



Review Article

Anxiety: An overview

Gursharan Kaur, Gurmeet Singh, Amandeep Singh*

¹Departments of Pharmaceutics, ISF College of Pharmacy, Moga, Punjab, India

Correspondence:

Amandeep Singh,
Department of Pharmaceutics, ISF College of Pharmacy, Moga - 142 001, Punjab, India.
Phone: +91-9465423413.
E-mail: ad4singh@gmail.com

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ABSTRACT

Anxiety is debatably a feeling that originates before the advancement of man. Its universality in people, and its quality in a scope of anxiety issues, makes it a significant clinical core interest. There are numerous reasons for it such as hereditary factor, substance utilized, and some more. There is proof that nervousness can be treated with physical therapy and additionally with drugs. First-line pharmacotherapies are particular serotonin reuptake inhibitors (Selective serotonin reuptake inhibitors [SSRIs]), serotonin-norepinephrine reuptake inhibitors (SNRIs). In the event that such treatments fizzle, one may rethink the finding, question adherence with the recommended plan, and decide the antagonistic impact of comorbidity, (e.g., misery, substance use, and actual weakness) just as the impact of social stressors. Second-line pharmacotherapies are generally not upheld by controlled preliminaries, thus leave a lot to clinical judgment and cautious observing. One may endeavor medicines with benzodiazepine anxiolytics, as a subordinate treatment in patients with fractional reaction to SSRI or SNRI treatment. Meditation and exercise are substantial option to pharmacotherapy, depending on patient preference.

Keywords: Anxiety, selective serotonin reuptake inhibitor, serotonin-norepinephrine reuptake inhibitors

INTRODUCTION

The word tension has as its root anxiety, German for fear. It alludes to an intricate connection between an individual and his circumstance. Nervousness is frequently a diffuse, disagreeable, and awkward sentiment of fear, joined by at least one real sensation alongside an expectation of impending risk that distinctively repeats similarly in the person.^[1] The physical sign of uneasiness (anxiety) incorporates exhaustion, unsteadiness, palpitation, headache, insomnia, and over-the-top sweat. It is related to practically all enthusiastic issues and oftentimes with physical sicknesses. There is proof that the amygdala is liable for the articulation of uneasiness or dread and the prefrontal cortex assumes a job in dread elimination by directing by the amygdala – interceded articulation of dread even though the sub-atomic components basic negative and positive guideline of the nervousness are not completely comprehended numerous qualities that have been accounted for to influence tension or fear.^[2] Anxiety

and dread may exist all the while or follow one another. One can, in any case, separate tension from dread, in that in dread no contention is included and the danger is known.^[3]

Tension issue is a blend of

- Psychological symptoms: Visit or exorbitant concern, poor focus, explicit feelings of dread or fears for example fear of dying or fear of losing control
- Physical symptoms: Exhaustion, crabbiness, dozing challenges, general fretfulness, muscle tension, irritated stomach, perspiring, and trouble relaxing
- Behavioral changes: Including lingering, shirking, trouble settling on choices, and social withdrawal uneasiness issue because of an ailment.

It is imperative to look for help to oversee serious tension. There are numerous viable medicines for uneasiness, and you can feel better.^[4]

EPIDEMIOLOGY

Broadly delegate epidemiological overviews have demonstrated that anxiety issues are the most predominant of the common

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psychiatric disorders. ECA concentrate in the United States found that obsessive-compulsive disorder (OCD) was the fourth generally normal. In this manner, the National Comorbidity Survey (NCS) and the NCS-Revised comparatively detailed that anxiety issues are the most common mental issue. Comparable discoveries have been accounted for in Europe and the creating scene. For instance, a survey of 27 epidemiological investigations did in the EU from 1990 to 2004 found that uneasiness issues are the most continuous mental issue in Europe with a middle year commonness of 12%. In this way, the anxiety issue has a beginning stage and ceaseless span, they are regularly connected with ensuing comorbid conditions (especially melancholy, substance use issue, and other nervousness issues), and they have a significant negative effect on public activity, on word related capacity, and on family relations. The significant expenses of the tension issue are expected for the most part to circuitous expenses (e.g., loss of word related efficiency and no mental clinical treatment) as opposed to coordinate treatment costs. There is a reasonable requirement for higher mindfulness and early acknowledgment and mediation as shown in Figure 1.^[5,6]

- OCD.
- Post-traumatic stress disorder.
- Specific phobia.

Disorder	Description
Panic disorder	Panic disorder. Described by alarm assaults — unexpected sentiments of terror — some of the time striking over and again and all of a sudden. Regularly confused with a heart attack, a fit of anxiety causes incredible, physical indications including chest pain, heart palpitations, tipsiness, the brevity of breath, and stomach upset ^[7]
Generalized anxiety disorder (GAD)	Generalized anxiety disorder (GAD). GAD produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension, or nausea ^[8]
Social anxiety disorder	*Social Anxiety Disorder. In contrast to modesty, this issue causes exceptional fear, often driven by unreasonable stresses over social embarrassment “saying something idiotic,” or “not realizing what to state.” Someone with social tension issue may avoid discussions, add to class conversations, or offer their thoughts, and may get segregated. Fit of anxiety side effects are a typical response ^[9]
Agoraphobia	Agoraphobia is certainly not a particular disorder, but a segment of anxiety described by fear of being in spots or circumstances from which it might be troublesome or humiliating to escape, or the fear that help may be inaccessible if needed. People with agoraphobia most normally experience fear in a group of circumstances, for example, markets and retail establishments, swarmed spots of numerous types, bound spaces, open vehicle, lifts, and turnpikes. Individuals encountering agoraphobia may discover comfort in the organization of a protected individual or article. This might be a mate, companion, pet, or medication conveyed with them ^[10]

TYPES OF ANXIETY DISORDER

Diverse anxiety issues have different indications. This likewise implies each sort of nervousness issue has its treatment plan. The most well-known anxiety issue includes:

- Panic Disorder.
- Generalized Anxiety Disorder (GAD).
- Social Anxiety Disorder.
- Agoraphobia.

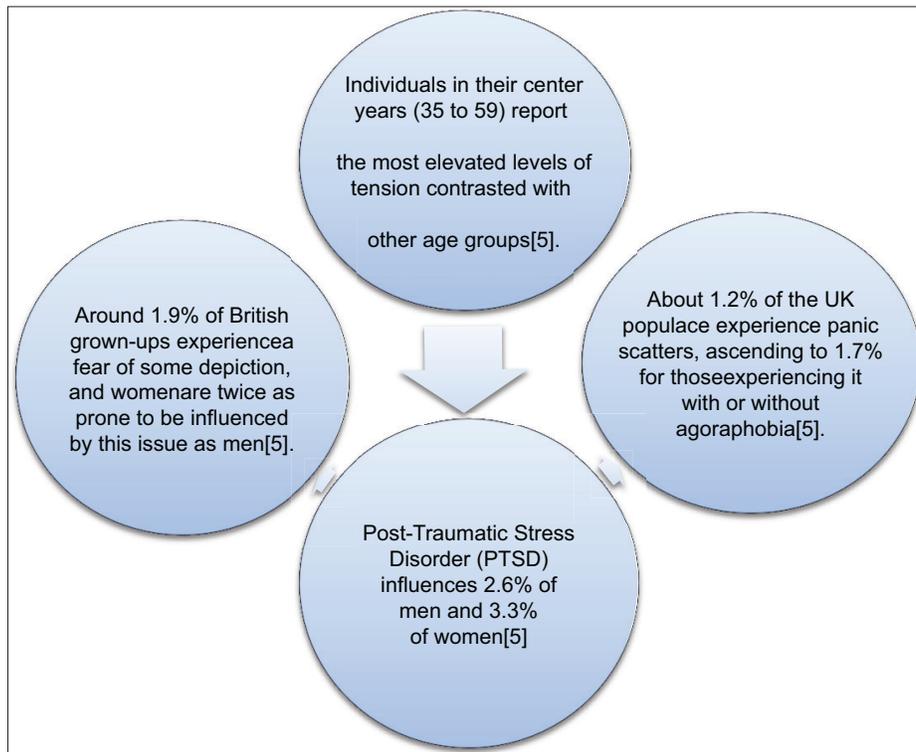


Figure 1: The effect of anxiety among different countries and people in a percentage manner

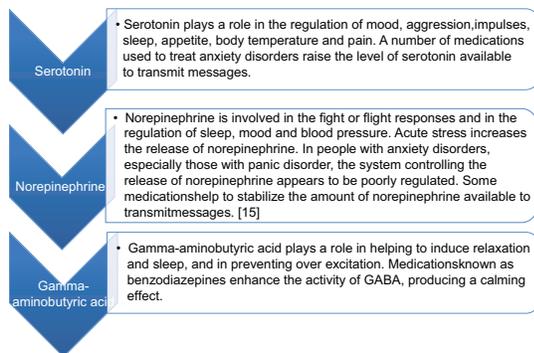
Obsessive compulsive disorder	<p>Obsessive-compulsive disorder</p> <p>This anxiety disorder includes steady undesirable considerations and regularly brings about the presentation of expounding customs trying to control or expel the diligent contemplations. The ceremonies are generally tedious and genuinely meddle with regular daily existence. For model, individuals might be continually headed to wash their hands, review that the entryway is locked or the stove is turned off, or on the other hand adhere to unbending guidelines of request. Individuals with obsessive-compulsive disorder are frequently intensely humiliated and stay quiet about their customs, even from their families^[11]</p>
Post-traumatic stress disorder (PTSD)	<p>PTSD</p> <p>Individuals who have encountered significant trauma, for example, war, torment, vehicle mishap, fire, or individual savagery can keep on feeling fear long after the condition is finished. Not every person who encounters injury creates PTSD. Individuals with PTSD over and over re-live the horrendous mishap through meddling, distressful memories, for example, bad dreams or flashbacks. The flashbacks are regularly realized by triggers identified with the experience, which the individual at that point attempts to keep away from. Turning out to be genuinely numb is likewise normal for PTSD^[12]</p>
Specific phobia	<p>Specific phobia</p> <p>Everybody has some nonsensical feelings of fear; however, fears are serious apprehensions about specific items or circumstances that meddle with an individual's life. These might incorporate fear of statures, water, hounds, shut spaces, snakes, or bugs. Somebody with a particular fear is fine when the feared item is absent. Nonetheless, when confronted with the feared article or circumstance, they can turn out to be exceptionally on edge and experience a fit of anxiety. Individuals influenced by fears can make a huge effort to keep away from circumstances that would constrain them to go up against the item or circumstance they fear^[13]</p>

CAUSES

There is a scope of contributing components for creating anxiety. The components could be biological – genes (family ancestry), characteristics, and regulation of cerebrum science unpleasant or awful life occasions a family ancestry of tension issue liquor, meds or unlawful substances other clinical or mental issues.^[14]

Regulation of cerebrum science

Research has uncovered a connection among anxiety and issues with the guideline of different neurotransmitters — the cerebrum's substance messengers that transmit signals between neurons. Three significant synapses are engaged with tension: serotonin, norepinephrine and gamma-aminobutyric acid (GABA).



Genetic factors

Research confirms that genetic factors play a role in the development of anxiety disorders. People are more likely to have an anxiety disorder if they have a relative who also has an anxiety disorder. The incidence is highest in families of people with panic disorder, where almost half have at least one relative who also has the disorder.

Substance use

Substance use may induce anxiety symptoms, either while the person is intoxicated or when the person is in withdrawal. The substances most often associated with generalized anxiety or panic symptoms are stimulants, including caffeine, illicit drugs such as cocaine, and prescription drugs such as methylphenidate.

Medical conditions

A range of medical conditions can cause anxiety symptoms and result in anxiety disorders (Hettema, 2005). For example, both panic and generalized anxiety symptoms can result from medical conditions, especially those of the glands, heart, lungs, or brain. Most often, treatment of the medical condition reduces symptoms of anxiety.

Psychiatric conditions

People with other psychiatric disorders often also have symptoms of anxiety. Sometimes it is the symptoms of the other disorder, such as depression or psychosis that heighten a person's anxiety. In such cases, the person may not be diagnosed as having an anxiety disorder. People who are diagnosed with anxiety disorders may also have other psychiatric disorders; most often, these are other types of anxiety disorders, or substance use disorders or depression. Two out of three people with panic disorder will have a major depressive episode at some point in their lifetime. When depression occurs in someone with an anxiety disorder, it is of particular concern since these two problems in combination increase the person's risk for suicide.^[15]

Psychological factors

The different schools of thought have emphasized different psychological factors in the etiology of anxiety disorders. The main schools of thought that attempt to explain the psychological influences on anxiety disorders are the psychodynamic, behavioral, and cognitive theories. The ideas expressed by these theories help to understand the psychological correlates and treatment of anxiety disorders. Another way of looking at the psychological causes of anxiety is the state-trait theory, which seeks to understand the experience of anxiety. A brief examination of the main viewpoints of these different perspectives is given below.^[16]

DIAGNOSIS

To be diagnosed with an anxiety disorder, a combination of symptoms is present on most days for more than 6 months and interferes with your ability to function at work or at home. It is common to experience a low mood secondary to excessive worry and the two conditions – clinical depression and anxiety disorder can occur at the same time. It is important to get help to treat anxiety disorders. Left untreated, anxiety can last for a long time.^[7] It can become exhausting, debilitating and get in the way of us living our everyday lives. There is a range of effective treatments for anxiety, and you can get better.^[11]

Diagnostic criteria for generalized anxiety disorder	Diagnostic criteria for panic disorder
<p>A. Over the top anxiety and stress (fearful desire), happening a bigger number of days than not for at any rate a 1/2 year, about various occasions or exercises, (e.g., work or school execution)</p>	<p>A. Intermittent sudden fits of anxiety. A fit of anxiety is a sudden flood of serious fear or exceptional uneasiness that arrives at a top in no time, and during which time (at least four) of the accompanying side effects happen:</p>
<p>B. The individual thinks that its hard to control the concern.</p>	<p>Note: The unexpected flood can happen from a quiet state or an on edge state</p>
<p>C. The anxiety and stress are related with (at least three) of the accompanying six side effects (with probably a few side effects having been available for additional days than not for as far back as a 1/2 year):</p>	<ol style="list-style-type: none"> 1. Palpitations, beating heart, or quickened pulse 2. Perspiring 3. Trembling or shaking
<p>Note: Only one thing is required in kids</p>	<ol style="list-style-type: none"> 4. Vibes of brevity of breath or covering
<ol style="list-style-type: none"> 1. Fretfulness or groping keyed or anxious. 	<ol style="list-style-type: none"> 5. Sentiments of stifling
<ol style="list-style-type: none"> 2. Being handily exhausted 	<ol style="list-style-type: none"> 6. Chest agony or distress
<ol style="list-style-type: none"> 3. Trouble focusing or brain going clear 	<ol style="list-style-type: none"> 7. Queasiness or stomach trouble
<ol style="list-style-type: none"> 4. Crabbiness 	<ol style="list-style-type: none"> 8. Feeling lightheaded, precarious, woozy, or black out
<ol style="list-style-type: none"> 5. Muscle strain 	<ol style="list-style-type: none"> 9. Chills or warmth sensations
<ol style="list-style-type: none"> 6. Rest unsettling influence (trouble falling or staying unconscious, or eager, unsuitable rest) 	<ol style="list-style-type: none"> 10. Paresthesia (deadness or shivering sensations)
<p>D. The tension, stress, or physical indications cause clinically critical misery or disability in social, word related, or other significant regions of working</p>	<ol style="list-style-type: none"> 11. Derealization (sentiments of falsity) or depersonalization (being disengaged from oneself) 12. Fear of losing control or “going insane.”
<p>E. The unsettling influence isn’t owing to the physiological impacts of a substance (e.g., a medication of misuse, a medicine) or another ailment (e.g., hyperthyroidism)</p>	<ol style="list-style-type: none"> 13. Fear of biting the dust <p>Note: Culture-explicit side effects (e.g., tinnitus, neck irritation, cerebral pain, wild shouting, or crying) might be seen. Such indications ought not consider one of the four required manifestations</p>
<p>F. The unsettling influence isn’t better clarified by another psychological issue¹⁰ (e.g., nervousness or stress over having alarm assaults in alarm issue, negative assessment in social uneasiness issue [social phobia], pollution or different fixations in fanatical enthusiastic issue, division from connection figures in partition tension issue, tokens of horrible accidents in post-traumatic stress issue, putting on weight in anorexia nervosa, physical objections in substantial symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder)¹⁷</p>	<p>B. In any event one of the assaults has been trailed by multi month (or a greater amount of) either of the accompanying:</p> <ol style="list-style-type: none"> 1. Determined concern or stress over extra fits of anxiety or their results (e.g., losing control, having a coronary failure, and “going insane”) 2. A noteworthy maladaptive change in conduct identified with the assaults (e.g., practices intended to abstain from having alarm assaults, e.g., evasion of activity or new circumstances) <p>C. The unsettling influence is not due to the physiological impacts of a substance (e.g., a medication of misuse, a drug) or another ailment (e.g., hyperthyroidism, and cardiopulmonary clutters)</p>
	<p>D. The aggravation is not better clarified by another psychological issue (e.g., the fits of anxiety do not happen just in light of dreaded social circumstances, as in social nervousness issue; because of encompassed phobic items or circumstances, as in explicit fear; in light of fixations, as in over the top impulsive issue; in light of tokens of horrible accidents, as in post-traumatic stress issue; or in light of partition from connection)^{18,19}</p>

TREATMENT

As every anxiety issue has an alternate arrangement of symptoms, the kinds of treatment that an emotional wellness expert may recommend likewise can fluctuate. In any case, there are normal kinds of treatment that is utilized:

- Psychotherapy, including cognitive behavioral therapy.
- Medications, including anti-anxiety medications and antidepressants.

- Complementary health approaches, including stress and relaxation techniques.

Psychological treatment

Subjective behavioral treatment and exposure treatment are adequately used to treat uneasiness issue. Psychological treatment centers around changing examples of reasoning and convictions that are related to, and trigger, nervousness. The most significant segment of conduct treatment is presented. Introduction treatment incorporates going

up against your feelings of trepidation to desensitize yourself to such threats/fears that can trigger anxiety.^[20]

Medication, including hostile to tension prescriptions and antidepressants

Serotonin and non-epinephrine for the most part manage pressure and local state of mind in the mammalian cerebrum, and their brokenness causes different disposition issues, for example, anxiety issues and depression. GABA is a significant inhibitor synapse in the central nervous system. The central Benzodiazepine (BZD) receptor

is situated on neuronal layers to assume a significant job in the guideline of stress and on edge state. The BZD restricting site and GABAA receptors are fundamentally and practically coupled. The BZD has gotten that the essential pharmacological job is summed up the nervousness issue.^[4] Various synapses assume a job in ordinary states and in obsessive tension states. Every one of these frameworks is a potential objective for pharmacological mediation; however, hardly any classes of meds are utilized in clinical practice for the treatment of uneasiness. These meditation classes are quickly talked about straightaway.

Class for drug	Drugs involved in that class	Dose
Selective serotonin reuptake inhibitors	SSRIs, as a rule showed in sadness, are viewed as the main line of treatment for uneasiness issue. This medication class incorporates fluoxetine (Prozac, Eli Lilly), sertraline (Zoloft, Pfizer), citalopram (Celexa, Forest), escitalopram (Lexapro, Forest), fluvoxamine (Luvox, Solvay), paroxetine (Paxil, GlaxoSmithKline), and vilazodone (Viibryd, Forest). ⁷² The fundamental attribute of the meds in this class is that they hinder the serotonin transporter and seem to cause desensitization of post-synaptic serotonin receptors, hence normalizing the action of serotonergic pathways. The instrument by which this prompts improvement of uneasiness manifestations is not completely comprehended. Vilazodone, the most as of late endorsed drug in this class (in spite of the fact that showed for significant burdensome issue), additionally goes about as an incomplete agonist at the serotonin-1a receptor, which may add to anxiolysis. ⁷³ Bupirone (BuSpar, Bristol-Myers Squibb), which is not a serotonin reuptake inhibitor (SRI), is likewise a 5-HT1a agonist and is much of the time utilized as a solitary specialist or as growth to SSRI therapy. ⁷⁴	Citalopram=Start 10 mg PO once daily in the morning. Max 40 mg/day Elderly: Max 20 mg/day Escitalopram Start 10 mg PO once daily. Max 20 mg/day Elderly: Consider starting 5 mg/day. Max 10 mg/day Fluoxetine Start 10–20 mg PO once daily. Max 60 mg/day Elderly: Consider 50% reduction in dose and titrate carefully Paroxetine Start 20 mg PO once daily. Max 60 mg/day Elderly: Consider 50% reduction in dose and titrate carefully Sertraline Start 25–50 mg PO once daily. Max 200 mg/day Elderly: Consider 50% reduction in dose and titrate carefully ^[21]
Serotonin–norepinephrine reuptake inhibitors	SNRIs, which repress the serotonin and norepinephrine transporters, incorporate venlafaxine, desvenlafaxine (Pristiq, Pfizer), and duloxetine. ⁷⁵ Milnacipran (Savella, Cypress/Forest) is once in a while if at any time, used to treat uneasiness since its solitary FDA-endorsed sign is for fibromyalgia. ⁷⁶ SNRIs are regularly utilized after disappointment or insufficient reaction to a SSRI. They are utilized instead of growth to SSRIs because the blend of these two medication classes may bring about serotonin disorder. Tolerant reactions to SNRIs can shift generally; a few patients may encounter a worsening of the physiological manifestations of nervousness because of the expanded norepinephrine-intervened flagging brought about by hindrance of the norepinephrine transporter. For patients who do not encounter this impact, the expanded noradrenergic tonus may add to the anxiolytic viability of these drugs.	Duloxetine Start 30–60 mg PO daily. Max 120 mg/day Elderly: Start 30 mg/day. Max 120 mg/day Venlafaxine XR Start 37.5–75 mg PO daily. Max 225 mg/day Elderly: Consider 50% reduction in dose and titrate carefully ^[8]
Benzodiazepines	Despite the fact that benzodiazepines were generally utilized in the past to treat tension conditions, they are not, at this point viewed as first-line treatments due to the dangers related with their constant use. ⁷⁵ They are successful in decreasing intense nervousness yet are related with risky unfriendly impacts when utilized for quite a while in high portions, including: <ul style="list-style-type: none"> • Physiological and mental reliance. • Potential fatalities upon withdrawal. • Impaired insight and coordination. • A possibly deadly overdose when they are blended in with liquor or narcotics. • Inhibition of memory encoding, which can meddle with the adequacy of associative psychotherapy. Thus, the utilization of benzodiazepines is regularly limited to the momentary treatment of intense tension or as treatment for unmanageable nervousness after bombed preliminaries of a few different medications. Of note, a few subgroups of patients do well with low portions of benzodiazepines and can securely tighten from high dosages, particularly when psychological social treatment (CBT) is included.	Alprazolam Start 0.25–0.5 mg PO 3 times daily. Max 4 mg/day Elderly: Start 0.25 mg 2–3 times/day. Anxiety Disorders Chlordiazepoxide Start 5–25 mg PO 3 or 4 times daily Elderly: Start 5 mg 2–4 times per day. Anxiety Disorders Clonazepam Start 0.25 mg PO twice daily. Max 4 mg/day Elderly: Consider 50% reduction in dose and titrate carefully Off-label use Clorazepate Start 7.5–15 mg PO divided or once daily at bedtime. Max 60 mg/day Elderly: Start 7.5–15 mg/day and titrate as tolerated Anxiety Disorders Diazepam Start 2–10 mg PO 2–4 times daily. Max 40 mg/day Elderly: Start 1–2 mg once or twice daily and titrate as tolerated Anxiety disorders Lorazepam Start 0.5–1 mg PO 2 or 3 times daily. Max dose 10 mg/day Elderly: Start 1–2 mg/day in divided doses and titrate as tolerated Oxazepam Start 10 mg PO 3 or 4 times daily. Max 120 mg/day Elderly: Start 10 mg 3 times daily and titrate as tolerated to 15 mg 3–4 times daily ^[22]
Tricyclic antidepressants	All tricyclic antidepressants (TCAs) work as norepinephrine reuptake inhibitors, and a few intercede serotonin reuptake restraint also. Albeit a few meds in this medication class are similar in viability to the SSRIs or SNRIs for nervousness issue, TCAs convey a more noteworthy number of antagonistic impacts and are conceivably deadly in an overdose. Thus, TCAs are infrequently utilized in the treatment of uneasiness issue. An eminent special case is clomipramine (Anafranil, Malinckrodt), which might be more effective than SSRIs or SNRIs in patients with OCD. ⁸¹	Imipramine Start 50–75 mg PO per day in divided doses or one daily dose at bedtime. Max 200 mg/day Elderly: Start 30 mg to 40 mg/day. Max 100 mg/day

Alternative treatments

Meditation – Beneficial to patients with fears and frenzy issue.

Exercise – A characteristic pressure buster and uneasiness reliever.

Unwinding strategies (Yoga) – Include dynamic muscle unwinding and controlled breathing which when polished consistently lessen nervousness.^[23]

Biofeedback – A successful strategy that utilizes sensors that measure physiological capacities like pulse, breathing, and muscle pressure and help to perceive the body's nervousness reaction and figure out how to control them utilizing unwinding techniques.

Hypnotherapy – is once in a while utilized in blend with psychological social treatment. The subliminal specialist applies diverse restorative ways to deal with the assistance you stand up to your feelings of trepidation while in a condition of profound unwinding.

Acupuncture – utilized in customary Chinese medication, mitigates anxiety.^[24]

CONCLUSION

Anxiety is an ordinary, yet profoundly abstract, human feeling. While anxiety fills a valuable and versatile need, anxiety can likewise turn into the reason for suffering over huge number of individuals. Working from a biopsychosocial point of view, this article gave an outline of the root and useful motivation behind anxiety. The natural, mental, and social factors that add to the arrangement and upkeep of (neurotic) anxiety issues were introduced. The different anxiety problems, speculations, and related medicines were looked into. The treatment for tension issues depends on a strong logical establishment, grounded in examination by specialists from different fields. The examination has explored these organic, social, and mental elements that add to tension problems. This wide exploration base has prompted the improvement of various, exactly based medicines that have demonstrated to be profoundly viable. Thus, a great many people have recovered their health, reestablished their working, and now appreciate lavishly fulfilling and fulfilling lives. The future remaining parts increases hopes for the individuals who battle with anxiety. We are sure that progressions in the treatment of anxiety problems will keep on carrying expectation and help to the individuals, and families, influenced by these issues.

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