LIVING WELL

When Worry About Your Health Takes Over

Health worries can be reasonable, relentless or both; here is how to recognize when fear itself deserves care.

The ache and the alarm

You notice an ache, and your attention snaps toward it. Soon you are tense, your heart is pounding and the rest of the day has narrowed around one thought: something may be wrong. The sensation might need medical attention. The fear might, too. Those possibilities can exist together, which is why the line between sensible concern and overwhelming anxiety can feel so hard to see.

Anxiety is not automatically a disorder. Fear, dread and uneasiness can be normal reactions to stress, including a difficult decision or a concern about health. Anxiety may make you restless, tense or sweaty. It can bring dizziness, shortness of breath, unexplained pain or a rapid heartbeat-physical sensations that may add another layer of worry when your attention is already fixed on your body.

The useful question is not whether your concern began with a "real" symptom. Anxiety can accompany physical illness. A 2025 review of 376 studies involving more than 347,000 adults with chronic pain found clinically significant anxiety symptoms in about 40%. A 2021 review of inflammatory bowel disease found anxiety symptoms in roughly a third of patients, with higher rates when the disease was active.

None of that tells you what your own sensation means. It does show why "physical" and "anxious" are not opposing camps. You do not have to prove that your fear is imaginary before asking for help with it, and feeling anxious does not establish that a physical symptom is harmless.

The line is drawn by your life

Ordinary anxiety tends to belong to a situation. Anxiety disorders involve more than occasional fear: the anxiety persists, appears across situations or grows worse over time. It may become overwhelming. Most importantly, it can interfere with work, school, relationships and routine activities.

That interference is the clearest line available in the evidence. Your worry has moved beyond a

passing lifestyle concern when anxious thoughts are hard to control, do not go away, or change how you live. Avoiding everyday activities you previously did is one such change. In severe cases, anxiety can lead someone to avoid social encounters or refuse to leave home.

There is no moral threshold here. You do not need to wait until fear has dismantled your life. Anxiety disorders are common: older national diagnostic-interview data estimated that 19.1% of U.S. adults had one in the previous year and 31.1% would experience one during their lives. Among adults who had an anxiety disorder, impairment ranged from mild to serious.

Health is also one of the ordinary subjects of generalized anxiety. In that disorder, worry about health, money, work or family becomes excessive and occurs almost every day for at least six months. That description is not a self-test. It is a reminder that the subject of your fear matters less than its persistence, intensity and reach into the rest of your life.

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A racing heart cannot settle the question

Anxiety can produce bodily symptoms, but a list of those symptoms cannot tell you their cause. A pounding heart, dizziness, aches or shortness of breath may occur with anxiety. Some physical conditions, including thyroid problems and abnormal heart rhythms, can also be associated with anxiety. Caffeine, other substances and certain medicines may worsen anxiety symptoms.

This is where the issue becomes medical rather than something to manage alone. If you have unexplained physical symptoms, or you are unsure whether a health problem is contributing to your anxiety, speak with a health care professional. An anxiety assessment can include your medical history, a physical examination and laboratory tests to check whether another health problem is responsible.

That process is not about deciding whether you are "really sick" or "just anxious." It is about taking both parts of the experience seriously. A psychological evaluation may follow if another health problem does not explain what is happening. The aim is to understand the pattern of your thoughts, physical feelings and behavior, not to dismiss them.

Urgency has its own line. If you are struggling or having thoughts of suicide, call or text 988 in the United States or use its online chat. In a life-threatening situation, call emergency services. At that point, waiting to see whether the feeling passes is no longer the task.

Relief is not a character test

Once anxiety is controlling your days, trying harder to be calm is not the only option. The main forms of care are psychotherapy, medicine or both. Psychotherapy is most useful when it is focused on your particular anxieties and needs, rather than asking you to become a generally less worried person.

Cognitive behavioral therapy teaches different ways of thinking and behaving and can change how you respond to what triggers fear. It may include exposure therapy, in which you confront fears so you can return to things you have been avoiding. Acceptance and commitment therapy uses approaches including mindfulness and goal-setting and may help with some anxiety disorders.

Medicines used for anxiety disorders include anti-anxiety medicines and certain antidepressants. Different medicines may work better for different anxiety disorders, and finding an appropriate one can require close work with a clinician and sometimes more than one attempt. That uncertainty can be frustrating, but it is part of individualized care rather than evidence that your anxiety cannot be helped.

Support groups and stress-management techniques may also be useful. They sit alongside professional care; they do not erase the need to investigate concerning physical symptoms or address anxiety that is persistent and disruptive. The goal is not to become indifferent to your health. It is to keep fear from making every decision for you.

Be wary of tidy fixes

When worry feels physical, physical activity can sound appealing as a complete answer. The evidence is encouraging but narrower than that promise. A 2025 systematic review identified 32 randomized trials involving 3,243 adults diagnosed with depression or anxiety. Its meta-analysis found that aerobic exercise, resistance exercise or a mixture improved anxiety symptoms, with a moderate overall effect.

That finding supports exercise as one possible part of care. It does not show that exercise can identify the cause of a symptom, replace an assessment or guarantee relief. The review also combined different exercise modes and focused on adults who already had a diagnosis, so it cannot settle what your particular health fear means.

Yoga has thinner evidence. A 2018 review found eight randomized trials with only 319 participants. It reported short-term improvement among people with elevated anxiety, but evidence for people with formally diagnosed anxiety disorders was inconclusive. Selection bias was unclear in most trials, and only three reported safety information. "Might help" is the honest claim; "will fix this" is not.

For the next week, notice the footprint rather than trying to win an argument with every fear. Pay attention to whether worry is fading with the situation or spreading into work, relationships and ordinary activities. If it persists, feels uncontrollable, changes what you do or accompanies unexplained physical symptoms, bring both the symptom and the fear to a health professional. You do not need to choose which one deserves care first.

Where this comes from

- Anxiety

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/anxiety.html
- Phobias

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