



## **Emotional Health**

**Anxiety.....author ABC Nurse**

**Anxiolytic medications.....author ABC GP advisor**

**Anti-depressants causes and interaction.....author ABC GP advisor**

### **Anxiety**

In some instances, anxiety has preceded the eating disorder. For instance; in struggling with severe anxiety, being able to control the aspect of one's life, such as food, weight, and exercise, indirectly gives the sufferer a false sense of control, which can temporarily relieve symptoms experienced due to anxiety.

The anxiety of gaining weight can also cause real concern for many callers to ABC. This anxiety, along with the everyday stresses of life such as jobs, relationships etc. can sometimes feel overwhelming. To address these concerns, it is useful to understand how anxiety can affect the physiology in the body and have some strategies to deal with these anxieties as they occur.

Physical effects; Shortness of breath, chest pain, heart palpitations (always seek medical advice for these symptoms), headaches, sweating, muscle weakness.

Emotional effects can be; Irritability, restlessness, feelings of tension,

Other behavioural effects can include; Alteration in sleeping patterns, social withdrawal

This is why treatment considerations for an individual suffering from an eating disorder include therapies such as cognitive-behavioural therapy (CBT) and in some services dialectical behavioural therapy (DBT), these therapies focus on managing anxiety .

In the short term the best advice is to encourage the person who is battling the eating disorder to share how they are feeling, ideally by talking;

- Tell friends and family how they are feeling and what they can do to help and support.
- Talk to a GP or therapist for professional help and you can access support and help from ABC via our phone line on 03000 11 12 13 or via email on [support@anorexiabulimiacare.org.uk](mailto:support@anorexiabulimiacare.org.uk).



## Anxiety and Anorexia Nervosa

“When people starve, they deprive themselves of essential nutrients, one of which allows us to develop the neurotransmitter, noradrenaline. Noradrenaline we do need for all sorts of things but one of the things it does is makes us anxious - if we have too much we get very anxious. So, if we starve ourselves we lose the nutrients that give us noradrenaline, our noradrenaline levels drop and we feel less anxious. Now people who have very high levels of anxiety find themselves less anxious when they're not eating, therefore that reinforces the pattern of not eating and then nice kind people like me come along and make these people eat and they get anxious again, then they don't eat and we get into a cycle which is one of the reasons that anorexia is so difficult to treat, it's one of the very few illnesses where people don't want the treatment because they actually feel better with the illness than without it.”

Brian Lask, Emeritus Professor in Child and Adolescent Psychiatry at the University of London.

### **Anxiolytics**

Anxiolytics are used to treat symptoms of a variety of anxiety disorders. They work by targeting key neurotransmitters in the brain and decreasing abnormal excitability. Medications commonly prescribed for anxiety are anti-anxiety prescription drugs, also known as tranquilizers or Anxiolytics.

The most common class of anti-anxiety drugs is Benzodiazepines, which can include the following:

- Valium (diazepam)
- Klonopin (clonazepam)
- Ativan (lorazepam)
- Xanax (alprazolam)

Other types of medications:

- Propranolol: this is known as a Beta blocker and they can be helpful in the treatment of the physical symptoms of anxiety, especially social anxiety. GP's may prescribe them to control rapid heartbeat, shaking and trembling.
- Buspirone, (not approved for use by anyone younger than 18 years old)



These medications are often combined with psychotherapy or cognitive-behavioural therapy (CBT).

In combination, they can help improve quality of life for people with anxiety disorders. Anti depressants can also help reduce symptoms of depression, anxiety or obsessive-compulsive disorders, which frequently occur along with eating disorders. Selective serotonin reuptake inhibitors (SSRI's) are commonly prescribed and are known to be effective for bulimia and Binge Eating Disorder.

SSRIs include:

- Fluoxetine (Prozac)
- Sertraline (Zoloft)
- Citalopram

### **Anti Depressants**

There are several important things to consider when taking antidepressants. You should discuss these with your GP or mental health professional.

#### **Interactions with other medications**

Antidepressants can react unpredictably with other medications, including over-the-counter medications such as ibuprofen. Always read the patient information leaflet that comes with your medication to see if there are any medications you should avoid. If in doubt, your pharmacist or GP should be able to advise you.

### **Pregnancy**

As a precaution, antidepressants are not usually recommended for most pregnant women, especially during the early stages of a pregnancy. However, exceptions can be made if the risks posed by depression (or other mental health conditions) outweigh any potential risks of treatment.

Potential complications that have been linked to antidepressant use during pregnancy include: loss of the pregnancy, birth defects affecting the baby's heart (congenital heart disease), a rare condition in newborns called pulmonary hypertension, where the blood pressure inside the lungs is abnormally high, causing breathing difficulties.



However, there's no hard evidence that antidepressants cause these complications. If you're pregnant and depressed, you should discuss the pros and cons of antidepressants with the doctor in charge of your care.

If antidepressants are recommended, they will usually be a type called a selective serotonin reuptake inhibitor (SSRI), such as fluoxetine.

### **Breastfeeding**

As a precaution, the use of antidepressants if you're breastfeeding is not usually recommended. However, there are circumstances when both the benefits of treatment for depression (or other mental health conditions) and the benefits of breastfeeding your baby outweigh the potential risks. If you're treated with antidepressants when breastfeeding, then paroxetine or sertraline is normally recommended.

### **Children and young people**

The use of antidepressants is not usually recommended in children and young people under the age of 18. This is because there's evidence that, in rare cases, they can trigger thoughts about suicide and acts of self-harm in this age group.

Concerns have also been raised that their use could affect the development of the brain in children and young people. An exception can usually only be made if the following points are met:

- the person being treated has failed to respond to talking therapies such as cognitive behavioural therapy, and
- the person being treated will continue to receive talking therapies in combination with antidepressants, and
- the treatment is supervised by a psychiatrist (a doctor who specialises in treating mental health conditions)

If an antidepressant is recommended, then fluoxetine is usually the first choice.



### **Anti depressants and Alcohol**

One should be wary of drinking alcohol if you're taking antidepressants, as alcohol is itself a depressant and drinking alcohol can make symptoms worse. Drinking alcohol while taking types of antidepressants called tricyclic antidepressants (TCAs) or monoamine oxidase inhibitors (MAOIs), may cause drowsiness and dizziness.

You're less likely to experience unpleasant or unpredictable effects if you drink alcohol while taking an SSRI or a serotonin-noradrenaline reuptake inhibitor (SNRI) antidepressant, but avoiding alcohol is recommended.

### **Anti depressants and Illegal drugs**

The use of illegal drugs is not recommended if taking antidepressants, particularly if the anti-depressants have been prescribed a TCA. This is because they can cause unpredictable and unpleasant effects. In particular cannabis, amphetamines, cocaine, heroin and ketamine should be avoided.

As with alcohol, illegal drugs can make symptoms of depression or other mental health conditions worse.

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