Does Anxiety Worsen Attention Problems in Adults?



A report due at work can become harder to start when the mind is scanning for mistakes, consequences or signs that something will go wrong. The person may reread the first sentence, lose track during a meeting, put off opening emails, or forget what they intended to do next. This can raise a reasonable question: **does anxiety worsen attention problems?** Often, it can. But attention difficulty can also contribute to anxiety, and the two patterns may occur together for different reasons.

For adults who have spent years feeling disorganised, overwhelmed or inconsistent, separating these patterns can bring useful clarity. It is not a matter of deciding whether attention problems are “real” or caused by worry. Both experiences can be real, and both may need consideration in an assessment and support plan.

Does anxiety worsen attention problems?

Anxiety can take up mental resources that would otherwise be available for concentrating, organising and completing tasks. A person who is preoccupied with a difficult conversation, a deadline or a feared outcome may find that their attention keeps returning to the concern, even when they want to focus elsewhere.

Eysenck, Derakshan, Santos and Calvo (2007) described this in their attentional control theory in *Emotion*. They proposed that anxiety can reduce the efficiency of attention control, particularly when a task requires concentration, inhibition of distractions or a shift between tasks. In everyday terms, the person may still be capable of doing the task, but it can require more effort and feel less reliable.

A meta-analysis by Moran (2016) in *Psychological Bulletin* also found an association between anxiety and reduced working memory performance. Working memory is the short-term mental workspace used to hold information in mind while following steps, doing mental calculations, taking notes or responding in conversation. When it is under pressure, someone may lose their place, miss part of an instruction or begin several tasks without finishing one.

This does not mean that every concentration problem is anxiety. Poor sleep, depression, grief, physical illness, substance use, sensory overload, learning difficulties and neurodevelopmental differences can also affect attention. Context matters as well. Attention that is reasonably steady in a quiet, interesting task but falls apart under time pressure may point to a different pattern from attention that has been difficult across settings since childhood.

When attention difficulties can lead to anxiety

The relationship can go in both directions. Repeatedly missing details, running late, forgetting appointments or struggling to begin a task may create understandable worry. Over time, a person may become highly alert to deadlines, criticism or the possibility of letting someone down.

This is one reason adults with possible ADHD can describe anxiety as their most immediate problem. Anxiety may be what brings them to seek support, while a longer developmental history shows that distractibility, disorganisation, impulsive decisions or difficulty regulating effort were present much earlier.

That history is relevant because ADHD is a neurodevelopmental presentation. Assessment considers whether attention and executive-function difficulties have been present from childhood, whether they occur across more than one area of life, and whether they cause functional difficulty. Anxiety may intensify the current picture without fully explaining its origins.

The reverse can also occur. A person may have managed attention demands without major difficulty until anxiety, prolonged stress or poor sleep became prominent. Their concentration may then improve when the anxiety and contributing pressures are addressed. A careful assessment avoids assuming that one explanation fits every person.

Overlap can look confusing

Anxiety and ADHD can share outward features. Both may involve restlessness, distractibility, procrastination, irritability, sleep disruption and difficulty completing tasks. The same behaviour can have different drivers.

For example, someone with anxiety may delay a report because they are worried it will be judged harshly. Someone with ADHD may delay because getting started, sequencing the task and sustaining effort are difficult. Another person may experience both: trouble organising the work creates a last-minute rush, and the rush increases anxiety about the result.

The timing and pattern of symptoms can help distinguish these possibilities. Anxiety-related concentration problems may be strongest during periods of worry,

uncertainty or perceived threat. ADHD-related attention and executive-function difficulties are generally considered across the lifespan and in settings such as school, work, home and relationships. Neither pattern is always obvious from a short appointment or a checklist alone.

Emotional regulation is also relevant. Some adults describe becoming overwhelmed quickly when plans change, when there are many demands at once, or when they cannot work out where to begin. This can be associated with ADHD, anxiety, both, or other mental health and life factors. It is best understood through the person's broader history rather than treated as a stand-alone sign.

What an adult assessment can clarify

An adult ADHD assessment is not based on a single concentration test. It usually brings together a detailed clinical interview, developmental history, structured measures and information about functioning over time. Where appropriate, information from school reports or someone who knew the person as a child may add useful context.

The assessment process considers attention, organisation, activity level, impulsivity, emotional regulation, sleep, mood, anxiety and other factors that may affect daily life. It also considers learning history, employment, relationships and the strategies a person has already used to keep up with demands.

This approach helps answer practical questions. Is anxiety likely to be contributing to attention problems now? Is there evidence of a longer-standing ADHD pattern? Are both relevant? Are there other explanations that should be explored with a GP or another clinician?

A diagnosis is not the only possible outcome of an assessment. Sometimes the clearest next step is psychological support for anxiety, sleep or stress, alongside practical changes to routines and workload. Sometimes further medical review is appropriate. Sometimes an assessment identifies a combination of factors requiring coordinated care.

At BNC, registered psychologists provide assessment, diagnostic support and psychological therapy. Medical decisions, including whether medication may be considered, remain with a person's GP, psychiatrist or paediatrician. This division of roles allows assessment findings and psychological planning to be coordinated with the relevant prescriber where needed.

Support usually needs more than one strategy

When anxiety and attention difficulties occur together, support is often most useful when it addresses the pattern rather than relying on willpower. The plan may include psychological therapy for anxiety, strategies for task initiation and organisation, sleep support, workplace adjustments, and communication with a GP or psychiatrist when medical review is indicated.

Cognitive behavioural therapy is one psychological approach that may be used to examine unhelpful threat predictions, avoidance patterns and behaviours that maintain anxiety. Carpenter and colleagues (2018) reported in *Depression and Anxiety* that cognitive behavioural therapy was associated with symptom change across anxiety-related disorders in their meta-analysis. The approach is adapted to the individual's goals, history and current demands; it is not a single set of exercises for every person.

For attention and executive-function difficulties, practical supports may be just as relevant as insight. A psychologist may work with the person to break work into visible steps, reduce competing reminders, plan transitions, use external systems for deadlines and notice when perfectionism or avoidance is making a task harder to begin. These strategies do not establish whether someone has ADHD. They are tools for managing functional difficulties while the clinical picture is being clarified.

Sleep deserves attention too. A tired person can appear more distractible, emotionally reactive and forgetful. When sleep problems, anxiety and attention difficulties reinforce each other, addressing one area may make the overall plan more manageable. The order of support depends on what is currently causing the greatest disruption and what the assessment identifies.

A clearer explanation can change the next step

Adults often arrive at assessment with a long list of disconnected experiences: unfinished study, work strain, clutter, missed details, racing thoughts, poor sleep and guilt about not being more organised. A structured process helps place those experiences in context rather than reducing them to a character flaw.

Whether anxiety is worsening attention problems, attention difficulties are contributing to anxiety, or both are present, the useful next step is a careful account of the pattern over time. Clarity can support more realistic planning at work, at home and in conversations with the clinicians involved in ongoing care.

For more information

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