

GENERALIZED ANXIETY DISORDER (GAD)

Clinical Overview: Generalized Anxiety Disorder

- Patients with generalized anxiety disorder (GAD) are likely to present somatic complaints in the primary care setting.
- Women are more likely than men to suffer from GAD symptoms.
- Education is a critical component of GAD treatment.
- Medication, psychotherapy or a combination of both have been shown effective in treating GAD.
- SSRIs or TCAs are commonly prescribed in the primary care setting due to their lower level of toxicity and ease of administration (please see *Prescribing Antidepressant Medication* which is HIP's companion guide to this book).
- No antidepressant medication has been shown to be clearly more effective than another.
- The FDA issued a public health warning about the increased risk of suicidal thought and behavior in children and adolescents treated with antidepressant medications (please see *Prescribing Antidepressant Medication* which is HIP's companion guide to this book).
- If symptoms persist, the patient should be referred to HIP Behavioral Health Services (1-888-447-2526).

Clinical Snapshot: Generalized Anxiety Disorder

- Brief “snapshot” of GAD patient’s presentation:
 - Patient is a “chronic worrier.”
 - Patient has many worries – often involving self, family or health.
 - Nervous.
 - Patient may present with only the somatic complaints (e.g., gastrointestinal problems, headaches, etc.).
 - Frequently seeks reassurance.
 - May avoid getting tests completed for fear of ‘bad news.’
 - Sleep disturbances often present.

GAD

Facts about GAD

- According to National Institute of Mental Health (NIMH) estimates, approximately four million Americans have GAD.
- GAD often coexists with substance abuse, depression, irritable bowel syndrome and other anxiety disorders.
- Patients with GAD often present in primary care settings describing the somatic aspects of the disorder.
- Women have a higher prevalence of GAD than men.
- Onset of GAD can occur throughout the life span.
- Accurate identification and diagnosis can greatly improve treatment and reduce unnecessary medical testing.

How to Identify and Diagnose GAD

- **Screening Tools: DSM-IV Criteria for GAD**
 - Excessive anxiety and worry for at least six months about a number of events or activities.
 - The person finds it difficult to control the worry.
 - At least three of the following symptoms are present. (Mnemonic device “DIMERS”):
 1. Difficulty concentrating or mind going blank.
 2. Irritability.
 3. Muscle tension.
 4. Easily fatigued.
 5. Restlessness or keyed up.
 6. Sleep disturbance.

■ **Screening Questions**

1. Would you describe yourself as a nervous person?
2. Are you a worrier?
3. Do you feel nervous or tense?

■ *Medical Rule-Outs*

- Neurological and endocrine diseases such as hyperthyroidism and Cushing’s disease are commonly cited medical causes of anxiety.
- Medications such as steroids, SSRIs, antihistamines, neuroleptics, digoxin, thyroxine, over-the-counter sympathomimetics and theophylline may cause anxiety in some patients.
- Use and withdrawal from addictive substances can cause anxiety.
- Excessive caffeine use has been shown to increase anxiety.
- The Institute for Clinical Systems Improvement suggests that reliance on laboratory tests should be greater if:
 - The medical review of systems detects symptoms that are rarely encountered in mood or anxiety disorders.
 - The patient is older.
 - The first anxious episode occurs after the age of 40.
 - The anxiety does not respond fully to routine treatment.

Treatment of GAD

■ *Education*

- Education is an important part of GAD treatment. Following diagnosis, physicians should inform patients that effective treatments are available for GAD (medication, psychotherapy or both). This should be followed by a discussion of treatment options.

- It is helpful to provide the following educational information to patients:
 1. Generalized anxiety disorder is common, affecting millions of people.
 2. Consider learning/practicing relaxation or meditation techniques to decrease anxiety.
 3. Try to get regular exercise and adequate sleep at night.
 4. Decrease caffeine and alcohol/substance use.
 5. In addition to treatment for anxiety, patient may seek counseling for specific problem areas such as marital, family or career issues.

- Patients often cope with anxiety by avoiding any anxiety-provoking stimuli. While this reduces anxiety for the moment, it worsens anxiety over time. If patient is avoiding certain places or activities (e.g., crowds, school) inform them of the importance of facing their fears.

■ *Medication*

- Try to establish a supportive, therapeutic alliance.
- When SSRIs or TCAs are prescribed, the following information should also be presented:
 1. Take your medication as prescribed.
 2. It may take up to four weeks of continuous medication use before experiencing symptom relief.
 3. Make a follow-up appointment to review medication within two to four weeks.
 4. Do not stop taking the medication without discussing this with your doctor.
 5. The medication is not generally “life long” but in most cases it should be taken for at least six months.
- Patients should be made aware of possible side effects.
- A discussion with patients pertaining to expected treatment length (at least six to eight months) and side effects of medication should be routinely conducted. Patients are often better able to adhere to treatment protocols when they are provided with detailed information.
- A follow-up appointment to discuss side effects and review the treatment gains made on the medication should occur typically within two weeks, as this represents a time when side effects may occur before symptom relief, which may, in turn, decrease adherence to the medication.
- The monitoring of response over time is very important. It is recommended that patients be seen a minimum of three times during the initial three months of treatment.
- If a patient does not respond to the initial medication within four weeks, or is intolerant of side effects, a reappraisal of the treatment regimen should take place with a possible referral to a psychiatrist or therapist.

■ *Psychotherapy*

- If psychotherapy is desired, patients should be referred for behavioral health services. Services are available at the HIP mental health centers or by calling the Behavioral Health Service Line for a referral to a network provider (1-888-447-2526).
- Psychotherapy for GAD typically involves the following components:
 1. Education on anxiety/worry.
 2. Relaxation training.
 3. Techniques to help manage worrisome thoughts.

■ *Deciding Whether to Treat With Medication, Psychotherapy or Both*

- Medication psychotherapy and combination treatment have all been shown effective. The choice of which treatment should be initiated should be based on clinical judgment, patient history and patient/physician preference.

- The Institute for Clinical Systems Improvement recommends that behavioral health treatment be considered for the following situations:
 - After discussing treatment options, the patient expresses interest in behavioral health services.
 - Presence of severe symptoms or impairment.
 - Presence of another psychiatric condition.
 - Clinician discomfort with case.
 - Initial treatment not successful.

Special Populations

■ *GAD in Children and Adolescents*

- GAD does occur in children and adolescents.
- Children and teens with anxious parents are more likely to be anxious.
- The prevalence of GAD is higher in older children (ages 12-19) than younger children (ages 5-11).
- Children and adolescents may present with some of the following complaints:
 - Feeling tense.
 - Afraid/chronic worry.
 - Feeling restless and/or irritable.
 - Stomachaches/diarrhea.
 - Shortness of breath.
 - Sleep disturbances.
 - Constantly tired.
 - Unable to make decisions.
 - Nausea/vomiting.
 - Lack of appetite.
 - Chest pain.
 - Lack of concentration.
- Children and adolescents with GAD may also be clingy with family members.
- It is helpful to assess whether symptoms of GAD are interfering with important activities such as school attendance or social or family activities.

■ *GAD in the Elderly*

- Anxiety is not an inevitable part of the aging process.
- The increase in medical problems and the side effects of medication can make identifying GAD in the elderly much more challenging.
- It is particularly important to rule out medical or pharmacological causes of GAD in elderly patients.
- Medication dosages should start very low and increases should be slower and more limited than with younger adults.
- An increase in anxiety symptoms in the elderly may be associated with concerns over physical problems or medication side effects.
- Many elderly patients have safety concerns such as falling with no one around to come to their aid. These types of fears may be very realistic and not indicative of an anxiety disorder.