



English Teachers On Call

## Generalized Anxiety Disorder

**Generalized anxiety disorder (GAD)** is characterized by excessive, almost daily anxiety and worry for  $\geq 6$  mo about many activities or events. The cause is unknown, although it commonly **coexists** in people who have alcohol abuse, major depression, or panic disorder. Diagnosis is based on history and physical examination. Treatment is psychotherapy, drug therapy, or both.

GAD is common, affecting about 3% of the population within a 1-yr period. Women are twice as likely to be affected as men. The disorder often begins in childhood or adolescence but may begin at any age.



<http://relieveanxietynow.com/common-signs-of-anxiety/>

### Symptoms and Signs

The focus of the worry is not restricted as it is in other psychiatric disorders (eg, to having a panic attack, being embarrassed in public, or being **contaminated**); the patient has multiple worries, which often shift over time. Common worries include work and family responsibilities, money, health, safety, car repairs, and chores.

The course is usually fluctuating and chronic, with worsening during stress. Most people with GAD have one or more other comorbid psychiatric disorders, including major depression, specific phobia, social phobia, and panic disorder.

### Diagnosis

- Clinical criteria

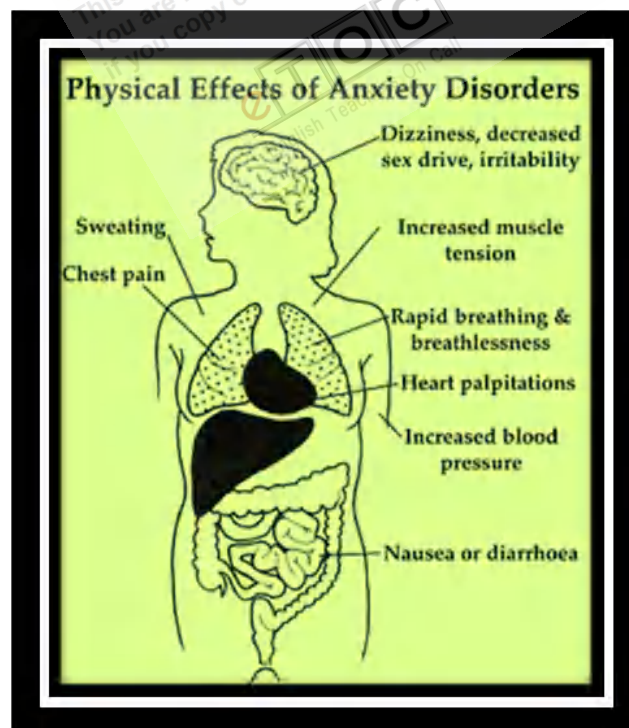
Diagnosis is clinical based on criteria in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Text Revision*

### Treatment

- Antidepressants and often benzodiazepines

Certain antidepressants, including SSRIs (eg, escitalopram, starting dose of 10 mg po once/day) and serotonin-norepinephrine reuptake inhibitors (eg, venlafaxine extended-release, starting dose 37.5 mg po once/day) are effective but typically only after being taken for at least a few weeks.

Benzodiazepines in small to moderate doses are also often and more rapidly effective, although sustained use may lead to physical dependence. One strategy involves starting with **concomitant** use of a benzodiazepine and an antidepressant. Once the antidepressant becomes effective, the benzodiazepine is **tapered**.



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Buspirone is also effective; the starting dose is 5 mg po bid or tid. However, buspirone can take at least 2 wk before it begins to help.

Psychotherapy, usually cognitive-behavioral therapy, can be both supportive and problem-focused. Relaxation and biofeedback may be of some help, although few studies have documented their efficacy.

**Table 1**

**Diagnosis of Generalized Anxiety Disorder**

With exclusion of other causes, **affirmative** answers to the following questions confirm the diagnosis:

Does the patient have excessive, almost daily anxiety and worry about many activities or events?

Have the anxiety and worry lasted for  $\geq 6$  mo?

Does the patient have difficulty controlling the worry?

Does the patient also have  $\geq 3$  of the following symptoms:

- Restlessness
- Unusual fatigability
- Difficulty concentrating
- Irritability
- Muscle tension
- Disturbed sleep

Have at least some of these symptoms been present for a majority of days in the past 6 mo?

Is the focus of worry broader than that in other anxiety disorders?

Have symptoms caused substantial distress or interfered with functioning?

**Table 2**

**Benzodiazepines**

Drug	Starting Oral Dose	Maintenance Oral Dose*	Onset/ Duration
Alprazolam †	0.25 mg bid Extended-release: 0.5 mg once/day	1 mg tid Extended-release: 3 mg once/day	Intermediate/intermediate
Chlordiazepoxide †	5 mg tid	25 mg tid	Intermediate/long

Clonazepam †	0.25 mg once/day	1 mg tid	Intermediate/long
Clorazepate ‡	7.5 mg bid	7.5 mg tid or 15 mg bid Single-dose (sustained release): 22.5 mg once/day after stabilized on 7.5 mg tid	Rapid/long
Diazepam ‡	2 mg tid	5 mg tid	Rapid/long
Lorazepam	0.5 mg tid	1 mg tid	Intermediate/short
Oxazepam	10 mg tid	15 mg qid	Slow/short

\*Maintenance dose can vary and depends on individual response.

†An oral disintegrating tablet or wafer is available. Onset does not differ from other formulations. Although these tablets **disintegrate** in the mouth, they are absorbed in the stomach and intestine, as are standard tablets.

‡Generally, these drugs are not recommended in the elderly because of a long half-life.

Reference: <http://www.merckmanuals.com>

