

Analyzing Anxiety:

A Look into GAD

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Generalized anxiety disorder (GAD) is a highly prevalent, serious psychiatric illness (Table 1) that has psychosocial and physical impairments comparable to diabetes or hypertension.¹

Table 1

Psychiatric disorders in primary care

Disorders	Prevalence	Recognized	Treated
Depression	11.4%	6.2%	3.5%
Anxiety	10%	5%	2.9%
Alcohol Abuse	5.6%	2.2%	1%

A quick way to remember different anxiety disorders (Table 2) is by understanding that anxieties are associated with certain patterns of thought. Over 70% of patients have more than one form of anxiety, producing possible poorer recovery and higher relapse rates.

What are the criteria for GAD?

The main criteria for the disorder, as indicated by the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) are:

- difficult to control anxiety for over six months;
- restless/edgy feeling, fatigue, sleep disturbance, problems concentrating, irritability, muscle tension (at least three) and
- anxiety or physical symptoms causing clinically significant distress or functional impairment.

Anna's Anxiety

Anna, 74, has been your patient for many years. She constantly presents with multiple, unrelated, somatic complaints and overlying, excessive worry.



- She has mild hypertension (takes hydrochlorothiazide).
- She has a past history of hospitalization for "nerves."
- She admits to being a constant worrier.

On one occasion, she presents feeling "dizzy and unwell," having just returned from the pharmacy where her blood pressure was 190/100 mmHg. She is tearful and wringing her hands.

What should you do?

For more on Anna, see page 76.

Over 70% of patients have more than one form of anxiety.

Table 2

Cognitive model for anxiety disorders

The following are anxieties associated with characteristic patterns of thought or images of harm:

- **GAD:** Excessive worry about ordinary events
- **Panic:** Fear of imminent harm, death and loss of control
- **Social phobia:** Concern with social embarrassment
- **OCD:** Fear of contamination, repeated doubts, aggressive impulses
- **PTSD:** Distressing recollections of traumatic events
- **Somatization:** Anxiety exclusively about physical symptoms

GAD: Generalized anxiety disorder
OCD: Obsessive compulsive disorder
PTSD: Post-traumatic stress disorder

How is GAD diagnosed?

Often, in the family physician's office, patients present with unexplained physical symptoms and/or worry about ordinary things (*i.e.*, family, work, health, money, illness). A handy mnemonic has been developed to aid in diagnosing GAD:

Worry
Anxiety
Tension
Concentration
Hyperarousal
Energy
Restlessness
Sleep disturbance

Treating Anna

Some immediate options for treating Anna are:

- Review her blood pressure and watch for chest pain and shortness of breath.
- Listen to her story.
- Give her sublingual lorazepam.
- Plan for future regular visits once she is stable enough to discuss the situation.

For Anna's followup, see page 78.



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How should GAD be treated?

Many patients with anxiety disorders are sensitive to side-effects and do not wish to take any medication. Unfortunately, if they are sufficiently symptomatic, they may not be able to focus on psychotherapy until some symptoms are relieved. Regular counselling time with your patient, developing a good physician-patient rapport and trust will help with this decision.

In cases of chronic worry, rumination and fear of interpersonal relationships, antidepressants have proven superior to anxiolytics.² There may also be a role for short courses of benzodiazepines, buspirone and tricyclic antidepressants, but selective serotonin reuptake inhibitors (SSRIs) and selective/norepinephrine serotonin reuptake inhibitors (SNRIs) have proven to be the most effective in the treatment of GAD.

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What about cognitive behaviour therapy?

Cognitive behaviour therapy (CBT) has been very effective in treating GAD and is usually done with a trained therapist. Some principles can be used by the family physician as well.

The basis of CBT is changing negative thinking patterns in order to decrease negative emotions. Some CBT techniques include:

- education,
- challenging probability estimations,
- decatastrophizing,
- hypothesis testing and
- shifting perspectives.

Anna's Followup

For Anna's followup, you might:

- Schedule regular visits.
- Discuss roles of pharmacotherapy vs. psychotherapy.
- Give homework (*i.e.*, Jason Bourne's Anxiety and Phobia Workbook).
- Talk about generalized anxiety disorder and panic disorder, their differences and ways Anna can help herself (*i.e.*, relaxation, breathing, journaling).

Take-home message



- GAD is of long duration with high rates of chronicity and relapse.
- Over 70% of patients have at least one other anxiety disorder.
- GAD requires sustained, intensive treatment to recover.
- Develop a local resource list to help you with management.

References

1. Keller MB, Lavori PW, Mueller TI, *et al.*: Time to recovery, chronicity, and levels of psychopathology in major depression: A 5-year prospective follow-up of 431 subjects. *Arch Gen Psychiatry* 1992; 49(10):809-16.
2. Hoehn-Saric R, McLeod DR, Zimmerli WD: Differential effects of alprazolam and imipramine in generalized anxiety disorder: Somatic versus psychic symptoms. *J Clin Psychiatry* 1988; 49(8):293-301.