

Guideline for the Treatment of Generalized Anxiety Disorders in Adults in Primary Care Settings

<u>Definition</u>	Generalized Anxiety Disorders (GAD) is characterized by uncontrollable and excessive fear and anxiety about a number of events or activities. GAD can be expressed with physical and affective symptoms and cause behavioral changes. GAD interferes significantly with day to day functioning.
<u>Evaluation</u>	In general, symptoms listed below persist for 6 months or more. Excessive worry and anxiety about events or activities most days of the week Anxiety and worry are associated with 3 or more of the following symptoms Restlessness or feeling keyed up or on edge Easily fatigued Difficulty concentrating Muscle tension Sleep disturbance Irritability The anxiety, worry, physical symptoms cause clinically significant distress or impairment in social, occupational, or other areas of daily functioning.
<u>Comorbidities</u>	Often includes depressive disorder, panic disorder and obsessive compulsive disorder.
<u>Precipitating</u>	Symptoms of excessive worry and anxiety may occur early in life and then manifest in to an anxious temperament. Stressful life events or trauma, chronic medical illness
<u>Risk Factors</u>	Genetics, personality, female gender may increase the risk of developing generalized anxiety disorder. Risk of medical conditions may be elevated for those with hypertension, gastric conditions and pain syndromes.
<u>Existing Screen Tools</u>	GAD-7 scale Overall Anxiety Severity and Impairment Scale (OASIS)
<u>Somatic Episodes</u>	Somatic symptoms may be experienced such as profuse sweating, nausea, and diarrhea, irritable bowel syndrome and exaggerated startle response. One might experience trembling, twitching, muscle aches and shakiness. In addition to being components of anxiety, somatic symptoms can sometimes represent other medical or psychiatric conditions.
<u>Differential Diagnosis</u>	It is important to rule out the existence of medical disorders that may be commonly associated with anxiety symptoms: Use appropriate lab findings Conduct an appropriate review of systems Screen for substance use.

Sources:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

AMY B. LOCKE, MD, FAAFP; NELL KIRST, MD; and CAMERON G. SHULTZ, PhD, MSW. 2015 May 1. Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults;, University of Michigan Medical School, Ann Arbor, Michigan, *Am Fam Physician*. 2015 May 1;91(9):617-624.

<https://mainehealth.org/healthcare-professionals/clinical-resources-guidelines-protocols/anxiety-clinical-guidelines-resources>

Medication algorithm (anxiety disorders)

1st trial:

Try an SSRI

2nd trial:

Try another SSRI or an SNRI

3rd trial

Panic Disorder:
Consider Imipramine
or Clomipramine
or Pregabalin

GAD/Social Anxiety:
Consider Gabapentin
or Pregabalin

PTSD:
Consider (augmentation
for sleep disturbance)
Prazosin

?4th trial

Partial response for any disorder:
Consider addition 2nd agent
(e.g., mirtazapine + SSRI, TCA + SSRI,
if also depressed, bupropion + SSRI/SNRI)

Consider psychiatric consult
or referral (before considering
Benzodiazepine or Atypical AP)

NICE Stepped Care Model for General Anxiety Disorder

