Generalized Anxiety Disorder At A Glance

Generalized anxiety disorder (GAD) is unrelenting anxiety that appears unrelated to specific environments, events, or situations. Persons suffering from this disorder worry excessively about the events of daily life and the future. The anxiety and worry are accompanied by somatic symptoms such as restlessness, irritability, fatigue, muscle tension, sleep disturbance and concentration difficulties. Autonomic hyperarousal symptoms, e.g. shortness of breath, dizziness and increased heart rate, are generally less prevalent in GAD than in other anxiety disorders, like Panic Disorder and Posttraumatic Stress Disorder. Persons with GAD often have a low tolerance for uncertainty.

The lifetime prevalence of GAD is between 4 and 7%; the one-year prevalence is 3-5%. More than half of persons with GAD are women. GAD frequently is comorbid with other anxiety disorders, mood disorders (i.e., dysthymia and major depressive disorder) and substance abuse.

Assessment

GAD should be distinguished from disorders in which there is an identified cause of anxiety including OCD, Substance-Induced Anxiety Disorder, Panic Disorder, and Social Phobia. It should also be distinguished from normal everyday life anxiety. Worry accompanying GAD is much stronger, distressing, lasts longer, and often occurs without an identifiable stressor. Presence of suicidal ideation should be determined, especially when GAD is comorbid with depression.

GAD is characterized by the presence of excessive anxiety most days for at least 6 months. The person may report difficulty controlling the anxiety and it may cause functional impairment. GAD is associated with restlessness, irritability, impaired concentration, muscle tension, fatigue and disordered sleep.

Treatment

Concurrent medication and psychotherapy are advised to manage GAD. The evidence is strongest for cognitive-behavioral therapy (CBT) however, it requires that the person served commit and adhere to treatment. Some people with GAD benefit from progressive muscle relaxation, stress management programs and meditation.

First line drug treatment is one of the selective serotonin reuptake inhibitors (fluoxetine should be avoided because it may exacerbate symptoms) or a tricyclic antidepressant: Second line treatment may entail a short course of benzodiazepines.

Follow-up after initiating medication therapy focuses on evaluating the extent of symptom resolution and drug tolerance. Education should address dietary modification such as stopping or sharply limiting caffeine consumption. Persons served who have been prescribed benzodiazepines should be informed about the potential for dependence and the short-term use of this type of treatment.

Treatment Goals

There is no well-established consensus about what constitutes recovery in GAD. The long-range goals of treatment are improved functioning and quality of life by reducing the frequency, intensity, and duration of the anxiety and/or resolving the core conflict that is the source of anxiety.

Treatment duration varies depending on the extent to which symptoms resolve and the presence of comorbidities. The relevant literature suggests from 12 to 20 weeks of psychotherapy; medication may be prescribed for a year or more.

Because GAD is a chronic, rarely remitting disorder, persons served should have realistic expectations of treatment, i.e., symptoms may be relieved but will not necessarily be completely eliminated. Persons with GAD often experience exacerbation of symptoms with stress. For this reason, it is important to encourage persons served to develop effective strategies for managing stress and to apprise them of the potential need for additional treatment during periods of extraordinary stress

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