

Transcript #12 (0R261) - Anxiety

Clinician: (314A) Hello there, I'm one of the new physicians in the practice... First of all, what would you like me to call you?

Patient: (314B) Oh, June's fine, yeah.

Clinician: (315A) Ok. Right, so what is it that's brought you to see me today?

Patient: (315B) Well, it's the same thing that I see Dr. Jones about, it's my heart.

Clinician: (316A) Yeah, yeah, I understand that you've been in to see him a few times over the last few months. Would you mind if I ask you to go over again what the problem is, perhaps in your own words so that I get an understanding of it?

Patient: (316B) No, not at all, it's just I keep getting these situations where my heart starts to really, really race like boom, boom. - Right, I get chest pain, I can't catch my breath. It's making me feel funny talking to you about it! Right - And, um, so my heart starts to race, I can't get my breath and then I get chest pains and I get very afraid that, I'm going to have a heart attack.

Clinician: (317A) Right, and you're feeling a little bit anxious just here with me?

Patient: (317B) I am, Ok. - yeah, just talking about it. I can feel it starting to come up.

Clinician: (318A) Right, take your time. So, your heart starts to race, it really beats really fast and you feel like you can't catch your breath, is that right?

Patient: (318B) Yeah, that's exactly it.

Clinician: (319A) How long's all this been going on for?

Patient: (319B) I think it's probably about six months, basically, yeah.

Clinician: (320A) Right, Ok and can you remember what happened to start it all off?

Patient: (320B) Well, I think, we have had some problems at work. I've felt more stressed about work than I normally do, and basically, I was just trying to get into town one day on a day off and it was very hot, one of those funny hot days, and it just happened; my heart started to race and race and race and I couldn't get my breath. I was just, like, gasping for breath, then I started to get chest pains and it was just awful. And I managed to sit down and call my husband and he came out, he actually left work to come and get me.

Clinician: (321A) So that sounds like quite an unpleasant experience for you, at the time.

Patient: (321B) It was awful, it was really, really frightening,

Clinician: (322A) And when that was happening to you? When you were in the middle of town, what was it that you thought was going on?

Patient: (322B) I thought I was having a heart attack. I am only 25.

Clinician: (323A) You thought you were having a heart attack?

Patient: (323B) I really did, yeah, and each time it happens I'm so afraid that that is what's happening.

Clinician: (324A) Ok.

Patient: (324B) So, you know, I started to try and avoid situations where I might get like that, basically.

Clinician: (325A) Right, so what kind of things are you finding yourself avoiding?

Patient: (325B) I can't get into town now without my husband taking me because my husband has to take me to and from work and I also thought I shouldn't do anything to put any strain on my heart at all, so I don't do much exercise or anything at the moment, and other things as well.

Clinician: (326A) And other things, what sort of other things are you not doing?

Patient: (326B) Well, just some personal things.

Clinician: (327A) Personal things, ok. I guess, I'm wondering if you're talking about your sex life there.

Patient: (327B) Yeah, - Right - I just feel that I shouldn't, you know, do anything like that because it just might put too much strain on me.

Clinician: (328A) Right, so you're avoiding sex in case that puts your heart rate up?

Patient: (328B) Yeah, yeah.

Clinician: (329A) Ok, ok. How's that affecting things between you and your husband?

Patient: (329B) It's not, I mean, yeah, my husband's getting really fed up with it, to be honest doctor. He's been really, really kind and really supportive but I think it's starting to affect his life quite a lot now. He wanted me to go to the pub last week, and I absolutely promised that I would, because I'd begun to stop wanting to go out because I'm so afraid it's going to happen and I promised and promised him I'd go to the pub and then when it came to it I just couldn't, I just sat on the sofa and it started to happen again.- Right, and then I was worried if I went to the pub I'd actually get ill in the pub and then it'd be really embarrassing for everybody so I just said I couldn't go, and I think he's getting a bit to the end of his tether now, because it just seems to have come out of the blue, and I've never suffered from anything like this before.

Clinician: (330A) So it sounds like he's getting to the end of his tether, but it also sounds like you're pretty fed up with the whole thing as well - is that right?

Patient: (330B) Yeah, I am actually, yeah, yeah.

Clinician: (331A) Ok, so just so that I've got the story straight, this all began about 6 months ago, before that had you had anything like this?

Patient: (331B) No, not at all, I mean, I think we had a new manager at work, I work in a bank actually, and then we had a new computer system put in and so it became very much more stressful for all the staff, not just me, - and I can sort of see I was under a lot more pressure. - Right, and that could be affecting me.

Clinician: (332A) So just to make sure I've got the right way around it, it began 6 months ago, pressure at work,

Patient: (332B) Yeah

Clinician: (333A) You went to town, you had the first of these attacks, and then since then you've had some more of them.

Patient: (333B) Yeah, yeah

Clinician: (334A) And now it's kind of got to the point where you don't want to go out.

Patient: (334B) I don't, no...

Clinician: (335A) You don't go to town by yourself.

Patient: (335B) No, I don't want to risk it to be honest.

Clinician: (336A) Right. You're not going to the pub, you're not socializing like you used to?

Patient: (336B) No, no

Clinician: (337A) And you're avoiding things like exercise and things like sex, and that's having a bit of a taking its toll on your relationship.

Patient: (337B) It is a bit, yeah.

Clinician: (338A) Ok, ok. And, looking at you. I know you've had an ECG.

Patient: (338B) Yeah, yeah

Clinician: (339A) What have you been told about the results of that?

Patient: (339B) Well, I was told that it was ok - and there were no problems and, you know, I did feel relief you know because obviously there has been heart attacks in my family, my dad died of one, you know, at 72. So I'm thinking it must be my heart, there must be something wrong with it. - Right and I did feel pleased when the doctor said that, but on the other hand nothing's changed, you know, I'm still getting exactly the same problems, - Right - nothing, you know, I'm not getting any help with it, I just feel a bit like, well, so I haven't got a bad heart according to the experts, but I'm still getting all the same symptoms and they're getting worse and worse.

Clinician: (340A) So even though the doctor told you there's nothing to worry about with your heart, do you still worry that there might be something wrong with your heart?

Patient: (340B) I do, I just can't understand it, what do you think it is, doctor?

Clinician: (341A) Well, I think I'd agree with the doctor, I don't think there is anything wrong with your heart. The reason I say that is that you've had an ECG which has come back perfectly normal, and usually if there was a problem with the heart the ECG would pick something up, also, you've got none of the risk factors, really, for heart disease because you don't smoke, your blood pressure from what I can gather from your notes has always been fine, you're fairly young, before this you were pretty fit and active, and also, I know you're worried about your dad having had a heart attack, but actually, he was a lot older than you are, and so you're not really in the same risk bracket as he would've been. So, I don't think that there is a problem with your heart, I guess what I'm wondering is whether actually what's going on is a little more what the doctor thought, whether actually this might be the anxiety that's giving you a lot of these symptoms. Have you ever thought it might be something else rather than a heart problem?

Patient: (341B) I think I've been thinking more recently, it could be, because my friend has panic attacks - and I've discussed it with her and she said, to be honest it just sounds like that. I've always thought it was my heart, and what I can't understand is how my brain is making my heart start racing like it is.

Clinician: (342A) Right, ok. Has anyone explained to you about anxiety and panic attacks?

Patient: (342B) Not really, no.

Clinician: (343A) What we have on top of our kidneys is two little glands, and they're called our adrenal glands, -Right, and they produce a hormone called adrenaline, have you heard of that?

Patient: (343B) Yes, I have heard of that.

Clinician: (344A) Ok. And what adrenaline does is it prepares us for situations of fight or flight, is that a term you perhaps remember from biology at school?

Patient: (344B) I do, I do, yeah, I do remember that.

Clinician: (345A) Do you remember what we mean by fight or flight?

Patient: (345B) I think like if you're in a scary situation you either fight or run away basically.

Clinician: (346A) Yeah, your body sort of triggers that to do it. That's exactly it, and what's released to allow you to do the fight or flight response is the adrenaline, - Right, so when your body needs you to get ready to do something, it surges out a load of adrenaline, and the adrenaline basically gets you ready for action, right, so it does things like it gets your heart rate up, it gets your breathing speed up, so that you're ready to run, it can sometimes make people feel as though their mouth is dry, it can sometimes make people feel a bit lightheaded. Are those the kind of symptoms that you can get?

Patient: (346B) Yeah definitely, yeah definitely, all of those actually.

Clinician: (347A) Ok. What often happens with people with panic is that the first time that happens, the first adrenaline release occurs out of the blue, and perhaps at times of stress, and you mentioned that there was stuff going on at work, you're feeling a bit stressed out, and in town it was a bit hot - so that may have been what was behind that first panic attack. What happens to people is that once they've had one panic attack they go on to have more, and the reason for that is that once you've had something like that happen to you, you're kind of there thinking, 'ooh will this happen again.' Is that something that you do?

Patient: (347B) Oh, absolutely. I've started to really monitor my heart, and when it starts to race I start to get worried, and then it starts getting faster and faster, so it does feel.

Clinician: (348A) You're describing it exactly, that's what we call hypervigilance, so you're there kind of keeping a bit of an eye on your heart.

Patient: (348B) Yeah definitely.

Clinician: (349A) And for most of us our heart rate will go up and down all through the day, but most of us don't worry about it because we don't notice it, but because you've had a panic attack, you're there thinking 'ooh what's my heart doing?',

Patient: (349B) Yeah.

Clinician: (350A) And then the minute it starts to change you clock it, you notice it, and then you start to get anxious thoughts, so you might start worrying.

Patient: (350B) I really do start worrying, yes so I keep thinking is it going to be now, you know is my heart going to stop beating.

Clinician: (351A) Right, so you get those kinds of anxious thoughts.

Patient: (351B) Yeah, yeah.

Clinician: (352A) And they're very frightening, and because you're thinking 'goodness me, could my heart stop?', that's making you more anxious, and that causes even more adrenaline to be released, and that makes the symptoms even more pronounced, and that makes you believe even more that there's something wrong with you. Does that make sense, as to what might be happening?

Patient: (352B) It does make sense doctor.

Clinician: (353A) One of the things that you have been doing, which is something a lot of people with anxiety do, is that you've started to avoid doing things that trigger it off.

Patient: (353B) I have, yeah, like not walking to town or anything; I just won't do it anymore.

Clinician: (354A) Exactly, and whilst in the short term that alleviates your symptoms because you don't have to get panicky, what's happening is that the more you avoid doing things, the less likely you are to ever get around to ever finding out whether or not anything awful really happens.

Patient: (354B) Right, yeah, right.

Clinician: (355A) Does that make sense?

Patient: (355B) It does, it does make sense.

Clinician: (356A) Well, if we are starting to tackle this as if it were an anxiety problem, there are a number of approaches. We can think about tablets, we can think about other kind of talking approaches. There are pros and cons to those, and side effects that we need to discuss. So, I'm just slightly watchful of the time. We seem to be coming to the end of today's session for the appointment.

Patient: (356B) Oh right, OK.

Clinician: (357A) But what I wonder is whether we should meet again, perhaps next week, and look again more carefully at some of the treatment options, and think together about which might suit you best. How would that sound?

Patient: (357B) Oh that's fine, that's fine.

Clinician: (358A) Any other questions before we finish?

Patient: (358B) No, I'll make an appointment to see you next week.

Clinician: (359A) That's fine, and I'll see you next week.

Patient: (359B) Ok, thank you Doctor.