Generalized Anxiety Disorder

Diagnostic Criteria (F41.1)

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder, contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Diagnostic Features

The essential feature of generalized anxiety disorder is excessive anxiety and worry (apprehensive expectation) about a number of events or activities. The intensity, duration,

or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event. The individual finds it difficult to control the worry and to keep worrisome thoughts from interfering with attention to tasks at hand. Adults with generalized anxiety disorder often worry about everyday, routine life circumstances, such as possible job responsibilities, health and finances, the health of family members, misfortune to their children, or minor matters (e.g., doing household chores or being late for appointments). Children with generalized anxiety disorder tend to worry excessively about their competence or the quality of their performance. During the course of the disorder, the focus of worry may shift from one concern to another.

Several features distinguish generalized anxiety disorder from nonpathological anxiety. First, the worries associated with generalized anxiety disorder are excessive and typically interfere significantly with psychosocial functioning, whereas the worries of everyday life are not excessive and are perceived as more manageable and may be put off when more pressing matters arise. Second, the worries associated with generalized anxiety disorder are more pervasive, pronounced, and distressing; have longer duration; and frequently occur without precipitants. The greater the range of life circumstances about which a person worries (e.g., finances, children's safety, job performance), the more likely his or her symptoms are to meet criteria for generalized anxiety disorder. Third, everyday worries are much less likely to be accompanied by physical symptoms (e.g., restlessness or feeling keyed up or on edge). Individuals with generalized anxiety disorder report subjective distress as a result of constant worry and related impairment in social, occupational, or other important areas of functioning.

The anxiety and worry are accompanied by at least three of the following additional symptoms: restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and disturbed sleep, although only one additional symptom is required in children.

Associated Features

Associated with muscle tension, there may be trembling, twitching, feeling shaky, and muscle aches or soreness. Many individuals with generalized anxiety disorder also experience somatic symptoms (e.g., sweating, nausea, diarrhea) and an exaggerated startle response. Symptoms of autonomic hyperarousal (e.g., accelerated heart rate, shortness of breath, dizziness) are less prominent in generalized anxiety disorder than in other anxiety disorders, such as panic disorder. Other conditions that may be associated with stress (e.g., irritable bowel syndrome, headaches) frequently accompany generalized anxiety disorder.

Prevalence

The 12-month prevalence of generalized anxiety disorder is 0.9% among adolescents and 2.9% among adults in the general community of the United States (Kessler et al. 2012). The mean 12-month prevalence for the disorder around the world is 1.3%, with a range of 0.2% to 4.3% (Lewis-Fernández et al. 2010; Mezuk et al. 2013; Ruscio et al. 2017). The lifetime morbid risk in the United States is 9.0% (Kessler et al. 2012). Women and adolescent girls are at least twice as likely as men and adolescent boys to experience generalized anxiety disorder (Kessler et al. 2012; Ruscio et al. 2017). The 12-month prevalence in older adults including individuals age 75 years and older ranges from 2.8% to 3.1% in the United States, Israel, and European countries (Canuto et al. 2018; Mackenzie et al. 2011).

Individuals of European descent tend to have symptoms that meet criteria for generalized anxiety disorder more frequently than do individuals of Asian and African descent (Asnaani et al. 2010; Lee et al. 2015; Lewis-Fernández et al. 2010; Marques et al. 2011; Mezuk et al. 2013). Furthermore, individuals from high-income countries are more likely than individuals from low- and middle-income countries to report that they have experienced symptoms that meet criteria for generalized anxiety disorder in their lifetime (Lee et al. 2009; Ruscio et al. 2017).

Development and Course

Many individuals with generalized anxiety disorder report that they have felt anxious and nervous all their lives. The mean age at onset for generalized anxiety disorder in North America is 35 years, later than that for the other anxiety disorders (de Lijster et al. 2017); the disorder rarely occurs prior to adolescence (Beesdo et al. 2010). However, age at onset is spread over a very broad range (de Lijster et al. 2017; Kessler et al. 2012) and tends to be older in lower-income countries worldwide (Ruscio et al. 2017). The symptoms of excessive worry and anxiety may occur early in life but are then manifested as an anxious temperament (Akiskal 1998; Kagan and Snidman 1999). Generalized anxiety disorder symptoms tend to be chronic and wax and wane across the life span, fluctuating between syndromal and subsyndromal forms of the disorder (Angst et al. 2009; Haller et al. 2014; Newman et al. 2013). Course is more persistent in lower-income countries, but impairment tends to be higher in high-income countries (Ruscio et al. 2017). Rates of full remission are very low (Bruce et al. 2005; Yonkers et al. 2003).

The earlier in life individuals have symptoms that meet criteria for generalized anxiety disorder, the more comorbidity and impairment they tend to have (Campbell et al. 2003; Le Roux et al. 2005). Younger adults experience greater severity of symptoms than do older adults (Wolitzky-Taylor et al. 2010).

The clinical expression of generalized anxiety disorder is relatively consistent across the life span. The primary difference across age groups is in the content of the individual's worry (Andrews et al. 2010; Kertz and Woodruff-Borden 2011); thus, the content of an individual's worry tends to be age appropriate.

In children and adolescents with generalized anxiety disorder, the anxieties and worries often concern the quality of their performance or competence at school or in sporting events, even when their performance is not being evaluated by others. There may be excessive concerns about punctuality. They may also worry about catastrophic events, such as earthquakes or nuclear war. Children with the disorder may be overly conforming, perfectionistic, and unsure of themselves and may tend to redo tasks because of excessive dissatisfaction with less-than-perfect performance. They may be overzealous in seeking reassurance and approval and require excessive reassurance about their performance and other things they are worried about.

In the elderly, the advent of chronic physical disease can be a potent issue for excessive worry. In the frail elderly, worries about safety—and especially about falling—may limit activities.

Risk and Prognostic Factors

Temperamental

Behavioral inhibition, negative affectivity (neuroticism), harm avoidance, reward dependence, and attentional bias to threat have been associated with generalized anxiety disorder (Beesdo et al. 2010; Goodwin et al. 2017; Moreno-Peral et al. 2014).

Environmental

Childhood adversities and parenting practices (e.g., overprotection, overcontrol, reinforcement of avoidance) have been associated with generalized anxiety disorder (Aktar et al. 2017; Beesdo et al. 2010; Green et al. 2010; McLaughlin et al. 2010; Moffitt et al. 2007).

Genetic and physiological

One-third of the risk of experiencing generalized anxiety disorder is genetic, and these genetic factors overlap with the risk of negative affectivity (neuroticism) and are shared with other anxiety and mood disorders, particularly major depressive disorder (Gottschalk and Domschke 2017).

Culture-Related Diagnostic Issues

There is considerable cultural variation in the expression of generalized anxiety disorder. For example, in some cultural contexts, somatic symptoms predominate in the expression of the disorder, whereas in other cultural contexts cognitive symptoms tend to predominate (Ruscio et al. 2017). This difference may be more evident on initial presentation than subsequently, as more symptoms are reported over time. There is no information as to whether the propensity for excessive worrying is related to cultural background, although the topic being worried about can be culturally specific. It is important to consider the social and cultural context when evaluating whether worries about certain situations are excessive (Lewis-Fernández et al. 2010; Marques et al. 2011). In the United States, higher prevalence is associated with exposure to racism and ethnic discrimination and, for some ethnoracial groups, with being born in the United States (Budhwani et al. 2015).

Sex- and Gender-Related Diagnostic Issues

In clinical settings, generalized anxiety disorder is diagnosed somewhat more frequently in women than in men (about 55%–60% of those presenting with the disorder are women). In epidemiological studies, approximately two-thirds are women. Women and men who experience generalized anxiety disorder appear to have similar symptoms but demonstrate different patterns of comorbidity consistent with gender differences in the prevalence of disorders. In women, comorbidity is largely confined to the anxiety disorders and unipolar depression, whereas in men, comorbidity is more likely to extend to the substance use disorders as well (Donner and Lowry 2013; Kramer et al. 2008; Vesga-López et al. 2008).

Association With Suicidal Thoughts or Behavior

Generalized anxiety disorder is associated with increased suicidal thoughts and behavior, even after adjustment for comorbid disorders and stressful life events (Bentley et al. 2016; Boden et al. 2017; Nock et al. 2010). Psychological autopsy studies show that generalized anxiety disorder is the most frequent anxiety disorder diagnosed in suicides (De La Vega et al. 2018). Both subthreshold and threshold generalized anxiety disorder occurring in the past year may be associated with suicidal thoughts (Gilmour 2016).

Functional Consequences of Generalized Anxiety Disorder

Excessive worrying impairs the individual's capacity to do things quickly and efficiently, whether at home or at work. The worrying takes time and energy; the associated symptoms of muscle tension and feeling keyed up or on edge, tiredness, difficulty concentrating, and disturbed sleep contribute to the impairment. Importantly the excessive worrying may impair the ability of individuals with generalized anxiety disorder to encourage confidence in their children.

Generalized anxiety disorder is associated with significant disability and distress that is independent of comorbid disorders, and most non-institutionalized adults with the disorder are moderately to seriously disabled (Newman et al. 2013; Ruscio et al. 2017). Generalized anxiety disorder accounts for 110 million disability days per annum in the U.S. population (Kessler et al. 2005; Merikangas et al. 2007). Generalized anxiety disorder is also linked to decreased work performance, increased medical resource use, and increased risk for coronary morbidity (Celano et al. 2016; Hoffman et al. 2008; Newman et al. 2013; Revicki et al. 2012; Ruscio et al. 2017).

Differential Diagnosis

Anxiety disorder due to another medical condition

The diagnosis of anxiety disorder due to another medical condition should be assigned if the individual's anxiety and worry are judged, based on history, laboratory findings, or physical examination, to be a physiological effect of another specific medical condition (e.g., pheochromocytoma, hyperthyroidism).

Substance/medication-induced anxiety disorder

A substance/medication-induced anxiety disorder is distinguished from generalized anxiety disorder by the fact that a substance or medication (e.g., a drug of abuse, exposure to a toxin) is judged to be etiologically related to the anxiety. For example, severe anxiety that occurs only in the context of heavy coffee consumption would be diagnosed as caffeine-induced anxiety disorder.

Social anxiety disorder

Individuals with social anxiety disorder often have anticipatory anxiety that is focused on upcoming social situations in which they must perform or be evaluated by others, whereas individuals with generalized anxiety disorder worry, whether or not they are being evaluated.

Separation anxiety disorder

Individuals with separation anxiety disorder worry excessively only about separation from attachment figures, whereas individuals with generalized anxiety disorder may worry about separation but present other excessive worry concerns as well.

Panic disorder

Panic attacks that are triggered by worry in generalized anxiety disorder would not qualify for panic disorder. However, if the individual experiences unexpected panic attacks as well

and shows persistent concern and worry or behavioral change because of the attacks, then an additional diagnosis of panic disorder should be considered.

Illness anxiety disorder and somatic symptom disorder

Individuals with generalized anxiety disorder worry about multiple events, situations, or activities, only one of which may involve their health. If the individual's only fear is his or her own illness, then illness anxiety disorder should be diagnosed. Worry focusing on somatic symptoms is characteristic for somatic symptom disorder.

Obsessive-compulsive disorder

Several features distinguish the excessive worry of generalized anxiety disorder from the obsessional thoughts of obsessive-compulsive disorder. In generalized anxiety disorder the focus of the worry is about forthcoming problems, and it is the excessiveness of the worry about future events that is abnormal. In obsessive-compulsive disorder, the obsessions are inappropriate ideas that take the form of intrusive and unwanted thoughts, urges, or images.

Posttraumatic stress disorder and adjustment disorders

Anxiety is invariably present in posttraumatic stress disorder. Generalized anxiety disorder is not diagnosed if the anxiety and worry are better explained by symptoms of posttraumatic stress disorder. Although anxiety may manifest in adjustment disorder, this residual category should be used only when the criteria are not met for any other mental disorder (including generalized anxiety disorder). Moreover, in adjustment disorders, the anxiety occurs in response to an identifiable stressor within 3 months of the onset of the stressor and does not persist for more than 6 months after the termination of the stressor or its consequences.

Depressive, bipolar, and psychotic disorders

Although generalized anxiety/worry is a common associated feature of depressive, bipolar, and psychotic disorders, generalized anxiety disorder may be diagnosed comorbidly if the anxiety/worry is sufficiently severe to warrant clinical attention.

Comorbidity

Individuals whose presentation meets criteria for generalized anxiety disorder are likely to have met, or currently meet, criteria for other anxiety and unipolar depressive disorders (Brown et al. 2001; Grant et al. 2005; Ruscio et al. 2017). The negative affectivity (neuroticism) or emotional liability that underpins this pattern of comorbidity is associated with temperamental antecedents and genetic and environmental risk factors shared between these disorders (Goldberg et al. 2009; Kessler et al. 2011), although independent pathways are also possible (Beesdo et al. 2010; Mennin et al. 2008; Stein et al. 2017). Comorbidity with substance use, conduct, psychotic, neurodevelopmental, and neurocognitive disorders is less common.

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