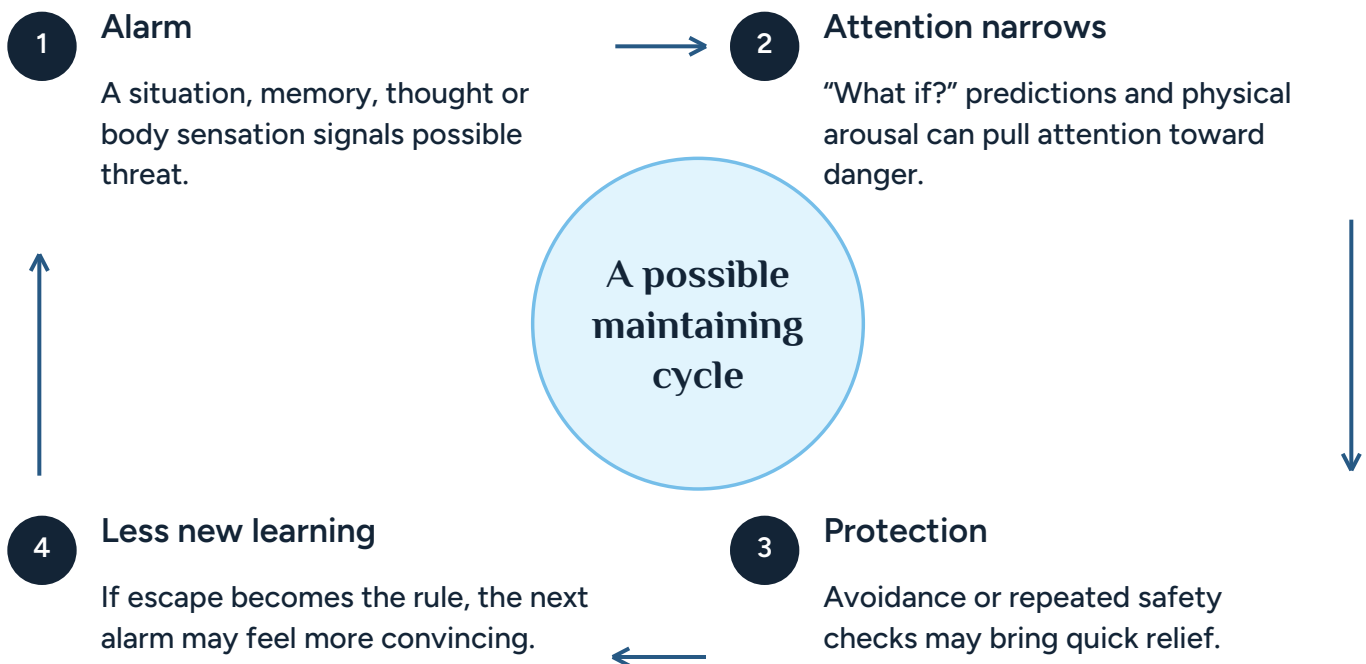


Understanding anxiety

An infographic-led guide to anxiety patterns, effective care and more room for everyday life.



This is one common pattern, not a diagnosis or a complete explanation of anxiety. Real danger, illness, stress and unequal conditions also matter. [1, 2, 11]

The aim is a bigger life

Useful care can reduce symptoms and help you act with more freedom, even when some anxiety is present. You do not have to earn support by coping alone.

Anxiety has different patterns

“Anxiety” describes a feeling and a group of conditions. The focus of fear helps shape assessment and treatment. [1]

Pattern	Often revolves around	What may become difficult
Generalized anxiety disorder (GAD)	Persistent, hard-to-manage worry across several areas.	Concentration, sleep, decisions and switching off. [2]
Panic disorder	Recurrent unexpected panic attacks, followed by worry or changes in behavior.	Body sensations, travel or being away from help. One attack alone is not the diagnosis. [3]
Social anxiety	Fear of scrutiny, embarrassment or negative evaluation.	Conversations, meetings, eating in public or performance. [4]
Specific phobias	Strong fear tied to a particular object or situation.	Avoiding animals, heights, needles or other specific cues. [1]
Agoraphobia	Fear of situations where escape or help may feel difficult.	Transport, crowds, open or enclosed spaces, or leaving home alone. [1, 3]

Overlap is common

A person can have more than one anxiety condition, depression, OCD, trauma-related symptoms or a physical illness. Similar symptoms can have different explanations. A checklist or this diagram cannot diagnose you.

Look at impact, not stereotypes

Ask what fear is organizing your life around, how long it has been happening, and what it is making harder.

Why relief can keep fear going

Short-term coping makes sense. The question is whether a response helps you return to life or gradually makes life smaller. [2, 11]



There can be more than one maintaining factor

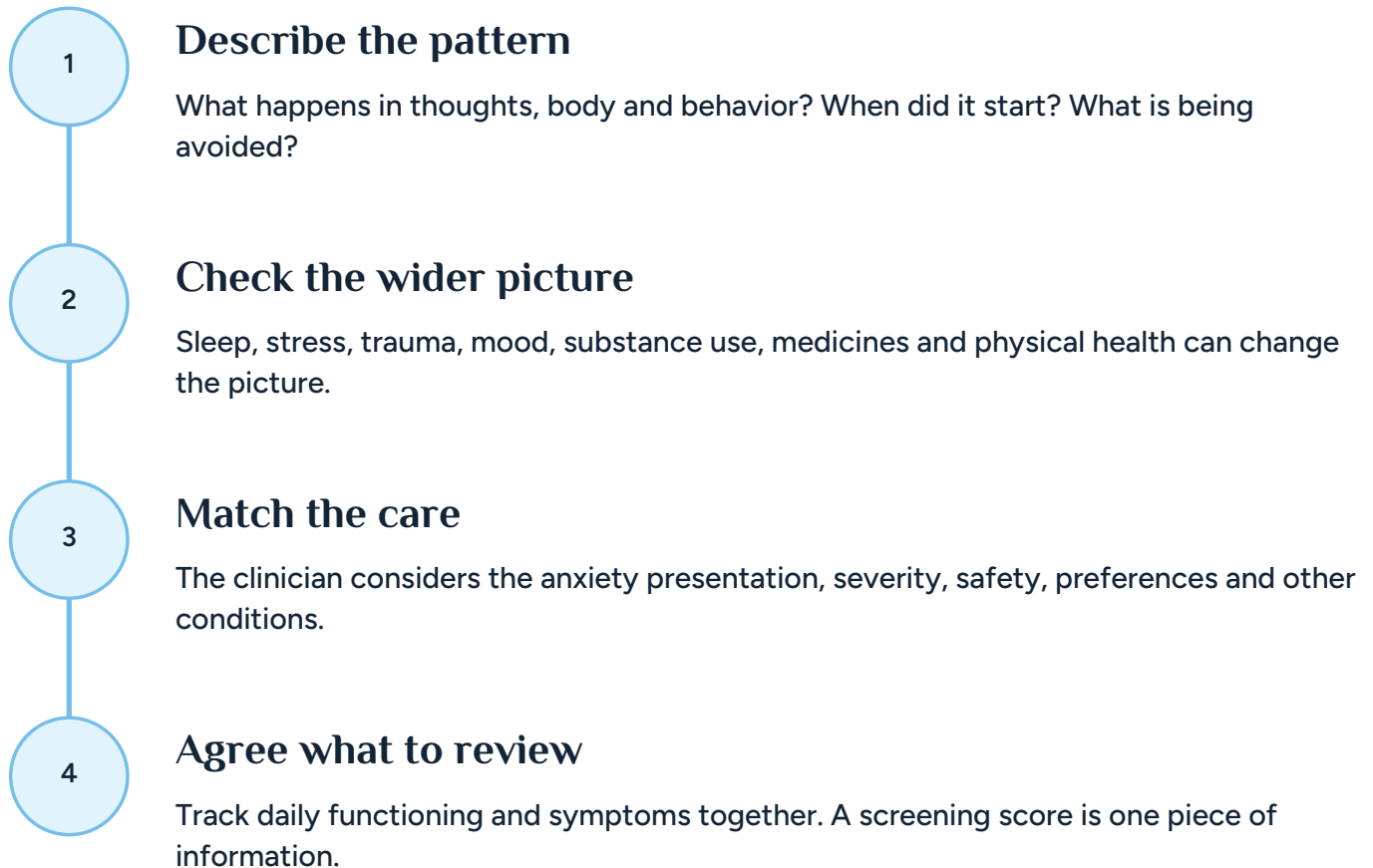
Poor sleep, chronic stress, stimulants, uncertainty, painful experiences and inaccessible environments can add load. Coping is easier when those conditions are addressed too. [2]

A tool is optional support

Breathing, grounding or preparation can help. They do not have to be performed perfectly or repeated until you feel safe before acting. Example is fictional and illustrative.

Assessment looks beyond the label

A good assessment connects symptoms, context, health and your goals. It also checks whether another explanation needs attention. [2, 3, 5]



Physical symptoms deserve a real assessment

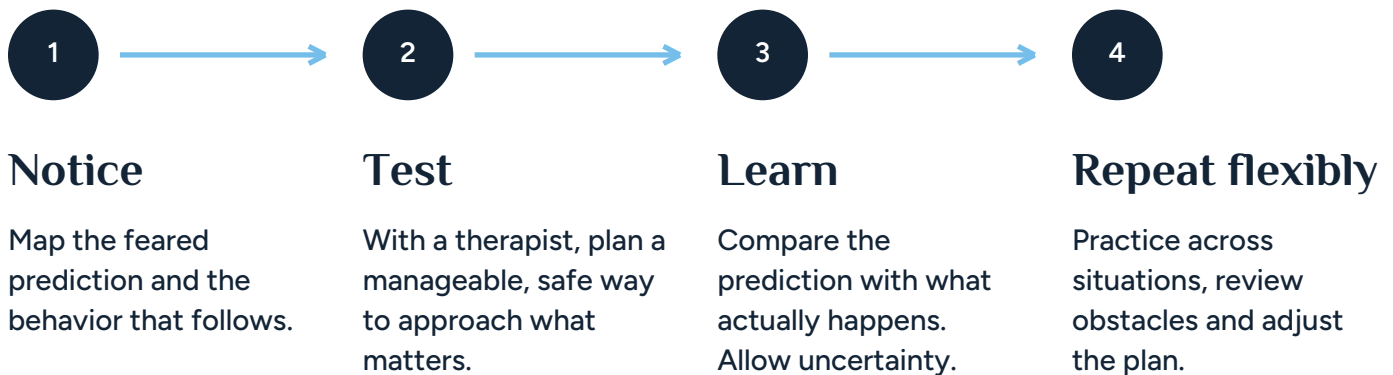
Do not automatically label new or unfamiliar symptoms “just anxiety.” Chest pain, fainting or breathlessness may need medical care; an anxiety diagnosis does not rule out another illness. [3, 10]

When it is urgent

Seek emergency medical help for sudden persistent chest pressure or pain, especially with pain spreading, sweating, nausea or breathlessness. For other new or worsening symptoms, seek timely medical advice. [10]

What CBT helps you learn

Cognitive behavioral therapy links thoughts, attention and actions. It is adapted to the particular anxiety problem, rather than using one script for everyone. [2, 3, 4, 6]



Illustrative example: social anxiety

Sam predicts that a brief pause will make colleagues reject them. In therapy, they try contributing one point without scripting every word. The learning is broader than “nothing bad ever happens”: a pause can be tolerable, and a conversation can continue.

Other supported approaches have a place

For GAD, applied relaxation is a guideline option; acceptance-based or “third-wave” CBT approaches also have research support. Their evidence and fit differ by condition. They are not interchangeable with generic relaxation advice. [5, 7]

Practice is collaborative

Exposure-based work is planned with consent and appropriate health and safety boundaries. It is not a demand to overwhelm yourself, remove needed accommodations or ignore real danger.

Choosing care together

The best starting point depends on the anxiety pattern, severity, access, prior care and what you prefer. Therapy, medication or a combination may be discussed. [2, 5, 6]

Option	What it can offer	What to discuss
CBT and guided CBT self-help	Skills and practice that address the maintaining pattern.	Disorder-specific expertise, format, pace and support needs.
SSRIs / SNRIs	Antidepressant classes also used for several anxiety disorders. Benefits usually build over time.	Side effects, early activation, interactions, follow-up and a planned approach to stopping. [2, 5]
Other prescribed options	May be considered when first choices do not suit the person or condition.	Why this option, what evidence applies, and how benefit and harms will be monitored. [5]
Benzodiazepines	May have a limited short-term role in some circumstances.	Sedation/dependence risks. NICE: short-term crises only for GAD; not advised for panic disorder. [5]

What the medication names mean

SSRIs are selective serotonin reuptake inhibitors; SNRIs are serotonin-norepinephrine reuptake inhibitors. These names describe drug classes, not a prediction of which medicine will work for you. A prescriber can explain benefits, side effects and alternatives.

Medication decisions belong with a prescriber

Do not start, stop or change prescribed treatment from this guide. Discuss withdrawal planning, pregnancy considerations, other medicines and any marked worsening or unusual activation promptly.

Support the day you actually have

Everyday support can reduce strain and make treatment easier to use. It is an addition to care, not a requirement to “fix your lifestyle” first. [2, 11]

- 1 Lower the load** → Protect a realistic sleep routine, eat regularly and choose movement that suits your health. Notice whether caffeine or alcohol worsens symptoms.

Support the body without treating every sensation as danger.

- 2 Make room for action** → Choose a small, meaningful activity: answer one message, take a short walk or rejoin a valued routine. Scale it to capacity.

Progress can include doing something while still anxious.

- 3 Use people and access** → Ask for practical help, clear information, breaks, accessible spaces or a trusted companion when appropriate.

Keep supports that enable participation; review fear-driven restrictions with a clinician.

For someone supporting an anxious adult

Listen before problem-solving. Ask what would make the next step manageable. Offer company or practical help without shaming, forcing exposure or promising that nothing bad can ever happen.

Flexibility matters more than perfect technique

If a coping routine becomes mandatory, expands repeatedly or keeps you from participating, bring that pattern to therapy. The goal is freedom to choose, not another rule to obey.

What newer research adds

Evidence checked through October 14, 2026. A publication date and the last search date are different. Newer does not automatically mean stronger.

2024

Psychotherapy synthesis

A network meta-analysis of adult GAD trials supports CBT. Several approaches helped in the short term; CBT had the clearest support at follow-up. [7]

Search through January 2023. Study bias and differences between trials limit certainty.

2025

Medication synthesis

Cochrane found antidepressants improved GAD response compared with placebo, alongside a greater risk of stopping for adverse effects. [8]

Search through October 2022. Trials were mostly short and excluded serious medical comorbidity.

2025

A specific digital CBT trial

A randomized trial in 351 adults found one digital CBT program outperformed digital psychoeducation for GAD. [9]

One manufacturer-funded program, selected participants and follow-up to 24 weeks. This does not validate all apps.

Use a research filter

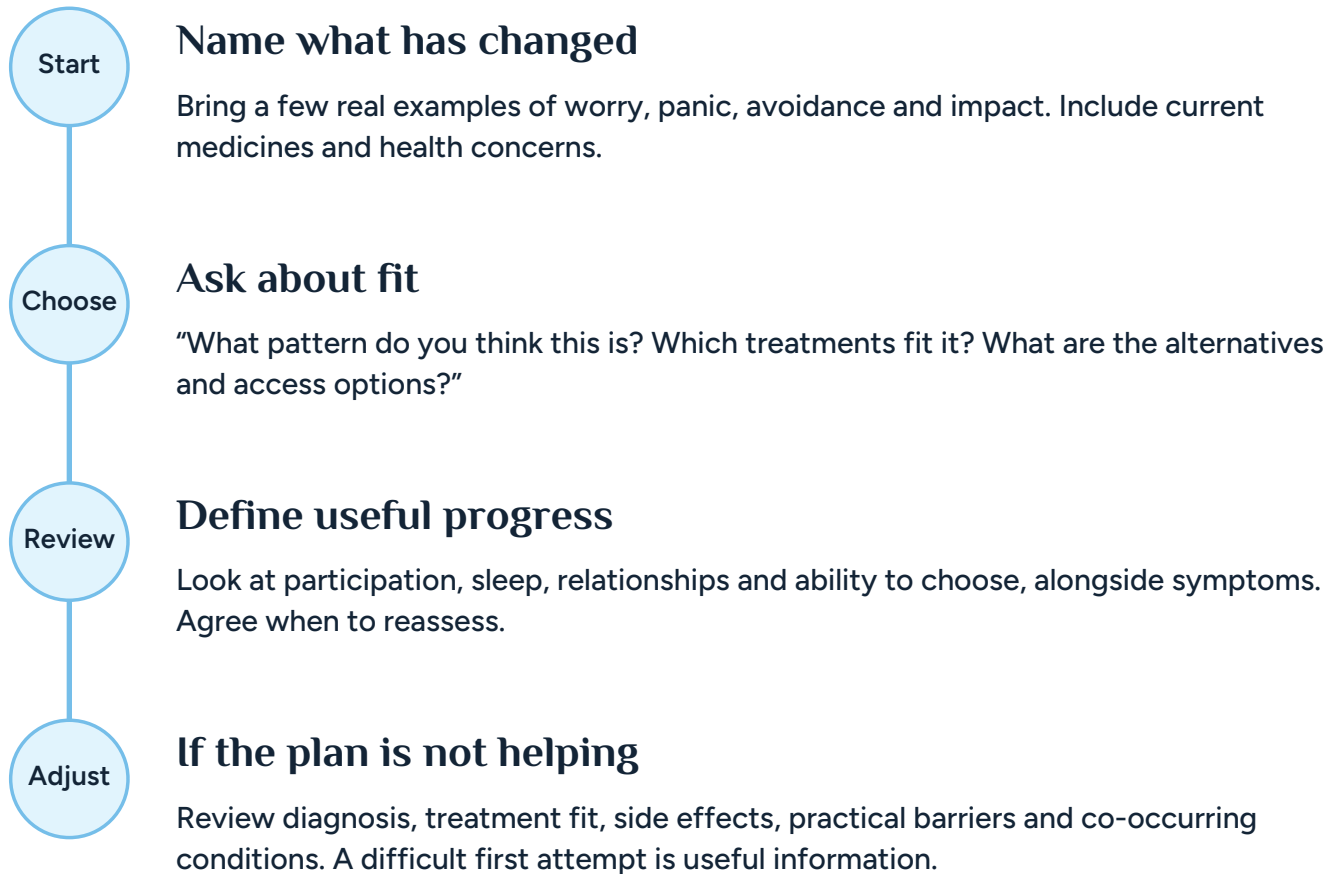
Ask: which condition and people were studied? What was the comparison? Were harms and follow-up measured? Is the product you are being offered the one tested?

What this changes in practice

CBT remains a well-supported option. Medication benefit and side effects deserve equal attention. Digital care should be judged by its own evidence, accessibility, privacy and support arrangements.

A useful next conversation

You can seek help before anxiety becomes a crisis. Persistent distress, avoidance, sleep disruption or loss of everyday functioning are good reasons to talk with a qualified professional. [1, 2]



Care can be adapted

Ask about language, disability access, sensory needs, costs, telehealth and how between-session support works. GAD guided self-help and clinician-delivered care are different levels of support, not a test of willpower. [5]

Urgent support

If you may act on thoughts of harming yourself or cannot stay safe, seek urgent help now. In the U.S., call or text 988; call 911 for immediate danger. Elsewhere use local crisis or emergency services. This guide is educational, not individual diagnosis or treatment.

Evidence and further reading

The numbered links throughout this guide open these sources. Adult-focused information; checked October 14, 2026.

- 01 **NIMH • Anxiety disorders**
Reviewed December 2024 • official overview
- 02 **NIMH • Generalized anxiety disorder**
Revised 2025 • symptoms, assessment and care
- 03 **NIMH • Panic disorder**
Official patient information • checked October 2026
- 04 **NIMH • Social anxiety disorder**
Revised 2025 • presentation and treatment
- 05 **NICE • GAD and panic guideline, CG113**
2011; updated June 2020 • adult care recommendations
- 06 **NICE • Social anxiety guideline, CG159**
May 2013 • disorder-specific CBT and other care
- 07 **Papola et al. • Psychotherapies for adult GAD**
JAMA Psychiatry, 2024; online October 2023 • network meta-analysis
- 08 **Kopcalic et al. • Antidepressants for GAD**
Cochrane, January 30, 2025 • systematic review
- 09 **Parsons et al. • Digital CBT for GAD**
JAMA Network Open, December 15, 2025 • randomized trial
- 10 **NHS • Chest pain**
Reviewed August 2023 • urgent medical boundaries
- 11 **NHS • Anxiety and everyday support**
Official public guidance • checked October 2026

How to read the evidence

This is a focused evidence update, not a new systematic review. Official guidance is combined with recent reviews and a primary trial. Older guidelines retain their actual dates. Findings about GAD do not automatically apply to every anxiety disorder.

Examples and diagrams are original, simplified and illustrative. They are not accounts of real clients, diagnostic tests or individual treatment plans. No outcome is guaranteed.