of severe comorbid anxiety worsens the condition and limits its response to treatment. More than that, in everyday life, anxious feelings and worry prevent the full experience and enjoyment of the conscious present — the full appreciation of the meaning of our conscious life. People anxiously anticipating the uncertain future cannot be really alive in the present. It is of enormous importance that the behavioral sciences address this problem. This series both defines the magnitude of GAD, the state of our understanding of the etiological factors, as well as the types of treatment that have been developed as well as our results, thus far.

As a clinician who has emphasized the use of medications in approaching anxiety and depression, I have searched for psychotherapeutic inputs to combine with these medications that can be useful despite the time and frequency limitations placed on this type of practice by economic forces.

The time and frequency limitations notwithstanding, certain cognitive, behavioral, and psychoeducational procedures added to medication management seem to help some of my patients beyond their responses to medications. Behavioral activation, which has more chance to help in patients seen more frequently, is surprisingly helpful when added to a “medication visit.” The recent finding that walking 40 minutes three times a week can counter the usual hippocampal volume loss of 1% to 2% a year in 55 to 80 year olds with a 1% to 2% increase, when a recently cited potential mechanism of the therapeutic effects of fluoxetine is suggested to be increased hippocampal neurogenesis, underscores the importance of behavioral activation and its possible synergy with medication treatment.1,2

A behavioral-educational intervention I have found useful is to give the anxious patient a brief “amygdala lecture,” emphasizing the amygdala as an evolutionary hangover from the days when we had to avoid sabre-toothed tigers to survive. I then encourage them to label anxious and ruminative thoughts as “only my amygdala firing, like a security system alarm going off when there is no intruder” and to ignore the content of the fear and move to other thoughts and perceptions (mindfulness). This has allowed a number of my patients to ignore their repetitive anxious worries and let them atrophy.

Hopefully, clinical research will address the efficacy of psychotherapeutic interventions that can be combined with the administration of medications in real world practice, to achieve a more effective synergy and perhaps advance the effectiveness of treatment.

REFERENCES
doi: 10.3928/00485713-20110203-01