

Guide to Anxiety and Sleep

Last updated February 13, 2020

According to the Anxiety and Depression Association of America (ADAA), anxiety is a reaction to stress. Its key [markers](#) are feelings of tension, worried thoughts, and physical changes such as elevated blood pressure.

Just like physical pain, in and of itself anxiety is not a bad thing: it signals that something is wrong. Temporary anxiety is normal and can even be considered healthy because it draws our attention to causes of stress that might need correcting.

But anxiety disorders – characterized by excessive and chronic reactions to stress – are mental illnesses. Anxiety disorders are, in other words, worry that sticks way past its usefulness to us — it does not go away and often gets worse with time.

According to the National Institute of Mental Health, anxiety disorders, including post-traumatic stress disorder, obsessive compulsive disorder, and a variety of phobias, are the most common types of mental illness experienced by Americans. They affect [40 million](#) adults in the United States, or 18 percent of the population.

Many anxiety disorders negatively affect sleep – and vice versa. Doctors call them comorbid, meaning they go hand-in-hand. In other words, anxiety and sleep are connected via a self-reinforcing feedback loop. Feeling rested combats anxiety and feeling less anxious leads to sounder sleep. The converse is also true: insomnia feeds anxiety and anxiety keeps us up at night.

According to Cleveland Clinic, [two-thirds](#) of patients referred to sleep disorders centers have a psychiatric disorder. [One-third of American adults](#) report not getting enough sleep each night. The Centers for Disease Control and Prevention (CDC) classifies short sleep duration as adults getting less than seven hours of sleep in a 24-hour cycle. The CDC associates short sleep duration with the development and management of chronic diseases such as Type 2 diabetes, cardiovascular disease, and depression.

The growing use and popularity of [social media platforms](#) is also linked to poor sleep quality and mental health issues like depression and anxiety. [Studies](#) show that adolescents who use social media, especially at night, experience poorer sleep quality and are more likely to experience high levels of anxiety and depression, as well as low self-esteem.

Another, perhaps unexpected, link between sleep quality and anxiety is Alzheimer's disease. [Researchers](#) found that increased levels of anxiety can be a precursor to Alzheimer's disease. [Beta-amyloid](#) is a protein in the brain that is associated with both insomnia and Alzheimer's disease.

This protein disrupts communication between brain cells, eventually killing them. Individuals with insomnia, anxiety, and Alzheimer's disease all show [higher levels of beta-amyloid](#).

This guide examines the link between anxiety and sleep and covers several anxiety disorders that interfere with sleep and which can be alleviated with sleep: generalized anxiety disorder

(GAD), social anxiety, obsessive-compulsive disorder (OCD), phobias, post-traumatic stress disorder (PTSD), panic disorder, and pediatric anxiety.

It offers solutions to sleep-deprived anxiety sufferers, including treatment options, online support forums, tips regarding healthy sleep hygiene and banishing anxious thoughts, and medical associations that can help.

Anxiety and Sleep

Anyone who lost a night to insomnia on account of troubling thoughts has been where many chronic anxiety sufferers find themselves all too frequently. According to UC Berkeley researchers, lack of sleep [plays a role](#) in ramping up brain regions that trigger excessive worry. Additionally, those who tend to worry too much are more vulnerable to sleep disorders. “These findings help us realize that those people who are anxious by nature are the same people who will suffer the greatest harm from sleep deprivation,” said Matthew Walker, a professor of psychology and neuroscience at UC Berkeley and senior author of the study.

Worry about lack of sleep becomes a self-fulfilling prophecy at times. Anxiety causes sleep loss, which in turn can provoke further anxiety in sufferers. The mechanism behind this phenomenon has to do with what researchers call [anticipatory anxiety](#).

People prone to sleep deprivation worry that they might not be able to sleep, perhaps based on past experience. That worry fires up the brain’s amygdala and insular cortex, mimicking the neural activity seen in anxiety disorders. And then, because of that anticipatory anxiety, sleep becomes elusive.

Researchers at University of California Berkeley’s Sleep and Neuroimaging Laboratory [found](#) that when deprived of sleep, the brain reverts back to more primitive patterns of activity. What this means is that subjects kept awake were less likely to put emotionally-charged information in context.

The good news is found in the reverse. Doing the opposite—finding ways to [get better sleep](#)—presents us with a tried-and-true solution to alleviate anxiety. “By restoring good quality sleep in people suffering from anxiety, we may be able to help ameliorate their excessive worry and disabling fearful expectations,” says Dr. Allison Harvey, one of the authors of the study published in the *Journal of Neuroscience*.

Generalized Anxiety Disorder

Definition

People living with generalized anxiety disorder (GAD), also known as free-floating anxiety, are prone to an exaggerated sense of worry regarding everyday events. The worry tends to persist no matter the circumstances.

According to DSM-5, which is short for the fifth and the latest edition of the Diagnostic and Statistical Manual of Mental Disorders, if the excessive anxiety and worry about events or activities goes on for most days of the week for at least six months, it points to GAD.

Symptoms

- Persistent obsession that is disproportionate to the concerns and the potential consequences of the object of worry
- Restlessness
- Inability to set the worry aside and relax
- Difficulty maintaining focus and concentration
- Frequent decision-making paralysis

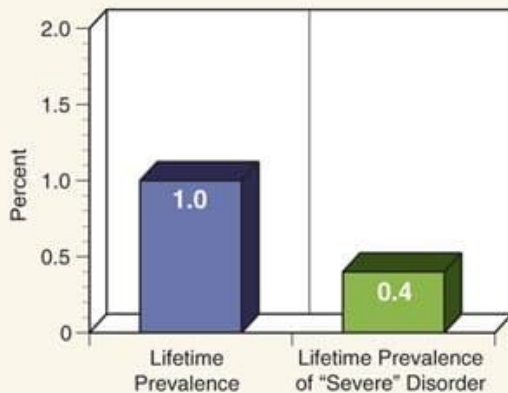
- Worrying about worst-case scenarios

The persistent chatter of generalized anxiety is a voice that's difficult to quiet at bedtime. [Fifty percent](#) of patients diagnosed with generalized anxiety disorder have sleep disorders. Difficulty falling and staying asleep as well as waking up to panic attacks (sudden awakenings to intense anxiety, heart palpitations, shortness of breath, sweating or chills, and often the irrational fear of impending death) are common effects of GAD on sleep.

Generalized Anxiety Disorder

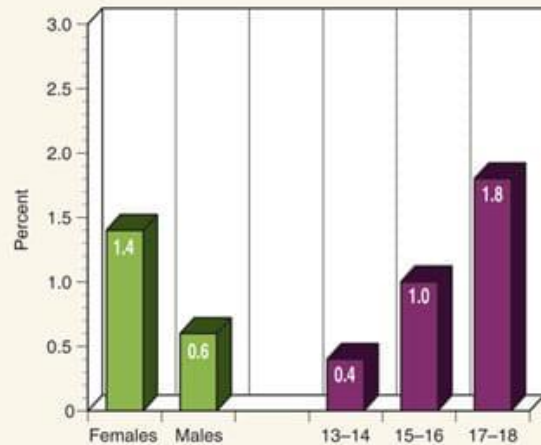
Lifetime Prevalence of 13 to 18 year olds

- **Lifetime Prevalence:** 1.0% of 13 to 18 year olds
- **Lifetime Prevalence of "Severe" Disorder:** 0.4% of 13 to 18 year olds have "severe" hypomania



Demographics (for lifetime prevalence)

- **Sex and Age**



- **Race:** Not Reported

Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. 2010 Oct;49(10):980-989.

[Source](#)

Diagnosis

Determining that a patient has generalized anxiety disorder can be tricky because it often mimics and coexists with mental health illnesses such as phobias, depression, and PTSD. The persistence of excessive worry and the inability to control it for most days during the period of six months is a key marker of the GAD diagnosis.

The absence of a particular trigger or trauma is also a distinguishing marker. For more features used by doctors to diagnose GAD, the [questionnaire](#) provided by the ADAA can be of help. Getting better rest at night can do wonders for the symptoms of free-floating anxiety. Sleep researchers at Harvard have [found](#) that consolidated slumber throughout a whole night, in all its stages, helps people learn and make memories while impaired sleep reduces the ability to focus and acquire new information.

In turn, treating the symptoms of GAD can lead to better sleep because an effective treatment diminishes restlessness and helps gain control of worry.

Treatment

The two common ways of treating GAD's symptoms [are](#) psychotherapy and drugs. They are often used in conjunction. Both have the power [to alter](#) brain chemistry.

Psychotherapy, such as cognitive behavioral therapy or mindfulness therapy, helps patients learn skills (such as distraction, detachment from negative thoughts, cognitive restructuring, exposure therapy) with which they can learn to abort obsessive worry.

Antidepressants (particularly SSRIs) can help, over time, to influence the activity of neurotransmitters in the brain—serotonin, dopamine, and norepinephrine—by increasing their presence. These neurotransmitters are responsible for maintaining mood balance and helping people put concerns in context. It takes a few weeks of well-tuned and consistent use for antidepressants to render effective results.

Tranquilizers known as benzodiazepines – for example, Xanax, and Ativan – can in the meantime be used occasionally to prevent acute attacks of anxiety, such as panic attacks.

Some studies have found that, depending on the individual, talk therapy can be [as effective](#) as antidepressants.

Online Resources

- The [Mayo Clinic](#) discusses treatments available for generalized anxiety
- ADAA offers [ways](#) to treat anxiety and depression, which often coexist
- [ADAA](#) features stories and tips concerning what it's like to live with GAD
- To find a local, national, or online GAD support group check out the links provided by the [ADAA](#) or ask a therapist

Social Anxiety Disorder

Definition

DSM-5 defines social anxiety disorder as a “persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others.”



The socially anxious person fears acting in a way that might be embarrassing or humiliating. The fear of judgment by others often leads to avoidance of social situations or attacks of anxiety in social contexts, interfering with the socially anxious person's normal routine, relationships, and professional goals for the period of at least six months. Fifteen million American adults live with social anxiety disorder.

Symptoms

- A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others
- Exposure to the feared situation almost invariably provokes anxiety (which can manifest in panic attacks)
- The sufferer recognizes that this fear is unreasonable or excessive
- The feared situations are avoided or else are endured with intense anxiety and distress
- The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine and functioning
- The fear, anxiety, or avoidance is persistent, typically lasting 6 or more months
Because a good night's rest is proven to stabilize people's moods and emotional regulation, it is important for social anxiety sufferers to get enough sleep. Not enough sleep boosts [anticipatory anxiety](#), which troubles the socially anxious in the lead-up to social situations, often preventing their ability to sleep at night.

According to [UC Berkeley researchers](#), “By restoring good quality sleep in people suffering from anxiety, we may be able to help ameliorate their excessive worry and disabling fearful expectations.”

Diagnosis

To be diagnosed with the disorder, persons must have persistent fear, anxiety, or avoidance that last for six months and interfere with their usual routine, occupational tasks, and relationships.

When diagnosing a patient, doctors sometimes confuse social anxiety disorder with panic disorders. The difference between the two disorders is underlying fears.

People with a panic disorder interpret their sudden anxiety attacks as something being physically wrong with them. They might, for example, believe that the tightness in their chest means that they’re having a heart attack or that they are about to suffocate to death.

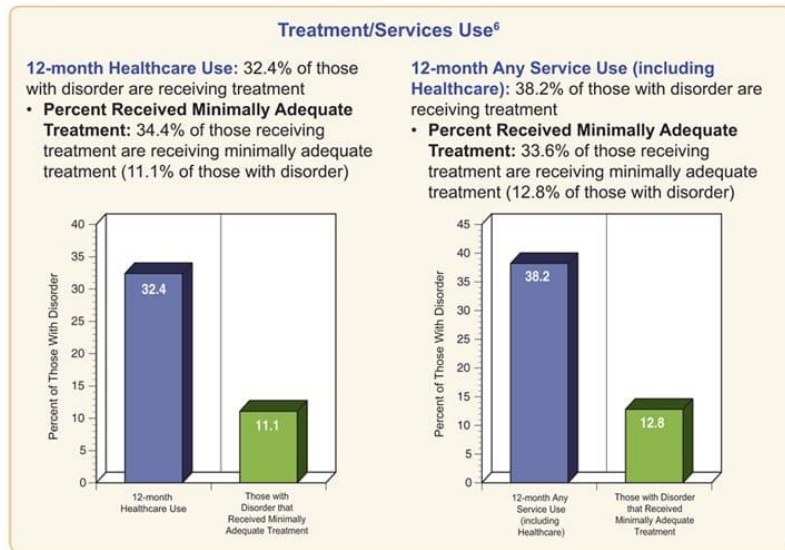
Not so in the case of social anxiety sufferers, who do not see their heightened anxiety as a primarily physical issue. They see their anxiety, provoked by social interactions, as the underlying fear.

Socially anxious individuals have anxiety that significantly worsens when they are in a situation where they fear they are going to be singled out, made fun of, embarrassed, or criticized.

It is important to note that people living with social anxiety are not deluded: they recognize this fear as unreasonable and excessive. Yet, they act on this fear they know to be irrational by avoiding social situations or becoming very anxious when socializing.

Treatment

Like in cases of other anxiety disorders, both talk therapy and medications have been found helpful to the socially anxious.



Source

Cognitive behavioral therapy has been proven effective in many cases. Often therapists will try to get at deeply seated roots of the problem (which, for example, may have to do with family background or history of having been bullied).

In practical terms, they can conduct exposure therapy, in which patients prepare for and are put in social situations that challenge them. Some studies have [found](#) that, depending on the individual, talk therapy can be as effective as antidepressants.

Antidepressants (particularly SSRIs) can help, too, by increasing the presence of neurotransmitters (serotonin, dopamine, and norepinephrine) in the brain, which in turn allows for mood management; people treated with antidepressants are then better able to internalize the rational arguments against social anxiety disorder – for example, that few people take the time to scrutinize us when we make a comment at a cocktail party.

It takes of a few weeks of well-tuned and consistent use for antidepressants to render effective results. Tranquilizers known as benzodiazepines – for example, Xanax and Ativan – can in the meantime be used occasionally to prevent acute attacks of anxiety, such as panic attacks.

The socially anxious patient who has a speaking engagement can benefit from taking a benzodiazepine prior to that occasion. [Beta blockers](#) block adrenaline, which can reduce the physical symptoms of social anxiety such as shaking voice, elevated heart rate and blood pressure, excessive sweating, and the pounding of the heart.

Online Resources

- The National Institute for Mental Health’s online [social anxiety section](#) contains explanation of the disorder, symptoms, and treatment information.

- The ADAA offers [10 tips](#) to reduce stage fright.
- This ADAA offers ways to [treat](#) anxiety and depression (which often coexist), including both conventional and complementary treatments.
- To find a local, national, or online social anxiety support group check out the links provided by the [ADAA](#) or ask a therapist.

Obsessive-Compulsive Disorder

Definition

Obsessive-compulsive disorder, or OCD, is a chronic pattern of unwanted, unreasonable, and repetitive thoughts, feelings, ideas, mental images, or sensations (obsessions) that drive people to repetitive behaviors (compulsions).



About [2.2 million](#) American adults live with OCD, which often coexists with eating disorders, other anxiety disorders, or depression.

Symptoms

- Common [symptoms of obsessions](#) include fear of germs or uncleanness; unwanted taboo thoughts involving sex, religion, and harm; unwanted aggressive thoughts; preoccupation with order, symmetry, or counting things
- Common [symptoms of compulsions](#) include rituals such as needless cleaning of one's hands or environment; ordering and arranging things in a particular, exact ways;

repeated checking on things, for example to make sure that the stove is off before leaving the house; frequent counting

While sleeping issues are not considered core to OCD, [some research indicates](#) that intrusive thoughts do keep people with OCD up at night.

Diagnosis

Everyone double-checks things and some people prefer more order than others. OCD-afflicted persons, however, stand out because of their inability to control the thoughts that they know to be unreasonable and because of [how much time](#) (often an hour a day) they devote to the OCD-driven ideas and activities.

The rituals and behaviors bring a fleeting relief from anxiety, but do not give them pleasure. If you are a collector of things, for example antiques, and take pleasure in tracking them down and organizing them, [you do not have OCD](#).

In diagnosing OCD, therapists look for obsessions, compulsions, and how much time they take as well as how much they interfere with the person's normal daily pursuits, professional life, and relationships. DSM-5 teases out [OCD's diagnostic criteria](#).

It can sometimes be difficult for therapists to diagnose patients with OCD because of symptoms that hide (such as compulsive avoidance) and because patients are sometimes so horrified or embarrassed by their thoughts, feelings, or behaviors that they hide them from the therapists.

Treatment

Like with other anxiety disorders, cognitive behavioral therapy (CBT) has shown to be effective in case of the OCD. In particular, a type of CBT called Exposure and Response Prevention Therapy (ERP) works well with OCD-afflicted patients. It relies on exposing the patient to the situation that normally triggers OCD behaviors and helping them learn to forgo these behaviors.

Along with ERP, antidepressants from the serotonin reuptake inhibitors group, are considered [the first line of treatment for OCD](#). About 7 out of 10 people with OCD get relief from medication or ERP.

Online Resources

- [International OCD Foundation](#)

- [Books and multimedia](#) about OCD listed by the IOCD Foundation
- [Beyond OCD](#) includes common misunderstandings of the disorder, its various forms, treatment recommendations, and personal stories of survivors.
- To find a local, national, or online OCD support group check out the links provided by the [ADAA](#) and the resources page at [Beyond OCD](#).
- Stories of people living with OCD as well as tips for family members of OCD sufferers can be found at [this ADAA page](#), the Brain & Behavior Research Foundation [page](#), and the IOCD Foundation [page](#).

Phobias

Definition

Phobias are intense, persistent, irrational fears regarding an object, place, or situation. The fears that animate them are disproportionate to the threat posed by the triggering situations.

The paralyzing fears can lead to intense discomfort, anticipatory anxiety, avoidance of triggers, and panic attacks. The most common phobias include arachnophobia (fear of spiders), ophiophobia (fear of snakes), acrophobia (fear of heights), agoraphobia (fear of open spaces often developed by people with social anxiety), and claustrophobia (fear of small spaces).

The DSM-5 splits phobias into three categories:

- **Agoraphobia:** Irrational anxiety about being in places from which escape might be difficult or embarrassing
- **Social Phobia:** Irrational anxiety elicited by exposure to certain types of social or performance situations, also leading to avoidance behavior, which is the same thing as social anxiety disorder
- **Specific Phobia:** animal-related, natural environment-related, blood injection or injury-related, situation specific, other type such as choking or vomiting
Specific phobias affect 19 million Americans, with women being twice as affected as men.

Much like with other anxiety disorders, phobia sufferers are advised to [get good sleep](#). That can be tricky, to say the least, for those with somniphobia, also known as hypnophobia, which is the irrational fear of sleep.

People afraid to fall asleep are advised to practice healthy sleep hygiene, challenge negative beliefs, meditate, practice deep breathing, and follow other relaxation techniques to learn to feel relaxed and safe before falling asleep. If [sleepwalking](#) or [sleep apnea](#) are causes of somniphobia, these underlying causes need to be treated [first](#).

Diagnosis

Diagnosing phobias often means that the therapist will inquire about the source of fears and compare them against the list of phobias provided in the DSM-5.

It can be [difficult to differentiate](#) phobias from other disorders with fears of objects of situations at their cores (for example, schizophrenia, paranoia, OCD). Paranoia can cause avoidance, much like agoraphobia and social phobias. However, absent in phobias are attributions of ill intent onto others (present in paranoia) and the hallucinations (present in schizophrenia).

The paranoid and schizophrenic believer their fears to be rationally based, whereas the phobic know that their fears are unreasonable but are nevertheless unable to control them. And, unlike people living with OCD, people with phobias do not obsess on them and do not act compulsively.

Treatment

ERP, or therapies featuring exposure to the feared stimuli – such as flooding, [systematic desensitization](#), progressive relaxation, [virtual reality immersion](#), hypnotherapy, counter-conditioning, biofeedback, and modeling – have been proven effective in cases of phobia. While exposure therapy is successful on its own, sometimes initial or occasional [use of medications](#) can also help. Some doctors recommend short-term use of sedatives in specific, infrequent situations (such as flying on an airplane or giving a speech) such as the fast-acting and short-lasting benzodiazepines.

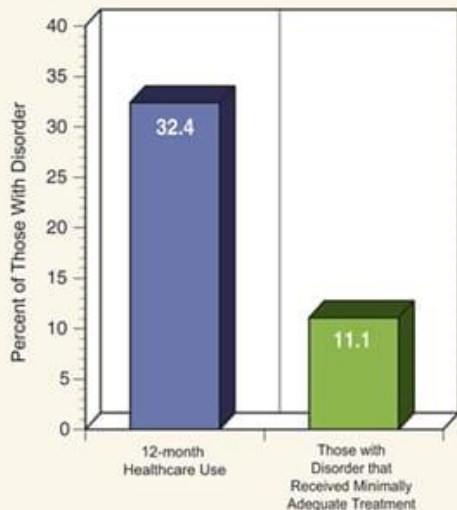
Beta blockers, which block the effects of adrenaline (increased heart rate, sweating, shaking voice), are also commonly prescribed for phobias.

Self-help methods can also work, sometimes on their own. For ideas, see this [Help Guide](#) page.

Treatment/Services Use⁶

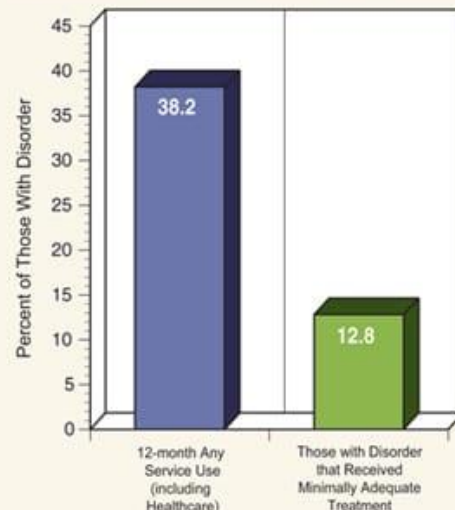
12-month Healthcare Use: 32.4% of those with disorder are receiving treatment

- **Percent Received Minimally Adequate Treatment:** 34.4% of those receiving treatment are receiving minimally adequate treatment (11.1% of those with disorder)



12-month Any Service Use (including Healthcare): 38.2% of those with disorder are receiving treatment

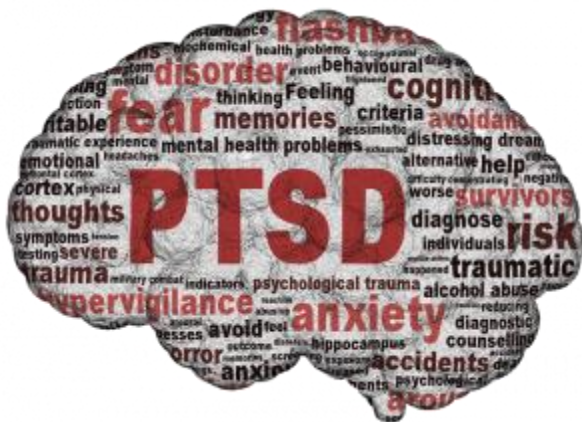
- **Percent Received Minimally Adequate Treatment:** 33.6% of those receiving treatment are receiving minimally adequate treatment (12.8% of those with disorder)



[Source](#)

Post-Traumatic Stress Disorder (PTSD)

Definition



PTSD is a potentially debilitating disorder that results from a shocking, terrifying, or dangerous event or series of events. People living with PTSD have difficulty recovering from trauma, and

often reexperience it over and over. They feel stressed or frightened anew each time something brings trauma to mind—even when they are no longer in danger.

About [7.7 million Americans](#) aged 18 and older have PTSD. Common with war veterans, the disorder is suffered by 67 percent of people exposed to mass violence. [Rape](#) is the most likely culprit behind PTSD: 65 percent of men and 45.9 percent of women who are raped are diagnosed with the disorder.

Symptoms

- **Intrusive Memories:** Recurring memories, flashbacks, nightmares, triggers provoking the reliving of the trauma
- **Avoidance:** Refusal to enter situations that remind one of trauma
- **Negative Changes in Thinking and Mood:** Inability to feel positive emotions; emotional numbness; hopelessness; memory lapses, including trauma-related amnesia; difficulty maintaining intimate relationships
- **Changes in Emotional Reactions:** Angry outbursts, hypervigilance, overwhelming guilt or shame, self-destructive behaviors, suicidal thoughts, being easily startled, difficulty concentrating and trouble sleeping
PTSD commonly [robs people of sleep](#), sometimes inducing a sleep phobia, because of the nightmares that are common with this condition.

Diagnosis

To be diagnosed with PTSD, patients have to report the [symptoms](#) listed in the DSM-5 in conjunction with the history of having experienced or witnessed in person a traumatizing event such as death, serious injury, or sexual abuse.

Another qualifying history is the patients' having learned that someone close to them experienced or was threatened by a traumatic event. Finally, the repeated exposure to graphic details of traumatic events (for example, in cases of professional first responders) also qualifies as PTSD-initiating history.

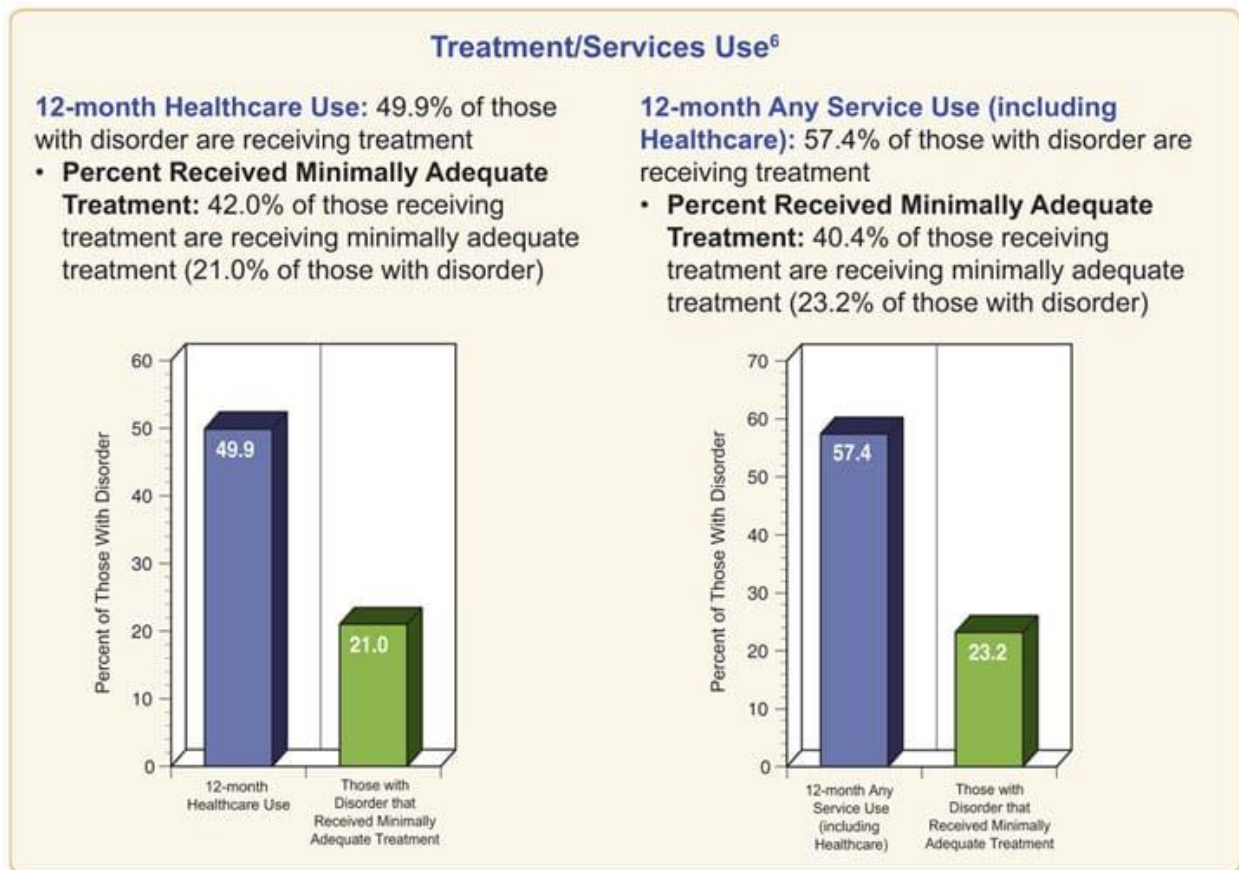
Unfortunately, PTSD can be sometimes [confused](#) with Traumatic Brain Injury. In most instances, it occurs at the same time as other disorders (such as depression).

Treatment

Like with other anxiety disorders, the effective treatments for people living with PTSD are medications, talk therapy, or [both](#). The types of psychotherapy found useful are exposure therapy, eye movement desensitization and reprocessing (EMDR), group therapy, and family therapy.

In addition to SSRI antidepressants (longer-term stabilizers of emotional responses) and tranquilizers (short-term anxiety reducers), doctors sometimes use second-line for PTSD include the drug Prazosin (Minipress). The medication [has been found](#) to decrease nightmares and a reduction in daytime PTSD symptoms.

This effect—observed in [a 2013 study](#) of active – duty soldiers returned from Iraq and Afghanistan – is attributed the blocking by the drug of the animating neurotransmitter norepinephrine.



[Source](#)

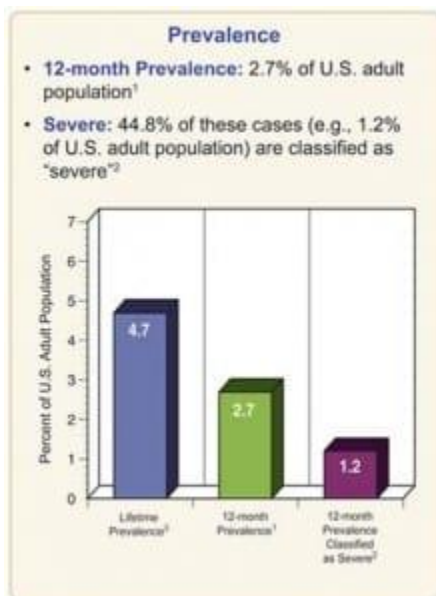
Online Resources

- [National Center for PTSD](#) is a website maintained by the US Department of Veterans Affairs

- [Sidran Institute](#) helps people “understand, manage, and treat trauma and dissociation”
- The [brochure](#) from ADAA explains the difference between normal anxiety and PTSD
- PTSD support groups can be found [here](#) and through Sidran’s [help desk](#)
- Family members of people living with PTSD can find resources [here](#)
- Stories of people living with PTSD can be found on [ADAA’s page](#)

Panic Disorder

Definition



[Source](#)

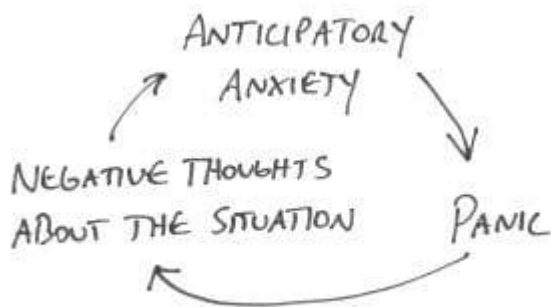
Panic disorder is an illness characterized by sudden, out-of-the-blue onsets of severe anxiety and panic attacks. The physical symptoms of this acute terror include panic attacks, which manifest as chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress.

The attacks are [defined](#) as periods of “intense fear in which 4 of 13 defined symptoms develop abruptly and peak rapidly less than 10 minutes from symptom onset.” Persons with panic disorder can have between several attacks per day to several per year.

Panic disorders affect [6 million](#) Americans, or 2.7 percent of U.S. population. Most of the sufferers are women.

Symptoms

- Anticipatory anxiety, lasting at least one month, regarding having another panic attack or consequences of such an attack
- Significant negative behavioral changes related to the attack
- Panic attacks characterized by [symptoms](#) including heart palpitations; faintness or dizziness; tingling in the limbs; sense of loss of control or impending death or terror; sweating or chills; chest pains; shortness of breath. Accompanying, secondary signs may include headache, cold hands, diarrhea, insomnia, fatigue, intrusive thoughts, and ruminations.



Panic attacks can happen [during the night](#), serving a cruel wake-up. Between 50 and 70 percent of people with panic disorder experience at least one nocturnal panic attack. As with the daytime attacks, the nocturnal ones cause the same symptoms and can have no discernable trigger. There is [some evidence](#), however, that sleep disorders themselves can trigger nocturnal panic attacks.

It can be understandably hard to return to sleep following a panic attack, but the way to do it is still the same as with getting to sleep at a regular time.

Diagnosis

Panic disorder can be confused, by the sufferers themselves, for hypochondria. They can experience shame over having gone to the emergency room fearing death only to learn that there is nothing physically wrong with them. This sometimes prevents them from seeking help.

When they do seek help, people living with panic disorder are diagnosed based on the DSM-5 criteria. Panic disorder is diagnosed in case when panic attacks do not result from substance use (intoxication or withdrawal), other medical conditions, or another psychiatric disorder (for example, PTSD or social anxiety, which can both produce panic attacks).

Panic disorder is often diagnosed as “with agoraphobia” or “without agoraphobia” because agoraphobia means that people with panic attacks avoid ordinary activities or situations because they worry about having panic attacks. A very small minority of people with agoraphobia become completely home bound.

Treatment

There’s hope when it comes to panic. According to [ADAA](#), “many people suffering from panic attacks don’t know they have a real and highly treatable disorder.” People who experience panic do not need to be in therapy for a long time.

Cognitive therapy can help people identify triggers and thus restructure the way they think and respond to various stimuli. Sometimes the therapy takes the form of [interoceptive exposure](#), which focuses desensitization on physical sensations that people experience during a panic attack.

According to American Psychological Association, interoceptive exposure can help patients undergo symptoms of a panic attack (elevated heart rate, hot flashes, etc.) in a controlled setting and teach them that these symptoms do not need to develop into a full-blown attack. Another technique is in vivo exposure, in which the threatening stages are broken down into tiny, manageable steps and the patient learns to gain control of each one.

Online Resources

- The Panic Disorder and Agoraphobia [page](#) hosted by the ADAA
- Living with panic attacks is described at [PsychCentral](#) and on [Psychology Today](#)
- NIMH’s page offers tips on [managing](#) and getting rid of panic disorder
- A panic disorder and agoraphobia survivor’s [story](#)
- An article in the Psychiatric Times contains [treatment plan](#) for panic disorder
- American Psychiatric Association posted [guidelines](#) on treating panic disorder

Pediatric Anxiety Disorders

Definition

About [7 percent](#) of children aged 3-17 have diagnosed anxiety, approximately 4.4 million. Within the first weeks after birth, [children can develop anxiety disorders](#) beginning with fear of

loss, such as not being in physical contact with a caregiver. Starting at six months, infants may begin to show signs of separation anxiety and cry when left alone in their crib at night. Toddlers may develop specific phobias like fear of animals, storms, or the dark.

At 2-3 years old children can experience panic attacks. The most common anxiety disorders seen in children are specific phobia, social phobia, generalized anxiety disorder (GAD), and separation anxiety disorder. Post-traumatic stress disorder (PTSD), panic disorders, and obsessive–compulsive disorders are relatively rare in children.

Symptoms

- Intense shyness and aversion to interacting with strangers could indicate social phobia.
- Signs of a specific phobia may be related to natural disasters or extreme weather, such as storms or specific animals, like refusing to go outside for fear of encountering a dog.
- Withdrawal or extreme shyness when dealing with peers or fear of being rejected by peers are signs of social anxiety disorder.
- Separation anxiety symptoms include refusal to fall asleep alone or attend school, camps, sleepovers. This often includes worrying about something bad happening to a parent while separated.
- Children with selective mutism may refuse to speak or interact in situations where speaking is expected or necessary. This typically impacts a child's ability to make friends. Instead they may stand motionless, hide, or avoid eye contact.

Diagnosis

Parents and teachers may be the first to notice signs of a pediatric anxiety disorder. It's common for children to not want to talk about anxieties, as avoidance is a standard coping mechanism. Additionally, parents may classify their child's behavior as a phase or something that will be outgrown.

Some anxiety disorders in children have a duration specification. A social phobia or specific phobia, for example, must occur for [six months](#) or more to be officially diagnosed as an anxiety disorder. Physicians agree that [diagnosing anxiety disorders in children](#) can be difficult, but questionnaires and guidelines have significantly improved within the last two decades.

Treatment

Treatment for childhood anxiety disorders typically consists of [cognitive behavior therapy \(CBT\)](#) or [pharmacotherapy](#) (meaning using medications as treatment), with CBT being the preferred method and the first line of treatment.

Some children will respond best to a combination of both treatment options.

Approximately [two-thirds](#) of children treated with CBT will become free of their anxiety diagnosis post-treatment.

Parents supporting children with anxiety can follow a few tips to help with managing their anxiety.

- Recognize and praise small accomplishments
- Pay attention to the child's behavior, mood, and feelings
- Don't punish mistakes or lack of progress
- Allow for extra time in transitions such as getting out of bed, leaving the house, or going to bed
- Be flexible but provide a routine so the child feels more stable

Tips To Help Anxious Children Sleep

- [A nightlight](#) may make anxious children feel more secure in their bedrooms at night. A nightlight not only serves as a safety measure for children who walk to the bathroom at night, it will help calm children who are afraid of the dark. Being afraid of the dark is common in all children and doesn't necessarily indicate an anxiety disorder.
- A [weighted blanket](#) can provide comfort and security, similar to swaddling an infant. The added weight may help children who have difficulty falling asleep because of anxiety to feel comfortable and safe in bed.
- Maintaining a consistent bedtime routine will help children with anxiety have a schedule to follow and become comfortable with. Elements such as bathing, brushing teeth, and choosing pajamas will give children time to mentally prepare for bedtime.
- [Bedtime reading](#) is a calm activity that may help anxious children focus on something other than their anxieties. This is also a good time for a child to bond with a caregiver

and feel safe in their bedroom and bed, helping that secure feeling follow into bedtime.

- Making a comfortable sleep environment for children with anxiety will help them feel safe and enjoy their bed. Fun activities like picking out sheets or a favorite blanket can associate a good memory with their bed, providing comfort when dealing with anxiety at bedtime.

Tips for Sleeping with Anxiety

People with anxiety disorders are in particular need of sleep. Getting good rest at night can help stabilize mood, improve cognitive functioning in areas of learning and memory, and promote the kind rational thinking we all need to put fears and concerns in context.

Here are five tips that can help you fall asleep in spite of anxiety:

1. Practice healthy sleep hygiene:

- Try to go to bed and wake up at the same time, regardless of your schedule.
- Establish a bedtime routine. For example, take a hot bath, use a lavender-scented moisturizer, disconnect from social media, and read a book.
- Do not drink caffeine several hours before bedtime.
- If you need to nap, limit it to 20 minutes.
- Make the bedroom a sanctuary of calm and rest: Make sure it's cool and dark; eliminate clutter and distractions such as TV; sleep on a comfortable mattress that gives you enough support and does not make you hot.
- Try to limit your bedroom activities to slumber and sex.
- If you cannot fall asleep within 30 minutes, get out of bed and try a calming activity, like reading.

2. Talk about sleep troubles with your medical doctor and a therapist in order to pinpoint the source of the problems.

3. Ask the doctor about sleep supplements, such as [melatonin](#) or [CBD oil](#), which can help regulate your sleeping patterns. Bring up the possible

cons of the long-term use of melatonin and see if they apply to your situation.

4. To combat anxiety, consider keeping a worry journal on your nightstand. Write down your anxious thoughts there and release them, scheduling a time when you are awake to tackle them then.
5. Keep a sleep diary to gain insights and track your progress. See an example [here](#).
6. A [weighted blanket](#) may help with feeling calm at night. The weighted blanket works in a similar way to swaddling a baby. A secure and safe feeling can help you feel calm and fall asleep easier.
7. Moderate or light exercise five days a week for 30 minutes each day has been shown to [reduce the symptoms](#) of many anxiety disorders. [Exercising](#) should be done five to six hours before bedtime to ensure it doesn't interfere with sleep latency. Consult a doctor before beginning any physical activity regime.
8. [Meditation](#) has a calming effect and can help those with anxiety "clear" the mind to prepare for sleep. This is also effective in those suffering from insomnia, which is common in those with an anxiety disorder.

Additional Resources

Forums

- [American Psychiatric Association](#)'s section for patients and families contains information on disorders and answers to patients' questions written by psychiatrists.
- [American Psychological Association](#) offers a topical section with research data on anxiety, among other things.
- [Anxiety and Depression Association of America](#) points out ways to get help and learn about anxiety disorders.

- ADAA’s sleep disorders page discusses the [link between sleep and anxiety](#) and ways to fall asleep regardless of the worry.
- The Brain and Behavior Research Foundation features [stories](#) of recovery from various anxiety disorder sufferers.
- [The National Institute of Mental Health](#)’s website contains information about clinical trials, educational resources, statistics, and news about latest research.

Support Groups and Other Help

- [ADAA](#)’s support group locator
- [Anxiety Community](#) offers “companionship and self-help for anxiety sufferers” who can interact with each other online
- [Anxiety Social Net](#) offers online support to people struggling with mental health issues and other resources
- [National Alliance on Mental Illness](#) offers a help number to call, fact sheets, warning signs of various disorders, and tips on challenges such as talking to family members.
- The [Mental Health Treatment Locator](#) section of the Behavioral Health Treatment Services Locator offers links to facilities providing mental health services.

Studies

- ADAA’s [In The News](#) page features reports on studies and research conducted by its professional members
- The AnxietyCentre.com [page](#) aggregates latest news from medical research of anxiety disorders.
- CenterWatch offers links to anxiety disorders medical [research trials](#) that are recruiting patient volunteers in various locations.
- The NIMH website contains links that recruit anxiety sufferers to [clinical studies](#).
- PsyBlog lists [10 new anxiety studies](#) you should know.
- The “Sleep and Anxiety Disorders” [article](#) from *Dialogues in Clinical Neuroscience* features a brief treatment approach for each anxiety disorder with a special focus on sleep.
- A report on the links between [sleep and mental health](#) from Harvard Mental Health Letter.
- Harvard’s Get Sleep site elaborates on links between [sleep and mood](#).