USANA Technical Bulletin

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Anxiety

Description

- Anxiety is a feeling of apprehension, worry, uneasiness, or dread, especially of the future. A certain amount of anxiety is normal and stimulates the individual to purposeful action. Excess anxiety interferes with efficient functioning of the individual.¹
- Diagnosed anxiety disorders are classified into five basic types: phobias, generalized anxiety disorders, panic disorders, obsessive-compulsive disorders, and post-traumatic stress disorder.²

Causes

• The causes of clinical anxiety range from drug withdrawal (some phobias) to alterations in the brain's biochemistry (panic disorders) to conflict (generalized anxiety disorder). Because of the complexity of the brain and a person's psychological make up, diagnoses and causes may overlap.

Types

The severity of a person's anxiety can range from mild to very severe. Anxiety is a
problem when the severity is inappropriate or when it interferes with normal daily
functions.

At Risk

• Drug abusers including alcoholics are susceptible to anxiety attacks especially during withdrawals.³ People with a wide variety of psychological or medical disturbances are at risk.

Prevention and Management

- It is often important to address any psychological factors underlying anxiety.
- Physicians often prescribe various medications to help control severe anxiety.
- Anxiety may be associated with elevated blood lactate level and an increased lactate to pyruvate ratio. This ratio is increased by alcohol, caffeine, and sugar, and deficiencies in niacin, thiamine, or magnesium.
- Avoiding or reducing consumption of alcohol⁶, caffeine⁷, and sugar ⁹ may reduce anxiety.

- Vitamin B Complex: In an observational study, 7 of 12 agoraphobia (fear of open spaces) patients were deficient in the vitamin B complex.⁵
- Calcium: Several case reports suggest low calcium levels may be associated with an organic anxiety syndrome.⁶
- Inositol: Inositol may have a calming effect.⁷
- Magnesium: Deficiency is often associated with anxiety.⁸

Sources of Additional Information

http://www.npadnews.com/

Abstracts

Rudin DO. The major psychoses and neuroses as omega-3 essential fatty acid deficiency syndrome: substrate pellagra. Biol Psychiatry 1981 Sep;16(9):837-50.

Pellagra was once a major cause of three behaviorally different mental disorders-schizophreniform, manic-depressive-like, and phobic neurotic - plus drying dermatoses, autonomic neuropathies, tinnitus, and fatigue. In this preliminary study all three of the corresponding present-day mental diseases are found to exhibit, statistically, the same pellagraform physical disorders but to ameliorate not so much with vitamins as with supplements of a newly discovered trace omega-3 essential fatty acid (w3-EFA), which provides the substrate upon which niacin and other B vitamin holoenzymes act uniquely to form the prostaglandin 3 series tissue hormones regulating neurocircuits en block. Since present-day refining and food selection patterns, as well as pure corn diets, deplete both the B vitamins and W3-EFA, the existence of therapeutically cross-reacting homologous catalyst and substrate deficiency forms of pellagra are postulated, the first contributing to the B vitamin deficiency epidemics of 50-100 years ago, the second to the more recent endemic "Diseases of Western Civilization" which express in certain genetic subgroups as the major mental illnesses of today.

References

¹ Taber's Cyclopedic Medical Dictionary. 16th ed. Philadelphia:FA Davis Company; 1985. p 120.

² Diseases. Springhouse (PA): Springhouse Corporation;1993. p 52-66.

³ Roelofs SM. Hyperventilation, anxiety, craving for alcohol: a sub acute alcohol withdrawal syndrome. Alcohol 1985;2(3):501-5.

⁴ Buist RA. Anxiety neurosis: The lactate connection. Int Clin Nutr Rev 1985;5(1):1-4.

⁵ Abbey LC. Agoraphobia. J Orthomol Psychiatry 1982;11:243-259.

⁶ Werbach M. Nutritional Influences on Mental Illness. Tarzana (CA): Third Line Press. p 52-53.

⁷ Pfeiffer C. Mental and Elemental Nutrients. New Canaan (CT): Keats Publishing Company; 1975.

⁸ Seelig MS et al. Latent tetany and anxiety, marginal Mg deficit and normocacemia. Dis Nerv Syst 1975;36:461-65.