



# Being Female and Anxious

## Anxiety Disorders in Women

**W**e all accept that there are differences between girls and boys, but one difference, in particular, may be surprising. Once a girl reaches puberty, her chances of developing anxiety and mood disorders are double that of the boy she sits next to in school (22.6% vs. 11.8%). Simple phobias, social phobia, and Generalized Anxiety Disorder are the most common. Her risk remains double that of males for another 35-40 years, a lifetime risk longer than that of almost any other psychiatric or physical illness. Moreover, during their lifetime women are more likely to have multiple psychiatric disorders than are men. The most common psychiatric illness to co-occur with anxiety (in both sexes) is depression.

### Vive La Difference

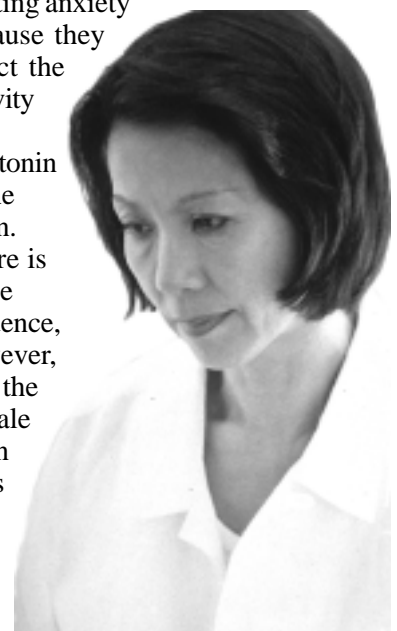
“True, although we are making progress, we don’t know as much as we’d like about why rates of anxiety are so high in females. But we do know what anxiety disorders can do to a woman’s life and health and how we can help her,” says Jerilyn Ross, President and Chief Executive Officer of the ADAA. Only about one-third of those with an anxiety disorder have been diagnosed and are in treatment. “If your fears or worries are interfering with your life, get help. It’s the best thing you can do for yourself and your family.”

Researchers are investigating the role of brain chemistry, hormones, gender roles, trauma, social support, and socioeconomic status in females’ vulnerability to anxiety disorders.

Little is known about how these factors interact, and each may confer both risk and protection for an individual woman, according to experts.

**Brain chemistry.** Differences in brain chemistry may account for at least part of the difference. The brain system involved in the ‘fight or flight’ response is activated more readily in women and stays activated longer than in men, partly as a result of the action of estrogen and progesterone. For example, if a man and a woman suffer the same traumatic event and both develop PTSD as a result, it is likely that the woman will suffer from the effects of the disorder for a longer period of time than the man will.

The neurotransmitter serotonin may also play a role in stress responsiveness and anxiety. Anti-depressants are effective in treating anxiety because they affect the activity of serotonin in the brain. There is some evidence, however, that the female brain does



### Prevalence of Anxiety Disorders in Women

Disorder	Lifetime Prevalence (in %)	12-Month Prevalence (in %)
Panic disorder	5.0	3.2
Agoraphobia without panic	7.0	3.8
Social phobia	15.5	9.1
Simple phobia	15.7	13.2
Generalized anxiety disorder	6.6	4.3
Any anxiety disorder	30.5	22.6

SOURCE: Kessler, Ronald C, et al, “Lifetime and 12-Month Prevalence of DSM-III-R Psychiatric Disorders in the United States: Results from the U.S. National Comorbidity Survey,” Archives of General Psychiatry, 51 (January 1994).

not process serotonin as quickly as the male brain. While the female hormone estrogen enhances the amount of serotonin in the brain, during her premenstrual phase a woman, especially an individual with naturally low serotonin levels, may suffer anxiety and increased irritability because of changes in hormone levels. That there is a link between hormones and anxiety is made clear by studies done with pregnant women. A woman with Panic Disorder who becomes pregnant may experience a decrease in the frequency of her panic attacks while pregnant and breast feeding, that is, when levels of both estrogen and progesterone are particularly high.

**Gender roles.** The symptoms and course of anxiety disorders also differ by gender. Men with panic disorder and agoraphobia, for example, are more likely than women with the same diagnosis to abuse alcohol. Women with panic and agoraphobia are more likely to relapse than men.

Psychosocial factors may also play a role in the higher rates of anxiety in females. Several studies support the notion that having some “masculine” traits can protect against anxiety. “It is plausible that an assertive, goal-oriented, competitive style may lead a person to be less avoidant and therefore less anxious,” says Katherine Shear, M.D., writing in *Gender and Its Effects in Psychopathology* (Ellen Frank, Ph.D., ed., American Psychiatric Press, 2000). Shear also hypothesizes that the

changing roles of women—their greater social equality and increased participation in the workforce—may be leading to the observed decline in the ratio of women to men with agoraphobia (from 4:1 in 1970s to 2:1 in 1990s).

**Social relationships.** Men and women have distinctly different “goals” in pursuing relationships, a phenomenon described in a series of popular books, for example, *Men are from Mars, Women are from Venus*. Men’s relationships focus on pursuing common activities and interests, while women focus on establishing mutual understanding and intimacy. Women also seek supportive social relationships, and when they are troubled by their relationships, they tend to experience more distress than men.

“In our clinical samples, we found interpersonal problems in women were consistently related to symptoms of somatic anxiety, anxiety sensitivity, worry and agoraphobic avoidance; the more severe the interpersonal problem, the more severe the anxiety,” says Shear. However, Shear cautions, the reverse may also be true: having more anxiety symptoms may lead to more problems in women’s relationships.

**Socioeconomic status.** Results from the landmark National Comorbidity Survey confirm that the prevalence of all psychiatric illnesses goes down as an individual’s education and income go up. Interestingly, the data show that lower socioeco-

omic status is more strongly correlated to anxiety disorders than mood disorders. Lack of education and financial hardship may lead to chronic stress and inability to find and take advantage of both information and treatment resources. Lower socioeconomic status combined with single motherhood has also been shown to increase the risk of having an anxiety disorder.

This article, written by Stephanie Sampson, M.A., is reprinted from the Anxiety Disorders Association of America’s bimonthly newsletter, the *Reporter*. If you would like to subscribe, please visit our website at [www.adaa.org](http://www.adaa.org), click on “ADAA Membership” and go to “Consumer Membership,” or call the ADAA.

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