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Generalized Anxiety Disorder

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Text Used For This Lecture

Principles of Psychopharmacology for Mental Health Professionals

Jeffrey E. Kelsey, M.D., Ph.D.
D. Jeffrey Newport, M.D., M.S., M. Div.
Charles B. Nemeroff, M.D., Ph.D.
Brief Description and Diagnostic Criteria

- **6 Months**
  - Persistent worry about variety of issues
    - Money
    - Health
    - Family
    - Job

- **DSM-IV Criteria**
  - Exaggerated worry about several real-life concerns on most days for at least 6 months.
  - Finds it hard to stop worrying
  - Accompanied by at least three of the following:
    - Feels keyed up
    - Tires easily
    - Finds it hard to concentrate
    - Feels irritable
    - Muscles are tense
    - Insomnia
  - Worries are not solely related to another mental illness
  - Worrying causes significant distress
  - Not due to a medicine, an illicit drug, or a medical illness
Lifetime Prevalence estimates of GAD:

- 4%-9%

Twice as common among women

Onset is typically in adolescence or early adulthood
Subtle and symptoms may go unnoticed by Primary Care Physician

Patients tend to present complaining of other physical ailments or related problems

- Depression or Insomnia

Many seek treatment from a Primary Care Physician first....and long before seeking mental health care

Persistant

90% of those with GAD meet diagnostic criteria for another mental disorder (e.g. depression)
Panic Disorder
- Those with GAD may complain of “Panic / Anxiety Attacks” but they do not meet diagnostic criteria
- If persistent worry is anticipatory of future panic attacks then not GAD

Social Anxiety Disorder
- Persistent worry is focused on social interactions

OCD
- Senseless, intrusive thoughts.
- Accompanied by ritualistic behaviors to stop the intrusive thoughts

PTSD
- The persistent worry is associated with the previous trauma

MDD
- Many clinicians stop the assessment once they’ve determined that MDD is present.
- If MDD is determined to be present...continue evaluation of GAD

Substance Induced Anxiety
- Peripheral Nervous System arousal associated with substance-use or withdrawal

Medical Conditions associated with Anxiety
- Endocrine Disorders
- Seizure Disorders
- Nervous System Tumors
# Differential Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>GAD</th>
<th>Panic Disorder</th>
<th>Social Phobia</th>
<th>OCD</th>
<th>MDD</th>
<th>PTSD</th>
<th>Substance Induced</th>
<th>Medical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry Content</td>
<td>General Real-Life Events</td>
<td>Future Panic Attacks</td>
<td>Potentially Embarrassing Social Events</td>
<td>Specific, Recurrent Intrusive Thoughts</td>
<td>Guilt, Overwhelmed, Punishment</td>
<td>Re-experiencing past traumatic event</td>
<td>Illness or Death; General; Delusional; May not be present</td>
<td>Illness or Death; General Real-Life Events</td>
</tr>
<tr>
<td>Time-Frame</td>
<td>6 mos</td>
<td>1 month</td>
<td>6 mos</td>
<td>NA</td>
<td>2 weeks</td>
<td>&gt;1 month</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Panic Attacks</td>
<td>Maybe</td>
<td>Yes</td>
<td>Maybe</td>
<td>Unlikely</td>
<td>No</td>
<td>Maybe</td>
<td>Maybe</td>
<td>Maybe</td>
</tr>
<tr>
<td>Compulsions</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Maybe</td>
<td>Maybe</td>
<td>No</td>
</tr>
<tr>
<td>Symptoms</td>
<td>Subtle and Chronic</td>
<td>Extreme and Rapid Onset</td>
<td>Centered around social events</td>
<td>Chronic and Disruptive</td>
<td>Chronic and Disruptive</td>
<td>Chronic with Extreme Episodes</td>
<td>Centered around medication and/or substance use or withdrawal</td>
<td>Coincides with medical condition symptoms</td>
</tr>
</tbody>
</table>
Current Approach to Treatment

- **Acute**
  - Symptom Relief may take 3-6 mos.
- **First-Line Treatments for GAD**
  - Cognitive Behavioral Therapy (CBT)
  - Antidepressants
  - Buspirone
  - Benzodiazepines
Current Approach to Treatment

- Selecting Treatment
  - Severity of Presenting Symptoms
  - Co-morbid conditions
  - Previous Response to Treatment
  - Patient Preference
- The Current Authors recommend no psychotropic medications for mild GAD
  - CBT monotherapy
- For Moderate to Severe
  - CBT with Medication is highly encouraged
# Medications

(As Outlined in Principles of Psychopharmacology for Mental health Professionals)

<table>
<thead>
<tr>
<th>Medication</th>
<th>Starting Dose</th>
<th>Treats Intrapsychic Symptoms?</th>
<th>Treats Somatic Symptoms?</th>
<th>Side-EFX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escitalopram (Lexapro)</td>
<td>5 mg/day</td>
<td>Yes</td>
<td>Somewhat</td>
<td>Transient Anxiety and Agitation; Abdominal Discomfort; Sexual Dysfunction</td>
</tr>
<tr>
<td>Paroxetine (Paxil)</td>
<td>10 mg/day</td>
<td>Yes</td>
<td>Somewhat</td>
<td>Transient Anxiety and Agitation; Abdominal Discomfort; Sexual Dysfunction</td>
</tr>
<tr>
<td>VenlafaxineXR (Effexor)</td>
<td>37.5 mg/day</td>
<td>Yes</td>
<td>Somewhat</td>
<td>Transient Anxiety and Agitation; Abdominal Discomfort; Sexual Dysfunction; Increased Blood-Pressure (at higher doses)</td>
</tr>
<tr>
<td>Buspirone</td>
<td>10 mg/day</td>
<td>Yes</td>
<td>No</td>
<td>Dizziness; Nausea; Headache; Fatigue; Dry-Mouth</td>
</tr>
<tr>
<td>Benzodiazepine (Clonazepam)</td>
<td>0.25-0.5 mg/day</td>
<td>No</td>
<td>Yes</td>
<td>Sedation; Impaired Physical Coordination; Poor Concentration; Dependence</td>
</tr>
</tbody>
</table>

References