SLEEP & STRESS

# When Worry Starts Running Your Life

The dividing line is not whether you worry, but whether fear persists, spreads and begins deciding how you live.

## The thought that follows you

You finish the difficult conversation, but it keeps going in your head. You check the message again. You rehearse tomorrow, then next month, then every possible way things could go wrong. The original problem may be real. What has changed is that your mind no longer seems willing to put it down.

Worry about health, money, work, school or family is part of ordinary life. Anxiety can be a normal reaction to stress, bringing fear, dread or uneasiness when you face a difficult problem or important decision. It may make you restless, tense or sweaty, or leave your heart racing. In the moment, that alertness may help you focus or cope.

The line between ordinary worry and an anxiety disorder is not a single bad evening. It is a pattern: anxiety that does not go away, appears across many situations or becomes worse over time. It may begin to interfere with your work, schoolwork, relationships or routine activities. In severe cases, fear can make social contact or leaving home feel impossible.

That distinction matters because anxiety disorders are common, not evidence that you have failed at coping. About a third of adolescents and adults in the United States experience one at some point in their lives. The question is not whether your worry looks serious enough from the outside. It is what that worry is doing to your life.

## Watch what fear makes smaller

Anxiety does not always announce itself as fear. It may show up as irritability, poor concentration, fatigue or trouble sleeping. Your muscles may ache. You may feel dizzy, short of breath or unable to relax. Anxious thoughts can become difficult to control, while your body behaves as though something urgent is happening.

Then your choices begin to change. You stop doing ordinary things you once did. You avoid the crowded place, the flight, the social situation or the highway. A phobia involves intense fear of something that presents little or no actual danger; if you cannot avoid it, you may experience panic, trembling, a rapid heartbeat, shortness of breath and a powerful urge to escape.

Sometimes the shift is sudden. A panic attack is an episode of intense fear or discomfort that can include a racing heart, sweating, chills, trembling, breathing difficulty, dizziness, tingling, chest pain or nausea. It can feel like a heart attack. Yet one panic attack is not the same as panic disorder, and not everyone who has an attack develops the disorder.

Panic disorder involves recurrent, unexpected attacks followed by continuing worry about another one, fear about what the attacks mean or changes made to avoid them. That aftermath is revealing. The attack may last minutes or longer, but fear of its return can keep reshaping your life long after the physical sensations resolve.

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## Duration tells only part of the story

You may have seen the six-month threshold attached to generalized anxiety disorder. It is real, but it is not a reason to spend half a year suffering in silence. A diagnosis requires worry that is difficult to control on most days for at least six months, along with at least three problems such as restlessness, fatigue, poor concentration, irritability, muscle tension or disturbed sleep.

Generalized anxiety is also more than having one difficult subject on your mind. It often involves excessive worry about ordinary concerns, including health, finances, work, family responsibilities or being late. The worry may feel out of proportion to the situation and persist for months or years. Its intensity can fluctuate and may become worse during illness, exams, or family and relationship conflict.

Different patterns have different markers. Panic disorder requires recurrent, unexpected attacks and at least a month of worry, fear or behavioral change related to future attacks. Phobias gather around particular objects or situations. Social anxiety centers on social situations. These are not labels you need to choose for yourself; they show why anxiety cannot be measured by duration alone.

The hardest, most useful dividing line is this: Anxiety becomes a medical question when it does not go away and begins interfering with daily life. A health professional can ask when it began, how often it happens and how it affects you, while also checking whether a physical condition is contributing. Thyroid problems and heart rhythm problems are among the health conditions that can be associated with anxiety symptoms.

## Help is more than reassurance

Being told not to worry rarely reaches a worry you cannot control. Care for anxiety disorders usually involves psychotherapy, medication or both, chosen around your needs, preferences and medical situation. Finding the right approach can involve trial and error, and both therapy and medication may take time to work.

Cognitive behavioral therapy, or CBT, helps you notice unhelpful automatic thoughts, examine how they affect emotion and behavior, and change your reactions. It may include exposure therapy, in which you confront fears so that you can return to activities you have avoided. Acceptance and commitment therapy takes another route, using acceptance, mindfulness and goal setting while encouraging meaningful activity.

The evidence for CBT is substantial, though it does not promise the same result for everyone. A 2025 analysis covering 375 randomized trials and 32,968 adults found that CBT was probably effective for anxiety disorders and several other mental disorders. Effects varied according to the comparison group, and dropout ranged from 8% in specific phobia trials to 24% in trials involving post-traumatic stress disorder.

An earlier meta-analysis of 41 placebo-controlled studies, involving 2,843 participants with several anxiety-related disorders, found a moderate effect of CBT on the main condition being treated. People receiving CBT were more likely to respond than those receiving a psychological or pill placebo. Results were stronger among people who completed treatment, a reminder that effectiveness in a trial and what happens in a complicated life are not identical.

## Be wary of the easy fix

When worry is exhausting, a supplement can look simpler than explaining your life to someone. Magnesium and cannabidiol, or CBD, are both promoted for anxiety. The available reviews offer hints, not firm answers-and neither establishes that an over-the-counter product can stand in for an evaluation when anxiety is controlling your life.

A 2024 review found that five of seven magnesium studies reported improvement in self-reported anxiety. But most studies had few participants, and they differed in formulation, duration and other potentially active ingredients. The authors said larger randomized trials were needed. That is a long way from knowing which product works, for whom, or whether the improvement came from magnesium itself.

A separate 2024 meta-analysis found a significant effect of CBD on anxiety, but only eight studies with 316 participants qualified. The authors explicitly urged caution because the clinical sample was limited. A large-looking effect from a small evidence base is still uncertain evidence. Popularity does not fill in the missing trials.

This week, notice the territory worry has claimed: the task postponed, the place avoided, the sleep disrupted, the conversation crowded out by rehearsal. If that pattern is persisting or interfering with ordinary life, bring those concrete examples to a primary care or mental health professional. If you are having thoughts of suicide, call or text 988; in a life-threatening situation, call 911. You do not need a perfect label before asking for help.

## Where this comes from

- Anxiety

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

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