



Mental Health Association of Northern Kentucky

A LEADER IN PROVIDING ADVOCACY, EDUCATION, AND SERVICES THAT PROMOTE MENTAL WELLNESS

EDUCATION AND SCREENING OUTREACH PARTNER FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH AND NATIONAL MENTAL HEALTH ASSOCIATION

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Generalized Anxiety Disorder

Diagnostic Criteria

- 1) 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).
- 2) The person finds it difficult to control the worry.
- 3) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). Note: Only one item is required in children.
- 4) Restlessness or feeling keyed up or on edge
- 5) Being easily fatigued
- 6) Difficulty concentrating or mind going blank
- 7) Irritability
- 8) Muscle tension
- 9) Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
- 10) The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety and worry do not occur exclusively during Post Traumatic Stress Disorder.
- 11) The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- 12) The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

Associated Features

Depressed Mood ; Somatic / Sexual Dysfunction ; Anxious / Fearful / Dependent Personality

Differential Diagnosis

Anxiety Disorder Due to a General Medical Condition ; Substance-Induced Anxiety Disorder ; Panic Disorder ; Social Phobia ; Obsessive-Compulsive Disorder ; Anorexia Nervosa ; Hypochondriasis ; Somatization Disorder ; Separation Anxiety Disorder ; obsessional thoughts ; Posttraumatic Stress Disorder ; Adjustment Disorder ; Mood Disorders ; Psychotic Disorders ; nonpathological anxiety.

Medical Treatment

Basic Principles : The first step in the treatment of a patient with anxiety is a thorough medical evaluation (especially with regard to thyroid status, caffeine intake, and current medications). Many illnesses may present with anxiety. At present, no firm scientific data indicate which form of treatment - pharmacologic, psychodynamic or behavioral - is truly best for Generalized Anxiety Disorder. Medications should be considered as only one component in the treatment of anxiety. For most patients, antianxiety drugs are indicated only for relatively short term use (1-2 months), although some patients may require more prolonged treatment. The need for medication must be reevaluated every month. Patients should taper off their medication as soon as possible, by approximately 10 percent per week for patients on long-term treatment (greater than 3 months). The notion that eliminating the symptoms of anxiety disorder with medication will disturb a successful psychotherapy has never been proved and is largely dogmatic. Successful psychotherapy often cannot take place until the more debilitating aspects of the anxiety has been eliminated pharmacologically.

Antianxiety Drugs : Traditionally, chronically anxious patients have been placed on benzodiazepines. However, no study has yet shown benzodiazepines to be more effective than other drugs or treatment methods in patients specifically diagnosed with Generalized Anxiety Disorder. One study suggests that benzodiazepines such as Chlordiazepoxide may peak in effectiveness after four weeks of treatment, and that tricyclics such as Imipramine may be more effective for patients with generalized anxiety over the longer term. All benzodiazepines indicated for the treatment of Generalized Anxiety Disorder are equally efficacious. Diazepam (Valium) [at an average dose of 5 mg po tid], and lorazepam (Ativan) [at an average dose of 1 mg po tid] are the two most prescribed benzodiazepines from Generalized Anxiety Disorder. When compared to diazepam, a single dose of lorazepam will take longer to produce sedation but this sedation will persist longer. All patients on benzodiazepines must be cautioned on their sedative properties, performance impairment, dependence properties, and drug and alcohol interactions.

Antidepressant Drugs : Tricyclic antidepressants and MAOIs often are effective treatments for patients whose anxiety fails to respond to benzodiazepine therapy.

Other Drugs : Buspirone, a new nonbenzodiazepine antianxiety drug, is non-addictive and does not impair mechanical performance such as driving. Response to Buspirone occurs approximately in two weeks, as compared to the more rapid onset associated with benzodiazepines. Schweitzer et al. (1986) studied patients who previously had taken benzodiazepines for the treatment of anxiety and who were later placed on Buspirone. These patients were found to have a poor response to Buspirone. Alcohol is the most frequently self-administered drug, but it has no proper role in the treatment of anxiety.

Psychosocial Treatment

Basic Principles : The patient must always be evaluated for psychological and social factors that may contribute to or precipitate anxiety. Long-term psychotherapy is indicated when the patient's Generalized Anxiety Disorder is due to the presence of personality disorder. Patients with generalized anxiety disorder can be taught how to reduce anxiety. Biofeedback, relaxation training, and systematic exercises have been of at least temporary benefit for many people. The simplest methods of active learning are meditation and relaxation. Patients who cannot meditate or systematically relax their muscles because they are too anxious can be helped by psychotherapy to use these supplemental methods of self-control. As anxiety eases, additional exercises in self-control may bring further relief. Attention to sleep, diet, exercise, and recreational activities is warranted. Excessive noise, overextended responsibilities, overvaluation of long

work hours, economic and social distress, and issues of aging and transience may be other important topics to explore. Hyperventilation in tense, anxious patients leads to respiratory alkalosis, with untoward consequences. Patients should be taught to control their respiratory rates to avoid this. Rebreathing in a paper bag increases blood CO₂ levels and counteracts alkalosis.

Psychotherapy : Most patients will experience a marked lessening of anxiety when given the opportunity to discuss their difficulties with a concerned and sympathetic therapist. Frequently, after the initial hidden precipitants have been determined in the course of a few interviews, the specific supportive technique to be employed may become clear. Reassurance about unrealistic fears, encouragement to face anxiety-provoking situations, and the continued opportunity to talk regularly to the therapist about their problems are all helpful to patients, even if these techniques are not definitively curative. If doctors discover external situations that are anxiety-provoking, they may be able themselves, or with the help of the patients and their families, to change the environment and thus reduce the stressful pressures.

Group Therapy : Group therapy is the treatment of choice when the anxiety is clearly a function of the patient's difficulties in dealing with others, and if these other people are part of the family it is appropriate to include them and initiate family or couples therapy.

Social Or Occupational Rehabilitation : Any help in maintaining the social structure is anxiety-alleviating, and work, school, and social activities should be maintained.

Behavior Therapy : Behavioral approaches are widely used in various anxiety disorders. Desensitization, by exposing the patient to graded doses of a phobic object or situation, is an effective technique and one that the patient can practice outside of the therapy session. Emotive imagery, wherein the patient imagines the anxiety-provoking situation while at the same time learning to relax, helps to decrease the anxiety when the patient faces the real life situation. "Modeling" techniques are used when anxiety is related to lack of confidence and the patient looks to the therapist as a model of how to handle anxiety-provoking situations. The relaxation techniques used by hypnotists and behavior therapists may prove helpful to many patients, especially those who are suggestible. In the initial stages, after therapists have instructed their patients in the various methods of relaxation, they should allow the patients to practice the methods in the office. In that way, therapists may add their encouragement and positive suggestion to their patients' efforts. The ultimate goal is to enable patients to employ the techniques alone in the course of their daily lives. Patients should not only follow a regular daily schedule of exercises, but should be encouraged to employ those exercises at any time when they are facing an anxiety-provoking situation or feel their inner tension rising. For those patients with a capacity for hypnotic trance, instruction in the techniques of self-hypnosis may potentiate the effect of the relaxation exercises.

Other Psychosocial Therapies : Simple forms of meditation that do not have religious implications, by reversing the processes that lead to autonomic arousal, may be effective in combating the symptoms arising from autonomic nervous system discharge. A recent study suggests that the symptoms of those individuals who have a capacity for hypnotic trance induction are particularly responsive to the use of meditative techniques.