

Anxiety

Non-drug Options for Recovery



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MENTAL HEALTH

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Non-drug Approaches for Anxiety

See www.OnwardMentalHealth.com (Resources) for an array of integrative mental health material including the latest version of this document. Also, see the disclaimer. * Material extracted from the book, [Choice in Recovery](#), by Craig Wagner.



Overview. Many of us worry. We stress over finances, feel anxious about job interviews, or get nervous in social gatherings. These feelings can be normal and even helpful by giving us a boost of energy or helping us focus. But for a person with an anxiety disorder, the feelings can interfere with daily activities such as job performance, school work, and relationships. There are several different types of anxiety including generalized anxiety disorder, panic disorder, post-traumatic stress disorder (PTSD), Obsessive-compulsive disorder (OCD), phobias and others. The common denominator is a persistent anxiety that inhibits us from leading a healthy life. This monograph outlines considerations for anxiety and potential non-drug therapies to evaluate with your

practitioners.

Symptoms. Although everyone's experience with anxiety is different. Typically, they include some of the following symptoms.

- Feelings of intense panic, fear, or uneasiness
- Being easily fatigued and not being able to sit still
- Difficulty concentrating or having the mind go blank
- Muscle tension and shortness of breath
- Sleep problems

There is good reason to be hopeful. The good news is that most people with anxiety disorders get better with the right therapy. Anxiety is one of the most easily treatable mental health issues. Integrative mental health, an emerging discipline, offers tremendous hope since it offers a wide variety of therapy options. It embraces the best of conventional psychiatry – including drugs when needed – and a much larger menu of proven non-drug options. There are thousands of “gold standard” studies that support the effectiveness of non-drug treatments and the significant majority of these treatments reduce mental health symptoms with little or no side effects. And more importantly, thousands of people with an anxiety diagnosis live in recovery today using these techniques – leading meaningful, productive, and joyful lives. Recovery isn't necessarily easy, but pragmatic science is on your side.

Safety first. Safety is the #1 priority. If someone is unable to perceive reality or is a danger to themselves or others, call 911. Hospital emergency rooms can help. Hospitals nearly always work to stabilize the individual, very often with drugs.



Always work with trained and licensed practitioners. We urge people not to self-diagnose or self-treat. Licensed practitioners can help select and run the most appropriate tests/evaluations and can be your guide to help you determine the specific interventions that might be best for you. When you are working with multiple doctors, make sure you coordinate your care, so each doctor is aware of what the others are doing. Also, remember that your practitioners are your trusted advisors, not your boss. Ultimately, the person with diagnosis must create their own recovery and select the treatments and approaches they will use. Although significant support and some level of paternalistic care may be needed in crisis and early recovery, increasing self-determination is seen as a necessary part of recovery.

Consider anxiety from four perspectives. It is often best to consider anxiety from four perspectives: 1) potential physical causes, 2) potential psychological causes, 3) wellness basics, and 4) symptom relief. Therapeutic responses based in each of these four perspectives are supported by hundreds, if not thousands, of gold standard scientific studies. The first three perspectives target known causes and influencers of depressive symptoms to help create sustainable wellness. The more that issues are addressed by the first three perspectives, the less is needed from the fourth perspective. This is important since the fourth perspective often involves psychiatric drugs that come with a variety of potentially serious side effects and withdrawal difficulties. This multi-pronged approach often means getting two or three different practitioners involved, but sometimes they might be found in the same practice.

The physical perspective. It is important to find a practitioner skilled in the physical/biomedical causes and influencers of anxiety. These practitioners can identify an individual's unique [bio-individuality](#) through blood/urine and other testing, using detailed biomedical test panels (see the *resources* page at www.OnwardMentalHealth.com). These tests can uncover nutrient imbalances, hormonal issues, amino acid irregularities, food allergies, pathogens, inflammation, toxicities, or other physical conditions that can cause or influence mental health symptoms. Customized therapies can then be prescribed targeted at the specific issues identified in the lab results.

Perhaps the most comprehensive and proven biomedical protocol for mental health was developed by the [Walsh Institute](#), written up in the book, [Nutrient Power](#). The institute has amassed what is probably the world's largest database of mental health laboratory analyses: more than three million records from over 30,000 people with mental health issues. This database shows that umbrella mental health diagnoses are composed of multiple subtypes, each requiring a different nutrient response. Walsh has found that anxiety is tightly coupled with depression (90% of those with depression have anxiety symptoms¹). An open-label trial indicates that 70% of people with depression who use customized Nutrient Therapy for six months based on the Walsh protocols had a significant reduction in symptoms – including anxiety symptoms - returning to normal without psychiatric drugs. In nearly all the remaining 30%, symptoms can go into remission with lower drug dosages.

Most conventional psychiatrists do not focus on robust biomedical testing, but the good news is that practitioners in the emerging discipline of integrative mental health do. Practitioners who use robust biomedical testing have a variety of titles including integrative psychiatrist, integrative general practitioner, orthomolecular practitioner, naturopath, Functional Medicine practitioner and others. Ensure you find a practitioner familiar with this testing in a mental health context. To help you choose a biomedical practitioner, consider the following directories:



- Walsh trained doctors - www.walshinstitute.org/clinical-resources.html. Mensah Medical (www.MensahMedical.com), a Walsh-trained practice based in the Chicago area, also has scheduled satellite locations in the US that they travel to periodically for patient care.
- Safe Harbor's practitioner directory. <http://www.alternativementalhealth.com/find-help/categories/practitioner>.
- Functional medicine practitioners. www.ifm.org, look under "Find a Practitioner".
- APA Caucus on Integrative Psychiatry practitioner directory. www.intpsychiatry.com (Find a psychiatrist).
- Integrative Medicine for Mental Health Registry. <http://www.integrativemedicineformentalhealth.com/registry.php>.
- American College for Advancement in Medicine - www.acam.org.
- International Network of Integrative Mental Health - <https://inimh.org>. (FIND a Network Partner Near You)
- International College of Integrative Medicine. www.icimed.com.
- American Board of Integrative Holistic Medicine. <http://www.abihm.org/search-doctors>.
- Academy of Integrative Health Medicine. www.aihm.org.
- American Holistic Health Association. <http://ahha.org/holistic-practitioners>.
- Orthomolecular.org Worldwide Directory. www.orthomolecular.org/resources/pract.shtml.
- Canadian Society of Orthomolecular Medicine. <https://ionhealth.ca/public/find-a-practitioner>.
- Naturopathic Physicians (select "find a doctor"). www.naturopathic.org.
- Find a Naturopath. www.findanaturopath.com.
- Canadian Association of Naturopathic Doctors. www.cand.ca.
- Mad in America directory of doctors who aid psychiatric drug withdrawal. <https://goo.gl/kvstV0>.

If you cannot find a biomedical practitioner with a mental health focus that you can see face-to-face, consider tele-services through phone consults at www.mensahmedical.com (call 847-222-9546, they are Walsh trained). In addition, certain labs provide practitioner referrals and more self-directed support to patients (DHA labs - www.pyroluriateesting.com, Great Plains Labs www.GreatPlainsLaboratory.com). Your regular doctor can work with these labs and order tests directly from these labs.

In the absence of detailed biomedical testing, two amino acids have proven effective in decreasing anxiety symptoms. L-Theanine has the greatest evidence followed by L-tryptophan/5-HTP.

The psychological perspective. There is strong evidence to use psychological interventions as a first line treatment for anxiety² since anxiety is often rooted in unhelpful thinking, trauma, stress and other psychological factors. For anxiety, psychological approaches are considered as effective as, or superior to, psychotropics. They are significantly better for OCD and preferred for PTSD. Additionally, these therapies don't have the side effects of psychotropics. Yet, despite compelling evidence, people rarely receive well-proven psychosocial therapy.

Strong evidence shows that *Cognitive Behavioral Therapy* is especially useful for *all* types of anxiety, including PTSD, OCD, phobias, and panic. Online and app-based CBT are available, but having access to a trained therapist either by phone or email improves success with these approaches. *Biofeedback* and *Exposure Therapies* help people learn to control their stress response to anxiety. Psychotherapy and *Neuro-Linguistic Programming* have been shown effective. It is important to find a therapist you like and



trust since the quality of that relationship is tied to the effectiveness of treatment. They can work with you to understand your situation and suggest the most appropriate treatments. For an overview of psychosocial therapies consider summaries written by the professional psychological organizations, see the *resources* page at www.OnwardMentalHealth.com.

To help you choose a psychosocial practitioner, consider the Foundation for Excellence in Mental Health Care directory (<https://goo.gl/wSB77y>).

The wellness perspective. There are a number of common sense health practices we can adopt that often have a significant impact on anxiety.

- **Exercise or Mind-Body Discipline.** Some form of consistent movement between 30 and 45 minutes per day in the form of either exercise or a Mind-Body Discipline is important. Yoga can significantly reduce generalized anxiety and panic attacks, and may be somewhat more effective than *Qigong* and *T'ai Chi Chuan*.
- **Diet.** Avoid excess refined sugar, junk food, and especially caffeine, to reduce the severity of generalized anxiety as well as the frequency of panic attacks.
- **Creating Calm.** We each can work to calm ourselves when things get difficult. Some people find the following helpful when they feel anxious or depressed.
 - Sit comfortably in a quiet room. Relax. Forget your thoughts and troubles.
 - Sit up straight. Close your eyes.
 - Notice the sensations of your body. Mentally scan from head to toe.
 - As you breathe, notice the movements in your chest and abdomen.
 - Allow the breath to flow naturally. Notice the sensations of breathing.
 - When your mind wanders, gently refocus on your breathing.
 - Feel yourself slowing down. Be patient with yourself. Be kind to yourself.
 - After between 5 and 15 minutes, bring your awareness gently back to your whole body.
 - Open your eyes and see if you feel more relaxed.

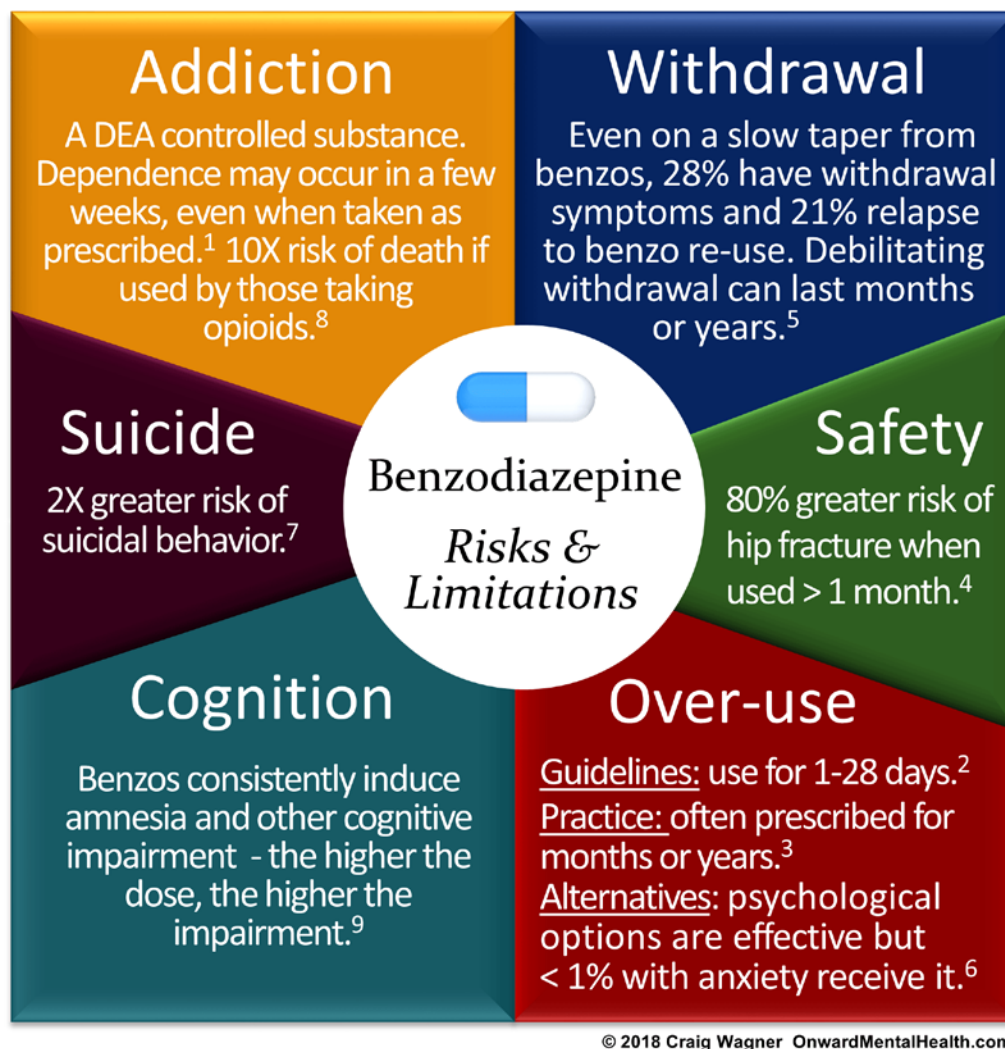
The symptom relief perspective. Symptom relief can often be gained through a variety of non-drug approaches as well as with drugs. The non-drug approaches includes creating calm, exercise, diet, acupuncture, meditation, kava, massage and more. The most promising of these non-drug symptom relief approaches are listed in the tables below.

The good news is that the more effort that is applied in addressing the first three perspectives outlined above (physical, psychological and wellness basics), the less psychiatric drugs are often needed. And the less we depend on psychiatric drugs, the less we must contend with their side effects and withdrawal difficulties.

If psychiatric drugs are required, it is often best to seek the “minimum effective dosages” – no larger a dose than is needed to substantially reduced symptoms. This is done through experimentation in one of two ways. If the person is not yet on the drug, a low dose can be given and potentially slowly increased if needed to gain suitable symptom relief. If the person is already on the drug, a very slow tapering technique can be used to find the balance point between symptom relief and side effects. Any drug tapering should be done only under practitioner guidance and done very slowly to avoid relapse. *All use of psychiatric drugs must be done under the care of a trained and licensed practitioner.*

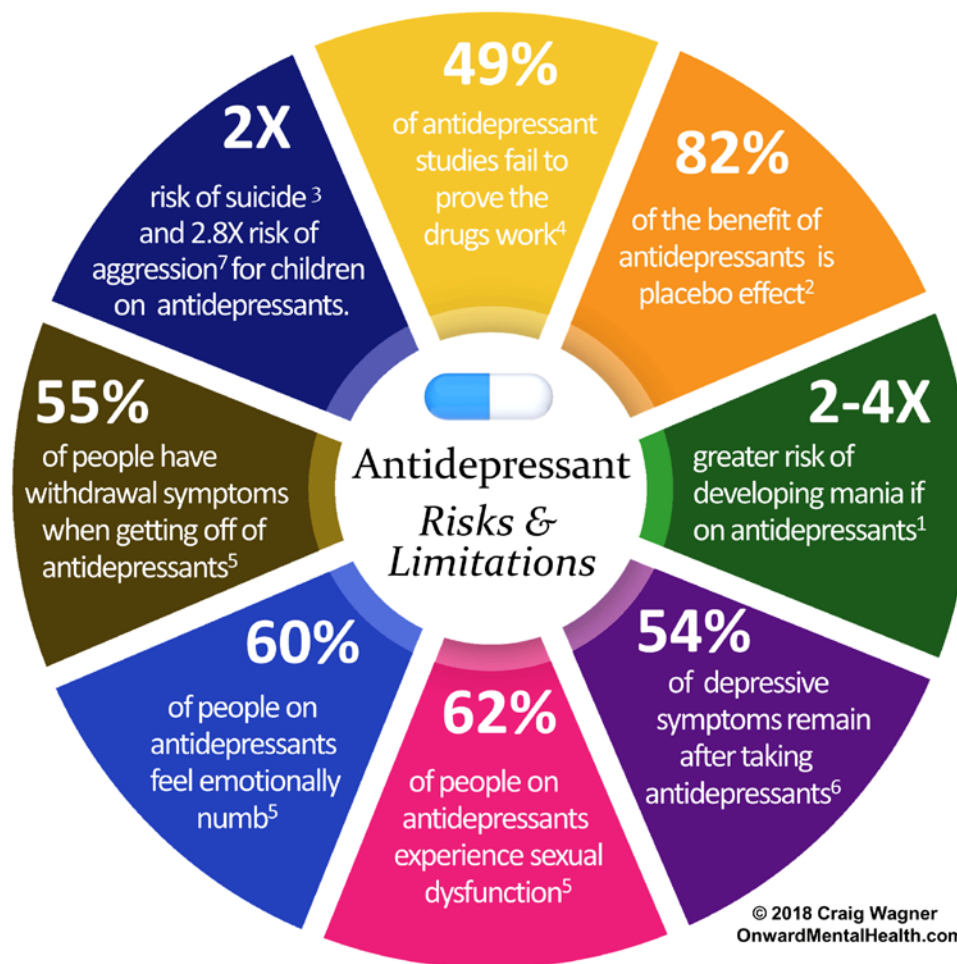


Benzodiazepines are a class of drug commonly prescribed for anxiety. These drugs can be highly addictive, so guidelines indicate that they should be used for a few days to a few weeks. If your doctor prescribes these, be cautious and talk to them about the addictive risks and alternatives. If your doctor believes that the duration of use should be greater than prescribing guidelines, consider getting a second opinion. The following infographic gives a perspective on benzodiazepines.



Antidepressants are also commonly prescribed for anxiety. Although antidepressants can relieve some depressive symptoms, they too, have a number of limitations as indicated below.





There are two non-drug symptoms relief approaches that appear quite effective for anxiety. The first is kava, an herb that appears to be as effective as psychotropics for generalized anxiety. The typical dose is 70-300 mg/day of 70% kava lactones in three doses based on symptom severity, with benefit in 2-4 weeks. Kava is best for low-to-moderate anxiety. Also, cranial electro-therapy stimulation (CES) is often helpful. CES uses a device the size of a cell phone to stimulate the cranium and brain with a current that cannot usually be sensed by the user, applied through clips on the earlobes. CES has been in clinical use since 1953, involving hundreds of thousands of people.

Additional non-drug approaches proven effective for anxiety

In addition to the above major considerations, about 30 other non-drug techniques that have been found effective for anxiety.

It is important to recognize that the individual response to these techniques vary by individual. The best way to evaluate these options is in a prioritized and prudent plan of experimentation guided by your trusted practitioners since they can advise you of specifics considerations of these therapies.

Information on these additional therapies can be found in the book, [Choice in Recovery](#). Here, each non-drug technique is classified into one of three tiers based on the degree of scientific evidence supporting its effectiveness. Tier 1 approaches have good meta-analyses (an analysis consolidating the



results of many similar studies), Tier 2 approaches have multiple well designed studies, and Tier 3 approaches have more suggestive evidence. In general, the best results are achieved by focusing on Tier 1 options first, then Tier2 and then Tier3.

Summary

Integrative mental health offers significant hope for mental health recovery by offering you a remarkably diverse set of options that include, but go well beyond, medication. Although there are no silver bullets in mental health, working with integrative mental health practitioners can help open the door to sustainable wellness. These practitioners can help you determine which of the above approaches are most likely to help you, based on thorough testing and evaluation, and a review of your personal history. They can then work with you to experiment with your chosen approaches in a priority order, since the only way to know your individual response to an approach is to try it.

The non-drug approaches of integrative mental health offer potentially life-changing symptom improvement with little or no side effects. They have helped many people reduce, and in some cases eliminate, the need for psychiatric drugs, and reduce or avoid drug side effects.

There is good reason for you to be hopeful. Many people with anxiety live in recovery today through a unique combination of approaches that fit their body chemistry, life experience and needs. In fact, these individuals commonly say that non-drug approaches are vital to their wellness.

I hope you find this information of value. To understand the full breadth of the 27 non-drug options in more detail, consider our book, [Choice in Recovery](#).

If we can be of assistance, please don't hesitate to contact us.

Take care and good luck,

Craig Wagner

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**Disclaimer. Onward Mental Health (www.OnwardMentalHealth.com) and its representatives provide insight on non-drug mental health alternatives. This information is for educational purposes only. We don't give medical advice or make specific therapy recommendations for individuals. This paper and other referenced material are not intended to replace practitioner guidance. Always work with appropriate practitioners to determine the best care for you which may include psychiatric drugs. Although we take care and seek transparent accuracy, this paper is not exhaustive and some errors may be included. Providing links to directories and other information does not constitute endorsement or full agreement. See www.OnwardMentalHealth.com for further disclaimer information and terms of use for this information.*

Benzodiazepine infographic references:

- [1] American Addiction Centers, 6 of the Hardest Drugs to Quit, copied 1/29/17 from <https://goo.gl/jpeVbG>. Pétursson H, The benzodiazepine withdrawal syndrome, Addiction. 1994, PMID: [7841856](#).
- [2] Ashton H, Guidelines for the rational use of benzodiazepines. When and what to use, Drugs 1994, PMID: [7525193](#). Dell'Osso B et al, Bridging the gap between education and appropriate use of benzodiazepines in psychiatric clinical practice, Neuropsychiatr Dis Treat. 2015, PMID: [PMC4525786](#).
- [3] Mehdi T, Benzodiazepines Revisited, BJMP.org, 2012, copied 1/27/17, <https://goo.gl/AWfxRy>.
- [4] Wang P et al, Hazardous Benzodiazepine Regimens in the Elderly: Effects of Half-Life, Dosage, and Duration on Risk of Hip Fracture, Am J Psych, 2001, PMID: [11384896](#).



- [5] Connor KM et al, Discontinuation of clonazepam in the treatment of social phobia. Journal of clinical psychopharmacology. 1998, [PMID: 9790154](#); Higgitt AC et al, Clinical management of benzodiazepine dependence, Br Med J (Clin Res Ed), 1985, [PMCID: PMC1416639](#); Pétursson H, The benzodiazepine withdrawal syndrome, Addiction, 1994, [PMID: 7841856](#).
- [6] Maust, D et al, No End in Sight: Benzodiazepine Use in Older Adults in the United States, 2016, J of the Amer Geriatrics Society, PMID: [27879984](#).
- [7] Dodds TJ, Prescribed Benzodiazepines and Suicide Risk: A Review of the Literature, Prim Care Companion CNS Disord. 2017, [PMID: 28257172](#).
- [8] Dasgupta N et al, Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality, Pain Med Malden Mass, 2016, [PMID: 26333030](#).
- [9] Tannenbaum et al, A systematic review of amnestic and non-amnestic mild cognitive impairment induced by anticholinergic, antihistamine, GABAergic and opioid drugs, Drugs Aging. 2012, [PMID: 22812538](#).

Antidepressant infographic references:

- [1] Martin A, Age Effects on Antidepressant-Induced Manic Conversion, Archives of Pediatric Adolescent Medicine, 2004, [PMID:15289250](#), <https://goo.gl/G8yxLI>.
- [2] Kirsh Antidepressants and the Placebo Effect, 2014, PMCID: [PMC4172306](#)
- [3] National Institute of Health, Antidepressant Medications for Children and Adolescents: Information for Parents and Caregivers, copied 1/5/17 from <https://goo.gl/nicPm8>.
- [4] Turner EH et al, Selective publication of antidepressant trials and its influence on apparent efficacy, N Engl J Med. 2008, PMID: [18199864](#).
- [5] Read J et al, Adverse emotional and interpersonal effects reported by 1829 New Zealanders while taking antidepressants, Psychiatry Res. 2014, PMID: [24534123](#).
- [6] Khan, A et al, Antidepressants versus placebo in major depression: an overview. World Psychiatry, 2015, PMCID: [PMC4592645](#).
- [7] Sharma T, Suicidality and aggression during antidepressant treatment: systematic review and meta-analyses based on clinical study reports, BMJ. 2016, PMCID: [PMC4729837](#).

¹ William J Walsh, NUTRIENT POWER – HEAL YOUR BIOCHEMISTRY AND HEAL YOUR BRAIN, 2015.

² Canadian Psychological Assoc, The Efficacy and Effectiveness of Psychological Treatments, 2013, <http://goo.gl/ysJzMf>.

