Avoidance of Risky Substances: Steps to Help Patients Reduce Anxiety, Overeating, and Smoking

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CASE STUDY

A 40-year-old white man presented to my office with the chief complaint of anxiety. He described how, a few months earlier, when he was driving on the highway, he suddenly had the thought, "Oh, no, I'm in a speeding bullet. I might kill someone." This was accompanied by the sudden onset of racing heart, sweating, and shortness of breath. Similar episodes followed and, despite the fact that he had never been in a car accident, he now avoided driving on the highway and even felt a bit nervous

habit loop was first described by Charles Duhigg, and will be used in this article from this point forward.[8]

Reinforcement learning is also critical for changing habits (including worrying, which is a key component of anxiety and can be negatively reinforced due to the rewarding sense of being in control or problem solving—even if one is not truly in control).[9-11]

I get from this?" Additionally, with a small amount of practice, prescribers can quickly feel more comfortable exploring this approach, with the added bene t of increasing empathetic connection with patients (eg, mapping out a habit loop together shows a patient that a clinician hears and understands the concerns, and it also helps the clinician con rm an accurate understanding of the patient's experience).

CASE STUDY

In our first clinic visit, my patient was not interested in taking a medication for anxiety, so I mapped out his habit loops with