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PATIENT INFORMATION ON ANXIETY

What anxiety is and who it affects

Anxiety is the word we use when worry, fear or a feeling of dread becomes strong, frequent, or hard to switch off. Many people feel anxious now and again. It becomes a problem when it:

- Happens most days
- Lasts for weeks or months
- Starts to affect sleep, work, relationships, or day-to-day life

Some people have a named anxiety disorder such as:

- Generalised anxiety disorder (GAD) – long-term, ongoing worry about many everyday things
- Panic disorder – repeated panic attacks, often coming “out of the blue”
- Phobias – strong fear linked to a specific thing, place, or situation

Anxiety is common. It affects people of all ages and backgrounds. You are not alone, and effective treatments are available.

Causes and risk factors

Anxiety usually has more than one cause. Often there is a mix of life events, body factors, and thinking patterns.

Possible triggers and risks:

- Long-term stress at work, home, school or caring for others
- Health problems, pain, or long-term conditions
- Poor sleep or jet lag
- Too much caffeine, alcohol, nicotine, or recreational drugs
- Hormonal changes, including menopause or after having a baby
- Past trauma, bullying, neglect, or abuse

- Big life changes such as relationship breakdown, bereavement, money worries, exams, or job changes
- Family history of anxiety or depression
- Personality style – for example, being very conscientious, a “worrier,” or always expecting the worst

Sometimes a clear trigger cannot be found. This does not mean the anxiety is “not real.”

Symptoms and red flags

Common symptoms

Anxiety affects both mind and body. You may notice:

- Constant worry, overthinking, or racing thoughts
- Feeling restless, “on edge,” or unable to relax
- Tiredness, poor concentration, or feeling easily distracted
- Irritability or a short temper
- Trouble falling asleep, staying asleep, or waking too early
- Tight chest, racing heart, sweating, trembling, or a “knot” in the stomach
- Nausea, diarrhoea, needing the toilet more often, or loss of appetite
- Feeling detached, “not yourself,” or more tearful than usual

Panic attacks are sudden bursts of intense anxiety that peak within minutes. Symptoms can include:

- A strong feeling of fear or dread
- Chest pain or tightness
- Shortness of breath
- Feeling you might faint, lose control, or die

Panic attacks feel frightening but are not dangerous in themselves.

How anxiety is diagnosed

There is no single scan or blood test for anxiety. Diagnosis is based on:

- A careful discussion of your symptoms, worries, and how long they have been present
- How your symptoms affect daily life, relationships, work, or study
- Questionnaires such as GAD-7 or PHQ-9 in some cases (simple rating scales to help track severity)

Your GP or nurse may arrange tests to rule out other causes if needed, for example:

- Blood tests to check thyroid function, B12 and folate, iron levels, blood sugar, and general health
- An ECG or other checks if palpitations, chest pain, or breathlessness are a concern

These tests are to rule out physical illness, not to prove that anxiety is “all in your head.”

Treatment and self-help

Most people improve with the right mix of self-care, talking therapies, and sometimes medication. The best plan is different for each person.

1. What you can do yourself

These steps have good evidence for helping anxiety and low mood when done regularly:

Sleep routine

- Go to bed and get up at roughly the same times every day
- Keep the bedroom dark, cool, and quiet where possible
- Switch off screens, news, and stimulating social media at least 30–60 minutes before bed
- Avoid heavy meals, caffeine, and alcohol close to bedtime

Movement and activity

- Aim for some physical activity most days, even a 10–20-minute brisk walk
- Build movement into routines: walking school runs, stairs, gardening, short home exercise videos
- Balance “must-do” tasks with one small enjoyable or relaxing activity each day

Caffeine, alcohol and nicotine

- Cut down on caffeine (coffee, energy drinks, strong tea, cola) which can trigger palpitations and jittery feelings
- Keep within UK alcohol guidelines (no more than 14 units per week, spread across several days, with some alcohol-free days)
- Be aware that alcohol may feel calming short-term but worsens anxiety and sleep overall

Breathing and calming techniques

Short, simple exercises can settle the body’s alarm response:

- Slow breathing: breathe in through the nose for 4 seconds, hold for 2, breathe out gently through the mouth for 6; repeat for a few minutes

- Grounding: look around and name 5 things you can see, 4 you can feel, 3 you can hear, 2 you can smell, 1 you can taste

Practice these when you are calm, so they are easier to use in a crisis.

Thinking styles and worry time

When we are anxious, our minds often:

- Jump to worst-case outcomes
- Treat thoughts as facts
- Go over the same “what if” worries again and again

Helpful CBT-style steps include:

- Notice the worry and ask: “Is this a problem I can do something about right now?”
 - If yes: plan one small action today
 - If no: park it in a “worry time” (a set 10–20 minutes once a day) and bring your attention back to the present
- Ask yourself: “What would I say to a friend who had this worry?”

Facing fears gradually

Avoidance brings short-term relief but keeps anxiety going. A common CBT approach is graded exposure:

- Make a ladder of feared situations (from easiest to hardest)
- Start with the least difficult and stay in the situation until your anxiety begins to ease
- Repeat several times, then move up the ladder

This can be done alone or with support from a therapist.

2. Talking therapies

Talking therapies are the main evidence-based treatment for ongoing anxiety. For many people they work as well as, or better than, medication.

Cognitive behavioural therapy (CBT)

CBT helps you:

- Understand the links between thoughts, feelings, body symptoms and actions
 - Spot unhelpful patterns such as catastrophising or avoidance
 - Learn practical skills like problem-solving, exposure, and balanced thinking
- CBT can be delivered:
- One-to-one with a trained therapist
 - In a group
 - Online, through guided self-help or computerised programmes

NICE recommends CBT-based interventions as a first-line treatment for generalised anxiety and many other anxiety disorders.

Local talking therapies for Cirencester and Gloucestershire

Adults registered with a Gloucestershire GP can refer themselves to:

- Gloucestershire Talking Therapies (previously “Let’s Talk”)
<https://www.ghc.nhs.uk/our-teams-and-services/letstalk/>

You can usually refer online or by phone without seeing a GP first, unless you are already under a specialist mental health team.

There is also information on mental health support in Gloucestershire here:

- NHS Gloucestershire: Mental health support
<https://www.nhsglos.nhs.uk/your-health-services/community-and-hospital-care/mental-health/>

Your GP practice may also have access to mental health practitioners or social prescribers who can support with practical issues such as debt, housing or loneliness.

3. Medicines for anxiety

Medicines are not always needed. They are usually considered when:

- Self-help and talking therapies have not helped enough
- Anxiety is severe, long-lasting, or causing major problems in daily life
- Talking therapy is not available or you choose not to have it

Common options include:

Antidepressants

These are the main medicines used for anxiety, even if you are not depressed.

- Selective serotonin reuptake inhibitors (SSRIs), such as sertraline, escitalopram or citalopram
- Sometimes serotonin and noradrenaline reuptake inhibitors (SNRIs), such as venlafaxine or duloxetine

Key points:

- They are taken every day, not “as needed”
- They are not addictive in the way that drugs like diazepam are, but you should not stop suddenly
- They often take 2–6 weeks to make a clear difference
- Side effects are common at first (such as nausea, headache, or more agitation) but often settle; your GP will discuss risks and benefits with you

Other medicines

- Short-term medicines for sleep or severe anxiety may occasionally be used, but benzodiazepines (such as diazepam) are not recommended long term because of dependence and withdrawal risks
- Beta-blockers (such as propranolol) can help physical symptoms like tremor or fast heart rate in some situations, but they do not treat the underlying anxiety and are not first-line for long-term GAD

You and your clinician should agree a clear plan for:

- How long to try a medicine
- How to monitor benefits and side effects
- How and when to reduce or stop it safely

Complications and outlook (prognosis)

The outlook for anxiety is generally good with the right support. With effective self-care, therapy and, where needed, medication:

- Many people see a large improvement or full recovery
- Relapses can still happen, but people often become better at spotting early signs and using their skills sooner
- Living well with anxiety is possible, even if the tendency to worry remains

Without support, anxiety can:

- Strain relationships, work, and finances
- Increase the risk of depression and harmful coping such as heavy drinking or drug use
- Worsen physical health problems such as high blood pressure, chronic pain, or gut conditions

The earlier you seek help and start making small changes, the easier it usually is to turn things around.

Follow-up and monitoring

If you speak to a GP, nurse, or talking therapies service, follow-up may include:

- A review after starting any new treatment (usually within a few weeks)
- Regular check-ins, especially in the first 2–3 months of starting medication or therapy
- Simple questionnaires to track progress
- Adjusting the plan if treatment is not helping enough

You can help by:

- Keeping notes of what makes anxiety better or worse
- Bringing questions to appointments
- Being honest about medication side effects or difficulties with therapy exercises

When to seek help

Think of help in three levels:

Green: self-care and local resources

Manage at home and use this leaflet if:

- Your anxiety is mild or occasional
- You can still do most normal activities
- You feel able to try self-help strategies and online tools

Keep using the self-care suggestions and consider self-referring to Gloucestershire Talking Therapies if anxiety has lasted several weeks or keeps returning.

Amber: contact the GP or Talking Therapies soon

Contact your GP or Talking Therapies if:

- Anxiety has lasted more than a month and is not improving
- It is affecting sleep most nights
- You are finding it hard to cope at work, school, or home
- You are avoiding important things (for example, work, shops, driving, social events)
- Self-help has not made enough difference

Red: seek urgent help

Seek urgent help if:

- You have thoughts about harming yourself or ending your life
- You feel unable to keep yourself safe
- You are severely agitated, confused, or very distressed
- You have new chest pain, severe breathlessness, or collapse

For urgent mental health help when your GP is closed, contact NHS 111. For life-threatening emergencies, call 999 or go to A&E.

Local information on urgent mental health support is also available here:

- NHS Gloucestershire: Mental health support
<https://www.nhsglos.nhs.uk/your-health-services/community-and-hospital-care/mental-health/>

Further reading and resources

National:

- NHS: Generalised anxiety disorder (GAD)
<https://www.nhs.uk/conditions/generalised-anxiety-disorder-gad>
- NHS: Help for anxiety, fear and panic
<https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-and-panic/>
- Every Mind Matters: Anxiety
<https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/anxiety>
- Mind: Anxiety and panic attacks
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/>

Local (Gloucestershire):

- Gloucestershire Talking Therapies (Let's Talk) – self-referral for adults
<https://www.ghc.nhs.uk/our-teams-and-services/letstalk/>
- Gloucestershire: Mental health support and crisis information
<https://www.nhsglos.nhs.uk/your-health-services/community-and-hospital-care/mental-health/>

If you have further questions:

- If you need help, the best way to contact us is through our online triage form:
 - <https://www.cirencesterhealthgroup.co.uk/online-triage/>
- If you cannot use the online form, please call the practice.
- For urgent problems when we are closed, please use NHS 111.
- For emergencies, call 999.

