UNDERSTANDING GENERALIZED ANXIETY DISORDER

INTRODUCTION

Anxiety is defined as uneasiness or worry and we all have anxiety from time to time. Anxiety is a normal part of life and it is helpful for survival, allowing us to anticipate and possibly prevent danger. Generalized anxiety disorder however is a serious mental disorder and it is quite different from anxiety or simple day-today worry.

- Someone who has generalized anxiety disorder is fearful and worried and these feelings are overwhelming.
- Fear is a normal response to a real and immediate threat, anxiety is anticipation of danger, but generalized anxiety disorder is fear and anticipation of danger when there is objectively nothing to worry about.
- Generalized anxiety disorder is long-lasting, intense, and it can significantly interfere with day-to-day activities.
- Worrying is normal; generalized anxiety disorder is a mental disorder.

Generalized anxiety disorder is one the most commonly diagnosed mental disorders and it affects millions of Americans. Fortunately it responds well to treatment. Psychotherapy, pharmacotherapy, or a combination of the two have been shown to effective for decreasing anxiety and helping people return to a normal level of functioning.
STATEMENT OF PURPOSE

This module will provide Certified Nursing Assistants (CNAs) with basic information about generalized anxiety disorder: causes, signs and symptoms, and treatments.

EPIDEMIOLOGY OF GENERALIZED ANXIETY DISORDER

Generalized anxiety disorder is a very common mental disorder. At any one time approximately 5%-12% of the population has generalized anxiety disorder. It is twice as common in women as it is in men and it is especially prevalent in the elderly and in people who have chronic pain and/or a chronic medical illness. Generalized anxiety disorder is strongly associated with other anxiety disorders, major depression, and substance use disorders.

Learning Break: Generalized anxiety disorder is just one of many anxiety disorders; the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) lists 12 types of anxiety disorders such as separation anxiety disorder and substance/medication-induced anxiety disorder. These disorders share many similar features, but the other anxiety disorders are caused by/related to very specific situations that cause the signs and symptoms.

GENERALIZED ANXIETY DISORDER: DEFINITION/DIAGNOSIS
Generalized anxiety disorder differs from normal anxiety in four important ways.

1. Cause: Someone who has generalized anxiety disorder certainly may have real, objective causes for her/his anxiety. But an important characteristic of generalized anxiety disorder is anxiety that is unrelated to specific, identifiable stressors. People who have generalized anxiety disorder worry, even when there appears to be nothing to worry about.

2. Duration: The fear and worries of someone who has generalized anxiety disorder are long-lasting; they happen day after day, week after week.

3. Intensity: Generalized anxiety disorder is also characterized by feelings of fear and worry that are very intense, feelings that far stronger than what most of us ever experience with typical, day-to-day anxiety.

4. Impairment: The personal life, occupational life, and social activities of a patient who has generalized anxiety disorder are significantly impaired by his/her level of anxiety. These people are so consumed by worry that everyday functioning can become impossible.
The American Psychological Association’s diagnostic criteria for generalized anxiety disorder are listed in Table 1.

**Table 1: Diagnostic Criteria for Generalized Anxiety Disorder**

A. The patient has excessive anxiety and worry (defined as apprehensive expectation) that occurs more often than not for at least six months, and the anxiety and worry involves different aspects of the patient’s life.

B. The individual finds it difficult to control her/his worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms, and at least some of these have been present more often than not. For children only one symptom is necessary for the diagnosis.

1. Restlessness, feeling keyed up.
2. Easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Difficulty falling asleep or staying asleep or sleep that is not satisfying.

D. The patient has clinically significant impairment in social, occupational, or other important areas of functioning, caused by his/her anxiety or physical symptoms.
E. The signs and symptoms cannot be attributed to a drug of abuse, a medication, or a medical condition.

“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 [social phobia], 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).” (DSM-5)

The diagnostic criteria for generalized anxiety disorder and for other mental disorders outlined in DSM-5 are very specific, and this is for a good reason. There can be similarities and overlap in their clinical presentations and making an accurate diagnosis ensures the patient gets the proper treatment. Other mental disorder described in DSM-5 that could be mistaken for generalized anxiety disorder are adjustment disorder, dysthymia, hypochondriasis, major depressive disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, and social anxiety disorder.

**Signs, Symptoms, and Co-Morbidities**
Other signs and symptoms that frequently occur in patients who have generalized anxiety disorder include:

- Back pain
- Diarrhea
- Difficulty relaxing
- Dizziness
- Dry mouth
- Headache
- Muscle tension
- Nausea
- Palpitations
- Shortness of breath

These are *non-specific* symptoms; there are many mental disorders and physical illnesses that can cause symptoms such as dizziness and palpitations, and the diagnosis of generalized anxiety disorder is made using the criteria listed in Table 1. However, the presence of these non-specific symptoms in a situation for which they have no obvious cause can alert a clinician to the possibility of generalized anxiety disorder.

People who have generalized anxiety disorder are at risk for other serious mental disorders; major depressive disorder, obsessive-
compulsive disorder, panic disorder, post-traumatic stress disorder, social phobia, specific phobias, and substance use disorders. Generalized anxiety disorder typically has a gradual onset and it usually begins when someone is her/his late 20s or early 30s but as mentioned earlier children and the elderly are susceptible to this condition, as well. The earlier in life it starts the worse it tends to be and the higher the risk that someone will have another serious mental disorder. Generalized anxiety disorder is most often a chronic problem: the signs and symptoms wax and wane but seldom go away completely and a complete, lasting remission is rare.

**Consequences of Generalized Anxiety Disorder**

Generalized anxiety disorder can significantly impair someone’s ability to function. This disorder can affect every aspect of life, and the emotional, financial, professional, and consequences of having generalized anxiety disorder can be severe. Generalized anxiety disorder has also been associated with poor health, particularly cardiovascular health. Studies have shown that people who have this mental disorder are more likely than the general population to have high blood pressure and heart disease.

**THE CAUSES OF GENERALIZED ANXIETY DISORDER**

Generalized anxiety disorder is caused by a combination of genetic/biological, psychological, and environmental factors.
**Genetic/Biological:** There is some evidence that a susceptibility to generalized anxiety disorder can be inherited but it is unclear how much genetics affects the risk for developing this disorder. Biological factors such as abnormal processing of serotonin (a neurotransmitter that regulates emotions and mood) and changes in specific brain structures have been investigated as possible causes of generalized anxiety disorder but as with genetics, there is no conclusive evidence for their role in its development.

**Psychological:** People with generalized anxiety disorder often have psychological attitudes that predispose them to fear and worry. They pay an inordinate amount of attention to ordinary situations that are uncertain or mildly threatening, and given information about a problem they will interpret it in the worst way. In simpler terms, they always expect trouble, they see the glass as half empty, and other people would describe them as pessimists.

**Environmental:** An inherited susceptibility to generalized anxiety disorder and innate personality traits can explain this disorder to some degree but outside influences are important, as well. People who have generalized anxiety disorder worry a lot but in many cases experience has taught them to do so. Compared to individuals who do not have this disorder, someone who has generalized anxiety disorder has had many more traumatic life experiences, especially during childhood.
Specific factors that increase someone’s risk of developing generalized anxiety disorder are listed in Table 2.

Table 2: Risk factors for Generalized Anxiety Disorders

- Chronic mental disorder such as depression or a phobia
- Chronic physical illness
- Family history of generalized anxiety disorder
- Female sex
- Loss of a parent or loved one
- Poor emotional support during childhood
- Poverty
- Recent life trauma or adverse event

SCREENING FOR GENERALIZED ANXIETY DISORDER

Generalized anxiety disorder may not always be obvious and as mentioned earlier, many of the diagnostic criteria for this disorder are non-specific signs and symptoms. Screening tests that are quick and easy to use can determine if someone has, or may have generalized anxiety and if that person need a formal evaluation. There are many screening tests that can be used for detecting anxiety: the generalized anxiety disorder seven-item scale (GAD-7), the Hospital Anxiety and Depression Scale (HADS), the Metacognitions Questionnaire, the Penn State Worry Questionnaire, and the Worry Domain Questionnaire are several of the more commonly used tests. The GAD-7 in particular is sensitive, specific, and can be completed quickly and it is illustrated below.

GAD-7
During the past two weeks how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge?
2. Not being able to stop or control worrying.
3. Worrying too much about different things.
4. Trouble relaxing
5. Being so restless it is difficult to sit still.
6. Becoming easily annoyed or irritable.
7. Feeling afraid as if something awful might happen.

For those seven questions the respondent can check:
1) Not at all;
2) Several days;
3) More than half the days, or;
4) Nearly every day.

The scores for the answers are 0, 1, 2, and 3, respectively. A score of 5 indicates a mild degree of anxiety; a score of 10 indicates moderate anxiety, and; a score of 15 indicates severe anxiety.

The last part of the GAD-7 is this question.

“If you checked off any problems in the seven item questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with people?”

The respondent can answer:
1) Not difficult at all;
2) Somewhat difficult;
3) Very difficult, or;
4) Extremely difficult.

If the respondent has a score of 10 or more she/he should be formally evaluated for the presence of generalized anxiety disorder.

If there are clear indications that someone may have generalized anxiety disorder - a GAD-7 score of 10 or more or observed or self-reported signs and symptoms of generalized anxiety disorder – that individual should be formally evaluated for its presence. This should begin with a basic medical examination and depending on the circumstances it may be prudent to perform laboratory testing, a toxicology analysis, a 12-lead ECG, and other diagnostic tests. A complete health history should be taken and this should include asking about: 1) The patient’s use of alcohol, illicit drugs, and tobacco; 2) Family history of psychiatric illness, and; 3) Recent and past traumatic events. The patient’s level of impairment should be carefully documented.

**TREATMENTS FOR GENERALIZED ANXIETY DISORDER**

Patients who have generalized anxiety disorder can be effectively treated with cognitive behavioral therapy, pharmacotherapy with an antidepressant, or a combination of the two.
Determining which of these three approaches to use will depend on the patient’s condition, cost, patient preference, and the availability of therapy: cognitive behavioral therapy may not be available in the area where the patient resides. Cognitive behavioral therapy and antidepressants appear to be equally effective but they have not been directly compared.

**Cognitive Behavioral Therapy**

The psychotherapy of choice for treating patients who have generalized anxiety disorder is cognitive behavioral therapy. The word cognitive means of or related to the act of thinking, and cognitive behavioral therapy is designed to use the active process of thinking to help change the thought processes and behaviors that characterize generalized anxiety disorder. When it is reduced to very basic terms cognitive behavioral therapy can be described in this way.

*Patients are taught to observe and then act: What am I worrying about, how do these worries influence my behavior, and how can I change my behavior so that I feel better?*

Cognitive behavioral therapy is effective for this patient population because generalized anxiety disorder is essentially a disorder of perception. People who have generalized anxiety disorder have persistent, unrealistic, and maladaptive patterns of thinking and emotional responses, and these are the direct cause of
the damaging behaviors and impaired functioning of generalized anxiety disorder. Examples of these harmful thinking processes are listed below.

- **Attentional bias:** In any given situation someone who has generalized anxiety disorder will notice and focus on the bad and threatening aspects and give less attention to the positive.

- **Catastrophizing:** Catastrophizing could best be described as an expectation that the only outcome of a stressful situation that will happen is the worst possible one, and the feeling that this terrible outcome will happen. Example: I am going to take a test, I will fail, and because of that my whole life will be ruined and no one will like me.

- **Low tolerance for uncertainty:** People who have generalized anxiety disorder have a very poor tolerance for uncertainty and the unknown, and they are easily upset by uncertainty and the unknown. This is not surprising, given that attentional bias and catastrophizing are so common for these people.

- **Poor self-confidence:** Lack of self-confidence is a huge obstacle for addressing and dealing with stress, and it is
vey common in people who have generalized anxiety disorder.

- **Misinterpretation:** Is the glass half full or half empty? Someone who has generalized anxiety disorder will usually interpret information and situations in the worst way; the glass will always be half empty.

- **Overestimating:** The tendency of people who have generalized anxiety disorder is to overestimate the difficulties and dangers of a problem. They look at a challenging issue and they are convinced there is no hope.

- **Underestimating:** People who have generalized anxiety disorder underestimate their ability to meet challenges and solve problems. They feel overwhelmed when anything goes wrong.

These thinking processes are the driving force behind the behaviors that are the direct cause of impaired emotional, social, and professional functioning. For easier understanding, this can be reduced to a simple formula:

*Maladaptive thinking/feeling → Harmful behaviors → Life impairments*

**The Process of Cognitive Behavioral Therapy**

Cognitive behavioral therapy is designed to interrupt unhealthy, maladaptive thinking processes and give the patient control over
his/her life. The therapist works with the patient to examine her/his thought processes, list the behaviors that result from these processes, and to teach behavioral and cognitive coping skills. The information here is an outline of the basic structure of cognitive behavioral therapy; the theory behind this form of therapy and the content of cognitive behavioral therapy sessions are much more complex. Patients are scheduled for 10-15 sessions that last for 60 minutes. During these sessions the therapist will focus on many issues. Some of the most important are:

**Information:** The therapist will provide the patient with basic information about the process of generalized anxiety disorder, ie, maladaptive thinking leading to harmful behaviors, causing life impairments. The patient is encouraged to see that in large part it is his/her thought processes and emotional reactions that are the root of the disorder.

**Self-monitoring:** Self-monitoring is one of the most important parts of cognitive behavioral therapy. The patient is required to keep track of episodes of anxiety and worry, to record how and when they happened and to record her/his emotional response. This provides the patient with objective information they can use to make practical changes in their lives.
**Cognitive restructuring**: Cognitive restructuring is a technical term for developing new attitudes and new ways of thinking. The therapist will discuss a specific situation and point out how unrealistic and harmful thinking processes such as attentional bias, catastrophizing, and misinterpretation have transformed relatively benign episodes into moments of paralyzing anxiety.

**Alternate explanations**: A patient who has generalized anxiety disorder is sure that because he made a relatively minor mistake at work he is now very unpopular, will soon lose his job, and will face financial ruin and the breakup of his family. There is no objective evidence that any of this is true and the therapist will offer alternate explanations and encourage the patient to do so, as well.

**Problem solving skills**: For many people who have generalized anxiety disorder there are anxiety-inducing situations that occur all the time, over and over. This is very frustrating but it also allows the patient to learn problem-solving skills that work for the particular circumstances that are causing difficulties.

**Exposure**: Cognitive behavioral therapist may recommend that patients deliberately expose themselves to the situations that provoke the most anxiety, almost as a form of practice for

Some patients may need more than 10-15 sessions and there is some evidence that monthly follow-up sessions can be helpful. If the patient
is not responding to the therapy it may be that she/he has another mental disorder that need to be treated, there have been no practical, concrete changes in the patient’s life situation, or the patient may need to be treated with cognitive behavioral therapy and medications. Cognitive behavioral therapy works best if the patient is motivated and is willing to work hard and take personal responsibility for his/her progress. If someone is more comfortable with a traditional caregiver-patient relationship in which the patient is a passive recipient of treatments, cognitive behavioral therapy may not be the best choice.

Pharmacotherapy

The two primary classes of antidepressant drugs that are used to treat patients who have generalized anxiety disorder are the selective serotonin re-uptake inhibitors (SSRIs) and the serotonin-norepinephrine re-uptake inhibitors (SNRIs). Serotonin and norepinephrine are neurotransmitters, and neurotransmitters are the primary way that nerve impulses from the brain are transmitted to other areas of the brain and to the peripheral organs.

Selective Serotonin Re-Uptake Inhibitors

Serotonin is a neurotransmitter that is found in the part of the brain that controls appetite, emotions, mood, and sex, and the SSRIs work by inhibiting the re-uptake of serotonin. Serotonin is released from nerve endings, stimulates a specific area of the brain, it produces a
certain effect (perhaps sexual arousal or an elevation in mood), and serotonin is then returned back to the nerve endings. The SSRIs inhibit the re-uptake of serotonin back into the nerve endings, increasing the amount of available serotonin.

Norepinephrine is found in many areas of the body and its primary action is as stimulant; norepinephrine increases heart rate and blood pressure, increases blood flow to the brain and muscles, and increases blood sugar levels. As with all other neurotransmitters norepinephrine is released from a nerve ending, binds to a receptor on an organ or tissue, produces a specific effect, and is then returned to the nerve ending. The last part of that process is the re-uptake and the SNRIs prevent the re-uptake of both norepinephrine and serotonin, increasing the available levels of both.

Studies have shown that the SSRIs are 60%-70% effective for this patient population. The specific SSRI that is used does not appear to be important. They all appear to be equally effective and there is very little clinical data that directly compares them, so the choice of which one to use depends on the prescriber’s experience and how well the patient tolerates the drug. Paroxetine, sertraline, citaopram, escitalopram, fluoxetine, and fluvoxamine have all been used for treating generalized anxiety disorder and they all have produced good results.
Table 6: SSRIs Available in the United States

Citalopram (Celexa)
Escitalopram (Lexapro)
Fluoxetine (Prozac)
Fluvoxamine (Luvox)
Paroxetine (Paxil)
Sertraline (Zoloft)
Vilazodone (Viibryd)
Vortioxetine (Brintellix)

The SSRIs have fewer and more tolerable side effect than the other first generation antidepressants but as with any drug they can produce unpleasant signs and symptoms. Some of these side effects such as headache, sedation, and fatigue may be mild but some are serious enough that patients may discontinue taking the SSRI. Two side effects of the SSRIs that are very common and quite distressing for patients are weight gain and decreased libido and other sexual side effects. Approximately 25% of all people who take an SSRI will gain some weight and this can be as much as 50 pounds. A decreased libido and other sexual side effects (eg, difficulty attaining orgasm) are less common but still a problem nonetheless. Everyone reacts differently to the SSRIs so if a patient cannot tolerate one SSRI she/he should be prescribed another.

Learning Break: There have been reports that the use of SSRIs actually increased the risk of suicide, especially when these drugs are prescribed for children, adolescents, and young adults who have major
depressive disorder. The prescribing information for each SSRI has a warning that states when an SSRI is used for these patient populations the benefits and risks must be carefully examined and the patients must be closely observed for suicidal ideation or behaviors.

**Serotonin-Norepinephrine Re-Uptake Inhibitors**

The SNRIs and the SSRIs seem to be equally effective for treating patients who have generalized anxiety disorder. The SNRIs also appear to tolerated as well as the SSRIs, so the choice of which to use can be made by the prescriber and the patient. Table 3 lists the available SNRIs. Most of the clinical experience is with duloxetine and venlafaxine

**Table 3: SNRIs Available in the United States**

- Duloxetine (Cymbalta)
- Desvenlafaxine (Pristiq)
- Levomilnacipran (Fetzima)
- Milnacipran (Savella)
- Venlafaxine (Effexor)

Common side effects of the SNRIs are constipation, diaphoresis, diarrhea, dizziness, insomnia, nausea, and sedation. Venlafaxine can increase blood pressure and this should be monitored during therapy with the drug.

**Basics of Therapy with SSRIs and SNRIs**

A clinical response to an SSRI or an SNRI is usually seen within four to six weeks from the starting point of therapy. At that point if the
response is unsatisfactory the dose should be increased slowly, one to two weeks for each increase, until the maximum recommended dose has been reached. If drug therapy with an SSRI or SNRI is successful it should be continued for at least 12 months in order to prevent a relapse.

Therapy with an SSRI or an SNRI should never be simply stopped. The dose of these drugs must be slowly tapered, usually over a period of two to four weeks. If therapy with an SSRI or SNRI is just stopped or is tapered too quickly patients can suffer from the discontinuation syndrome. The discontinuation syndrome causes a wide range of non-specific symptoms such as dizziness, fatigue, headache, and nausea and although the syndrome is usually mild and only lasts one to two weeks it can be severe and have a longer duration.

Drug interactions between the SSRIs and SNRIs, especially other antidepressants, can cause serious harm. Example: The concurrent use of two medications that both have an effect on serotonin re-uptake or serotonin metabolism can lead to an excess of this neurotransmitter and a potentially fatal condition called serotonin syndrome.

Finding the correct medications for someone who has generalized anxiety disorder can be a difficult, trial and error process. If the SSRIs and/or the SNRIs are not effective there are several other classes of drugs that can be used. Other medications that have been successfully
used to treat generalized anxiety disorder include the antihistamine hydroxyzine, antipsychotics, benzodiazepines such as clonazepam; the anxiolytic buspirone (Buspar), pregabalin (Lyrica), tricyclic antidepressants (TCAs) such as imipramine, and certain anticonvulsants.

The benzodiazepines deserve special mention for several reasons. First, one of the primary, labeled uses of these drugs is the treatment of anxiety, and second the benzodiazepines such as diazepam (Valium) are popularly perceived as the drug of choice for treatment of anxiety. Benzodiazepines have been shown to be effective for this purpose, but they do have limitations as a treatment for anxiety. The Food and Drug Administration (FDA) labeled use for benzodiazepines specifically notes that the benzodiazepine are for short-term use in patients who have anxiety, but the standard course of drug therapy for generalized anxiety disorder is 12 months. The benzodiazepines are also well known to be addictive so they must be used cautiously in patients who have a history of substance abuse. Many patients can develop a tolerance to the benzodiazepines, making the same dose less effective over time. And the benzodiazepines must be tapered very slowly; abruptly stopping use of a benzodiazepine can cause a very serious, even life-threatening withdrawal syndrome.
However despite these cautions the benzodiazepines do have a place for treating generalized anxiety disorder. Unlike the SSRIs and SNRIs they have a very rapid onset of action, minutes to hours after use, so they can be very helpful during an acute anxiety attack. And because of this rapid onset of action they can be used with an SSSRI or an SNRI during the several week period that it takes for these medications to have a clinical effect.

**SUMMARY**

Generalized anxiety disorder is one of the most commonly diagnosed mental disorders, affecting millions of Americans. At any one time approximately 5%-12% of the population has generalized anxiety disorder. It is twice as common in women as it is in men and it is especially prevalent in the elderly and in people who have chronic pain and/or a chronic medical illness.

Generalized anxiety disorder is **not** the same as the normal, day-to-day fear or anxiety that everyone experiences.

- Someone who has generalized anxiety disorder is fearful and worried and these feelings are overwhelming.
- Fear is a normal response to a real and immediate threat, anxiety is anticipation of danger, but generalized anxiety disorder is fear and anticipation of danger when there is objectively nothing to worry about.
- Generalized anxiety disorder is long-lasting, intense, and it can significantly interfere with day-to-day activities.
- Worrying is normal; generalized anxiety disorder is a disease.

More specifically, generalized anxiety disorder differs from typical anxiety because it is unrelated to specific, identifiable stressors; it is chronic, lasting for weeks, months, and years; it is very intense, and; the personal life, occupational life, and social activities of a patient who has generalized anxiety disorder are significantly impaired by his/her level of anxiety.

Signs and symptoms that are diagnostic of generalized anxiety disorder include restlessness, feeling keyed up; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension, and; difficulty falling asleep or staying asleep or sleep that is not satisfying. Generalized anxiety disorder is associated with an increased risk for major depressive disorder, obsessive-compulsive disorder panic disorder, post-traumatic stress disorder, social phobia, specific phobias, and substance use disorders.

The cause or causes of generalized anxiety disorder are not known, but the pathogenesis is most likely a combination of biological, environmental, genetic, and personality factors. The disorder itself is
is essentially a disorder of perception. People who have generalized anxiety disorder have persistent, maladaptive patterns of thinking and emotional responses, and these are the direct cause of the damaging behaviors and impaired functioning of generalized anxiety disorder.

Maladaptive thinking/feeling → Harmful behaviors → Life impairments

Patient who have generalized anxiety disorder are treated with cognitive behavioral therapy, pharmacotherapy, or both. The preferred approach is to combine cognitive behavioral therapy with the use of an SSRI or an SNRI, but single therapy with either has been shown to be effective.

Cognitive behavioral therapy uses 10-15 hour long sessions that focus on identifying the specific situations that cause anxiety; examining the maladaptive and unrealistic thought processes that cause anxiety, and; providing the patient with alternate explanations, problem-solving skills, and (possibly) controlled exposure to the anxiety-inducing situations. Cognitive behavioral therapy works best if the patient is motivated and is willing to work hard. Someone who is more comfortable with a traditional caregiver-patient relationship in which the patient is a passive recipient of treatments may find this form of psychotherapy unappealing.
The two primary classes of drugs that are used to treat patients who have generalized anxiety disorder are the selective serotonin re-uptake inhibitors (SSRIs) and the serotonin-norepinephrine re-uptake inhibitors (SNRIs). The SSRIs inhibit the re-uptake of serotonin back into the nerve endings, increasing the amount of available serotonin, and the SNRIs prevent the re-uptake of both norepinephrine and serotonin, increasing the available levels of both. The SSRIs are 60%-70% effective for this patient population. The specific SSRI that is used does not appear to be important. Two side effects of the SSRIs that are very common and quite distressing for patients are weight gain and decreased libido and other sexual side effects, and these drugs may increase the risk of suicide in adolescents and young adults.

The SNRIs seem to be equally as effective as the SSRIs for treating patients who have generalized anxiety disorder, and the SNRIs also appear to be tolerated as well as the SSRIs. Common side effects of the SNRIs are constipation, diaphoresis, diarrhea, dizziness, insomnia, nausea, and sedation. Venlafaxine can increase blood pressure.

A clinical response to an SSRI or an SNRI is usually seen within four to six weeks from the starting point of therapy. If drug therapy with an SSRI or SNRI is successful it should be continued for at least 12
months in order to prevent a relapse. Benzodiazepines can be used in the period during which the SSRI/SNRI has not yet started to work. Therapy with an SSRI or an SNRI should never be simply stopped. The dose of these drugs must be slowly tapered. If therapy with an SSRI or SNRI is just stopped or is tapered too quickly patients can suffer from the discontinuation syndrome.

Other drugs that can be used to treat a patient who has generalized anxiety disorder include the antihistamine hydroxyzine, antipsychotics, benzodiazepines such as clonazepam; the anxiolytic buspirone (Buspar), pregabalin (Lyrica), tricyclic antidepressants such as imipramine, and certain anticonvulsants.