

Anxiety Leading to Higher Risks of Strokes



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Anxiety is normal in life as it advantages you to cope better with life circumstances. Anxiety is adaptive at low levels. But, chronic and/or elevated levels of anxiety are considered pathological as it causes a huge distress in life and may interfere and impair the daily function of a person. There are many different types of anxiety that share common symptoms: fear, excessive worrying, and



anticipation of negative events, which can affect both physical and mental health.

Anxiety is one the most prevalent disorders worldwide, The National Comorbidity Study estimated that a 12-month prevalence of anxiety disorders is about 18.1%. Among the other disorders studied such as mood, impulse control, and substance abuse anxiety are by the far the most prevalent.⁽¹⁾

Stress mostly early in life plays a major role behind most of anxiety disorders, and it accounts for relapses in most of chronic anxiety disorders. As well as, various familial, genetic and psychobiological factors add to the development of certain anxiety disorder.

As the mind senses danger, the autonomic nervous system in the brain will become activated. The sympathetic nervous system known as the “flight/sight system” will release epinephrine and norepinephrine from the adrenal glands.

While, the parasympathetic nervous system will built to counter act the sympathetic nervous system, but epinephrine and norepinephrine takes time to be destroyed hence, it’s not an immediate shut down.

Cardiovascular effects follows, as there will be increase in heartbeats, and the heart will pump stronger with increased in blood volume. Blood will be reduced to places it is not needed like the digestive system and it will increase to places more needed such as he large muscle groups and the lungs.

The cognitive system of patients with anxiety will be impaired as well as they will have trouble with memory and concentration. They tend to exaggerate events and have low success expectancy about the future. Some symptoms that accompany anxiety are nail biting, trembling, clinging and always asking for reassurance, headaches, palpitations, restlessness, urinary symptoms, tremors, muscle tension, nausea and diarrhea.

A new research study published in the “American Heart Association journal” was the first study to link anxiety to increasing levels of strokes free of other factors such as depression.

Researchers studied a nationwide representative group made up of 6,019 members aged between 25 and 74 years old over a period of 22 years. The members of the study undertook blood tests, medical checks and fulfilled



psychological surveys to measure their anxiety and depression levels.

Participants were asked to rate different anxiety related questions on a scale from 0 to 5. The statements were the following: “Have you been anxious, worried or upset?” “Have you been under or felt you’ve been under any strain, stress or pressure?” “Have you been bothered by nervousness or your nerves?”⁽²⁾

Examiners followed up strokes throughout the lives of the participants. It was found that even moderate increase in anxiety were linked to higher risks of strokes and this was noted as a 33% increased stroke risk in people at the highest third levels relative to those with the lowest levels of anxiety symptoms.⁽³⁾

Nevertheless, the link between high anxiety and strokes is still somehow vague. Because, it is still not certain whether the high anxiety level itself is causing the increased risks of strokes or other lifestyle factors that accompany anxiety is playing a role.

A person with high and chronic levels of anxiety is more prone to smoke and to have a sedentary lifestyle. In addition, researchers speculated that the higher risk of strokes in people with anxiety might be related to the increased heart rate, high blood pressure or increased level of stress hormones.⁽⁴⁾

In conclusion, it’s very important for Physicians to distinguish between adaptive and pathological anxiety. Besides being linked to higher risks of strokes anxiety is

a disabling disorder that is chronic in most of the cases and affects the daily life of a person. It is associated with other comorbidities such as major depression, substance abuse and other disorders that can deteriorate a person’s life. **Patients with anxiety disorders face considerable suffering and live a reduced life quality, since the disorder affects their work, social and interpersonal life and relations.** Anxiety disorders are serious disorders due to their high prevalence and toxic effect on a patient’s daily life. Patients with anxiety disorders should be treated to lower their stress and to enhance their ability to distress and cope better with their daily life.

More and more people throughout the world are reaching much older age. While most enjoy active lives, increasing numbers will require care for disabilities produced by diseases that cannot be cured. Chronic conditions are lengthy and require a continuum of care services throughout the life course. The global disease burden has now changed but health systems are still largely focused on cure and are not sufficiently orientated to provide care for all those who need it. However much is achieved in terms of prevention and treatment, accompanying the **longevity revolution** is an added imperative: to develop a **culture of care** that is sustainable, affordable, compassionate and universal. We understand that the contexts in which care provision is needed are culturally diverse and undergoing rapid change. Smaller, more complex and geographically more dispersed family networks are becoming less able to provide care without additional reinforcement. There is a growing global crisis of “family insufficiency”.

References

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