MENTAL HEALTH & WELLBEING FACTSHEET

Anxiety, Panic and Persistent Worry

Understanding the mind-body alarm response and finding effective support

The short version

Anxiety is a normal response to threat or uncertainty, but it may become a problem when it is persistent, difficult to control, out of proportion to the situation or limiting daily life. Panic attacks are sudden episodes of intense fear with powerful physical symptoms. Both anxiety and panic are treatable, and physical symptoms should not automatically be self-diagnosed as anxiety.

Understanding anxiety, fear and panic

Anxiety	A feeling of unease, worry or fear. It can prepare us to respond to danger or uncertainty, but may become distressing when frequent, intense or difficult to control.
Persistent worry	Repeated concern about possible problems, often accompanied by attempts to predict, prevent or mentally solve every outcome. Worry can feel productive while keeping the nervous system activated.
Panic attack	A sudden surge of intense fear and physical symptoms that comes on quickly. NHS guidance says most panic attacks last around 5 to 20 minutes, although some last longer.
Panic disorder	An anxiety disorder involving recurrent unexpected panic attacks followed by continuing worry, fear of further attacks or changes in behaviour such as avoidance.

Anxiety is not always a disorder

Feeling anxious before an examination, medical result, difficult conversation or major change can be understandable. The pattern deserves more attention when anxiety is present much of the time, feels uncontrollable, causes significant distress or interferes with sleep, relationships, work, study, self-care or ordinary activities.

How anxiety may affect you

Body	A racing or noticeable heartbeat, dizziness, headaches, chest discomfort, breathlessness, sweating, shaking, nausea, stomach or bowel symptoms, feeling hot, muscle tension or tingling.
Thoughts	Fear of the worst happening, racing thoughts, difficulty concentrating, intrusive thoughts, repeated checking, uncertainty feeling unbearable or interpreting sensations as dangerous.
Feelings	Tension, dread, nervousness, irritability, tearfulness, feeling unreal or detached, being unable to relax or feeling that control may be lost.
Behaviour	Avoiding places or tasks, seeking repeated reassurance, checking, escaping early, delaying decisions, reduced self-care or using alcohol, drugs, nicotine, food or gambling to cope.

What a panic attack can feel like

- racing heart, chest discomfort or choking sensations
- rapid breathing, breathlessness or tingling
- dizziness, faintness, sweating or trembling
- nausea, hot flushes, chills or a dry mouth
- fear of dying, collapsing or losing control
- feeling detached from your body or surroundings

Do not assume every episode is panic

Heart, lung, neurological, hormonal, metabolic and medication-related problems can produce similar symptoms. Seek urgent medical help for new or severe chest pain, collapse, severe breathing difficulty, signs of stroke or another medical emergency. A clinician can assess recurring symptoms and rule out other causes.

During a familiar panic attack

- move to a safer, quieter place if possible and remind yourself that the surge will pass
- slow the out-breath rather than taking repeated large breaths
- notice what you can see, hear and physically feel around you
- loosen restrictive clothing, sit or stand securely and avoid driving
- follow an agreed treatment or coping plan if you have one

Why anxiety can continue

Trigger	A situation, thought, memory, body sensation or uncertain event is interpreted as threatening.
Alarm response	Attention narrows and physical symptoms such as a racing heart, tension or dizziness increase.
Threat interpretation	The sensations or situation are read as proof that something terrible is happening or cannot be managed.
Safety behaviour	Avoidance, escape, checking or reassurance brings short-term relief but may prevent learning that the situation can be tolerated safely.
Future fear	The person becomes more alert for danger and more fearful of the next episode, strengthening the cycle.

Different patterns require different assessment

Generalised anxiety	Difficult-to-control worry across many areas of life, often with tension, restlessness, poor sleep, irritability or concentration problems. NHS diagnostic guidance refers to anxiety present much of the time for at least 6 months and affecting daily life.
Panic disorder	Recurrent unexpected panic attacks with ongoing concern or behavioural change related to further attacks.
Phobias and social anxiety	Intense fear linked to particular objects, situations or social evaluation, often leading to avoidance.
OCD, PTSD and health anxiety	These may involve intrusive thoughts, compulsions, traumatic memories, hypervigilance or repeated health fears. They are not interchangeable and need suitable assessment and treatment.

What can contribute to anxiety?

- current stress, uncertainty or major life changes
- health concerns, pain or long-term illness
- family history and individual vulnerability
- some medicines or underlying health conditions
- trauma, abuse, bullying or bereavement
- relationship, work, caring, housing or money pressures
- poor sleep, caffeine, alcohol or other substances
- previous panic attacks and fear of recurrence

Anxiety may have several interacting causes, and sometimes there is no single obvious explanation. This does not make the experience less real.

Evidence-based support and treatment

Guided self-help	A structured workbook or online CBT-based programme supported by a trained practitioner may be offered for some anxiety difficulties.
Cognitive behavioural therapy	CBT helps identify patterns between thoughts, physical sensations and behaviours, then tests safer and more helpful responses. Treatment is adapted to the specific anxiety problem.
Applied relaxation	For generalised anxiety disorder, NICE includes applied relaxation as a high-intensity psychological treatment option delivered by a trained practitioner.
Medication	A prescriber may discuss an SSRI or another medicine according to diagnosis, health, preferences and previous treatment. Benefits, side effects, interactions and withdrawal effects should be explained.
Specialist support	Severe, complex or treatment-resistant anxiety may require assessment and a coordinated plan from specialist mental-health services.

Everyday support alongside treatment

- regular food, fluids and sleep where possible
- reducing caffeine if it worsens symptoms
- small, planned steps instead of total avoidance
- addressing practical sources of fear or uncertainty
- movement adapted to health and ability
- talking with a trusted person
- reducing alcohol or substances used to cope
- using relaxation as support, not as a test of success

Getting help

NHS Talking Therapies	Adults in England can usually self-refer without a GP diagnosis. Services may help with generalised anxiety, panic, phobias, social anxiety, OCD, PTSD and health anxiety.
GP review	See a GP when symptoms may have a physical cause, you are unsure which service is suitable, anxiety is affecting daily life, or current treatment is not helping.
Medication safety	Take prescribed medicine as directed and discuss side effects or concerns. Do not stop antidepressants suddenly without clinical advice because withdrawal symptoms can occur.

Urgent help and emergencies

Call 999 or go to A&E now

Do this if someone's life is at risk, they have seriously harmed themselves or taken an overdose, or you do not feel able to keep yourself or someone else safe. Also call 999 for symptoms suggesting a serious physical emergency rather than assuming they are anxiety.

Urgent but not an emergency	Use NHS 111 online or call 111 and select the mental health option. You can also ask a GP practice for an urgent appointment.
Samaritans	Call 116 123 free, day or night, 365 days a year, if you need a safe place to talk about whatever you are facing.

How Health Matters UK can support you

Health Matters UK can provide general anxiety education, help you notice patterns and triggers, organise questions and consider realistic wellbeing steps. We can signpost appropriate healthcare and practical support. We do not diagnose anxiety disorders, deliver psychological therapy, recommend medication or provide crisis intervention.

You deserve support, not judgement

Anxiety is not attention-seeking, weakness or a failure to think positively. The mind and body are responding as though protection is needed. With appropriate assessment, treatment and support, the alarm system can become less dominant and life can expand again.

Important information

This factsheet is for general education and does not replace personalised medical advice, diagnosis or treatment. Physical symptoms should be assessed appropriately. Use NHS 111 for urgent mental-health help and call 999 or go to A&E when life is at risk, someone cannot be kept safe or a serious physical emergency is suspected.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS and NICE resources. External guidance remains the responsibility of the issuing organisation.

• NHS. Get help with anxiety, fear or panic. nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/

• NHS. Generalised anxiety disorder. nhs.uk/mental-health/conditions/generalised-anxiety-disorder-gad/

• NHS. Panic disorder. nhs.uk/mental-health/conditions/panic-disorder/

• NHS. Talking therapies. nhs.uk/tests-and-treatments/talking-therapies/

• NHS. Find NHS Talking Therapies for anxiety and depression. nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/

• NICE. Generalised anxiety disorder and panic disorder in adults: management (CG113), reviewed May 2024. nice.org.uk/guidance/cg113

• NHS. Where to get urgent help for mental health. nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

• Samaritans. Contact a Samaritan. samaritans.org/how-we-can-help/contact-samaritan/

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