

In adults presenting with anxiety, the breathing pattern in the room is a clinical signal worth listening to. Hypocapnia from over-breathing produces somatic sensations the body learns to read as evidence of threat.

THE CLINICAL REALITY

Anxiety with an unrecognised breathing component

The 2020–2022 ABS National Study of Mental Health and Wellbeing reports that 17.2% of Australians aged 16–85 had a 12-month anxiety disorder, rising to 31.8% in 16–24-year-olds and 40.4% in young women (ABS, 2023). Recent population data put dysfunctional breathing at around 11% of community adults (Wada et al., 2024). The two often co-occur, and patients rarely identify the link.

Over-breathing depletes circulating CO₂ (hypocapnia), producing lightheadedness, paraesthesia, chest tightness, palpitations and a paradoxical sense of breathlessness. These sensations are then read as anxiety, and the breath obliges by becoming faster and shallower. CO₂ hypersensitivity has been described as an endophenotype of panic disorder (Schiele & Domschke, 2021).

THIS MONTH'S RESOURCE

Two measures for the consult

Two freely available self-report measures make the picture concrete. Begin with a validated anxiety measure, then add a breathing-specific screen where somatic features are prominent.

GAD-7 · ANXIETY SEVERITY

7 items rated 0–3 over two weeks (worry, restlessness, irritability, trouble relaxing). Total range 0–21.

Scoring: 5, 10 and 15 mark mild, moderate and severe symptoms.

Threshold: ≥10 is the usual screening cut-off (sensitivity 89%, specificity 82% for GAD; Spitzer et al., 2006) and also screens panic, social anxiety and PTSD (Kroenke et al., 2007).

NIJMEGEN QUESTIONNAIRE · BREATHING SYMPTOMS

16 items rated 0–4 covering dyspnoea, paraesthesia, dizziness, chest sensations and palpitations. A 2024 systematic review found it the best-validated dysfunctional breathing measure (Mohan et al., 2024).

Use as an adjunct: developed in hyperventilation and asthma, so an elevated score (≥23, or ≥19 on Bayesian re-analysis; Janssens et al., 2024) reflects symptom burden, not a diagnosis.

Exclude cardiac, pulmonary, thyroid and pharmacological causes (caffeine, beta-agonists, withdrawal) before attributing somatic symptoms to dysfunctional breathing or anxiety. Both measures are free and support measurement-based care.

FROM NATALIA

The breath is often doing the work of the nervous system

What I notice in clients with anxiety is that the breath has often been doing the work of the nervous system long before they had words for what was happening. The body learns to read shortness of breath, a racing heart and lightheadedness as evidence that something is wrong, and the breath obliges by becoming faster and shallower. Slowing the breath is not about fixing the person. It is about giving the nervous system a different signal to read, one the body has not associated with threat. When clients begin to notice their own breathing pattern, that noticing is often the first piece of work.

Natalia Cajide · Registered Psychologist, Equal Psychology

TO SHARE WITH YOUR PATIENT

A short consult check can begin to make the link visible without prescribing a technique.

THREE QUESTIONS FOR THE CONSULT

1. When you're at your most anxious, where do you feel it in your body, and how is your breathing in those moments?
2. Have you noticed yourself holding your breath, sighing, or feeling like you can't get a full breath in?
3. If we slow your breath now, in through the nose and longer out, what do you notice in your body?

Goal: help the patient observe their own pattern and the link between breath and sensation.

CONSIDER A REFERRAL WHEN...

- Anxiety is accompanied by prominent somatic features (shortness of breath, lightheadedness, paraesthesia) and organic causes have been excluded.
- Recurrent panic episodes appear linked to over-breathing or hyperventilation.
- Functional cardiopulmonary symptoms remain unexplained by investigation.
- The patient is interested in body-based regulation alongside CBT or pharmacotherapy.
- Thought-based approaches have been tried and a different point of entry is sought.

If your patients could benefit from additional psychological support, contact our admin team at admin@equalpsychology.com.au



Patient resource available

We have created a patient resource on Breathing and Anxiety to accompany this issue. Scan the QR code to download and share with your patients.

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