Generalized Anxiety Disorder Clinical Guidelines
Developed in collaboration with the mental health centers associated with NBHP and FBHP
DSM-IV-TR Diagnostic Codes: 300.2

The Clinical Guidelines are meant to assist providers in making the best decisions about appropriate treatment in specific clinical circumstances. You are not required to follow them nor are you expected to be proficient in all of the therapeutic models described below. However, following the guidelines is one way to help ensure that your care is consistent with the most current research and best practices and that it is medically necessary.

Diagnostic Considerations:

1. **Review diagnostic criteria in DSM-IV-TR:**
   Generalized Anxiety Disorder (GAD) is defined as:
   - Excessive anxiety and worry, about a number of events or activities, occurring more days than not for a period of at least 6 months
   - Difficulty controlling the worrying or anxiety
   - Additional symptoms that accompany worry include: restlessness, easily fatigued, muscle tension, sleep disturbances, irritability, and difficulty concentrating
     - Underlying anxiety, particularly in men, may manifest as externalizing behaviors, such as irritability and anger and/or an aggressive or controlling temperament.
     - If a client reports these additional symptoms or exhibits externalizing behaviors as the presenting problem, but does not mention anxiety or worry, be sure to assess further.

2. **Differentiate between GAD and other anxiety disorders.** Assess whether the anxiety is specific or general to rule out other anxiety disorders. Unlike other anxiety disorders, in which there is a clear stimulus to be avoided (e.g., spiders, social situations), in GAD there is no clear threat from which to escape or attack. As a result, people with GAD use their cognitive capabilities to find ways to avoid the anticipated danger. Worrying is positively reinforced as it results in a decreased physiological and emotional response. It is negatively reinforced as the feared outcomes are so catastrophic, they generally do not come true. As a result, clients may come to believe that worrying is a helpful strategy.

3. **Co-occurring disorders** include mood disorders, substance-related disorders, and somatic complaints. Rule out substance-induced anxiety disorder. Depression can be particularly confounding. It’s not uncommon for depressive symptoms to motivate seeking treatment, although an underlying anxiety disorder can precede depressive symptoms for months or years and go undiagnosed and untreated.

4. **The lifetime prevalence** rate for GAD is around 9% with an annual prevalence rate of 3%. This disorder is diagnosed slightly more in women than in men, with the majority of individuals diagnosed in mid-adulthood. Over half of individuals who receive treatment for GAD reported an onset in childhood or adolescence.

5. **Consider risk factors** such as a history of trauma and certain childhood temperaments. Trauma, whether a single catastrophic event or a series of exposures, can result in many of the symptoms and behaviors associated with GAD. For example, a person who has experienced repeated sexual abuse may approach daily life with a sense that danger is always present, experience hypervigilance, muscular tension, physiological arousal, difficulty sleeping, and feeling on edge. This level of arousal was probably useful to them when the potential for re-traumatization was present, but it may be dysfunctional when no threat is likely. The temperaments or traits of behavioral inhibition, neuroticism, negative affectivity and harm avoidance, have been hypothesized to be linked with anxiety disorders. Some researchers postulate that temperament and psychopathology exist along a single continuum. Similarly, these temperaments might be seen as inherent vulnerabilities that are magnified and expressed as psychopathology under specific environmental conditions.
6. **GAD in children** is often over diagnosed and a thorough evaluation should be completed. Many times children worry about school performance due to fear of failure which would be better described as Social Phobia. Children with GAD may be overly conforming, perfectionist, and unsure of themselves and tend to redo tasks because of the excessive dissatisfaction with a less-than perfect performance. They are typically overzealous in seeking approval and require excessive reassurance about their performance or other worries. Children with GAD worry excessively about many areas such as schoolwork (getting things right, being on time), family relationships and finances, friendships, health, safety (burglars) and new situations. They have a tendency to repeatedly seek reassurance from parents or others about fears and will repeat questions in new situations (e.g., “What is going to happen?” “What if…”). The constant worrying may lead to stomachaches, headaches, tiredness, and inattention.

7. **Complete a psychosocial and diagnostic assessment**, including social and family history, as increasing research shows a familial pattern for GAD. Other psychosocial factors that should be explored include: potential fears, acute precipitants to excess worrying episodes (as many report increased anxiety at times of stress). To understand the severity of anxiety and symptoms in children, it is important to get information from the child, parents or caregivers, and teachers. Gathering information can be done through diagnostic interviews, anxiety ratings scales, and observations. Assess the following 3 dimensions: anxious behaviors, thoughts, and physical symptoms. Diagnostic assessments and rating scales can be used to diagnosis GAD, measure the severity of the symptoms, and monitor treatment progress. The following are widely available assessment tools for adults and children:

- **For Adults:** Generalized Anxiety Disorder Assessment (GAD-7), Generalized Anxiety Disorder Severity Scale (GADSS), Beck Anxiety Inventory (BAI), and the Penn State Worry Questionnaire (PSWQ)
- **For Children:** Multidimensional Anxiety Scale for Children (MASC) and Screen for Child Anxiety Related Emotional Disorders (SCARED)

8. **Cultural factors** should be considered when assessing the expression of anxiety. In some cultures, anxiety is expressed through somatic symptoms, in others through cognitive symptoms. Use caution to not assume GAD based on the presence of somatic complaints alone, as some cultures tend to over-report physical concerns, even outside of the context of anxiety. In cultures where the expression of mental illness is associated with significant stigma, terms such as “anxiety disorder” may be seen as pejorative. When working with clients from such cultures, it may be helpful to use their culture’s particular idiom of distress, rather than using the clinical term. For example, a particular patient might be more comfortable discussing their experience of tension, stress, or nerves than they are describing anxiousness.

9. **Review medical history**, as anxiety disorders are significantly associated with thyroid disease, respiratory disease, gastrointestinal disease, arthritis, migraine headaches, and allergic conditions. Provide psychoeducation as to how worrying can affect and be affected by medical conditions in order to facilitate motivation to address these co-occurring conditions. Be sure to coordinate with primary care when appropriate.

**Treatment Guidelines**

1. **Complete a functional assessment.** Assess the client’s belief about the benefits or function of worry, the costs of avoidant behavior relevant to social functioning and engagement in valued activities. Articulate to the client that while worry may have been functional at one time in their lives, it may not be working to serve that purpose any more. Trauma informed care approaches suggest it is important to respect and honor the client’s use of these survival mechanisms, while also leading them to assess threats in their environment more realistically and find more adaptive ways to cope with their feelings.
2. **Prevent dropout** by proactively identifying and challenging thoughts or expectations that may serve as barriers to change. Talk with clients about what to expect from treatment, to be patient and not give up, and acknowledge and discuss barriers (cognitive and otherwise) that arise. Use motivational enhancement or interviewing techniques to engage where appropriate.

3. **Several evidence based practices** have demonstrated effectiveness at reducing symptoms of anxiety. Clinicians should be trained in these practices in order to implement the therapies effectively. Cognitive behavioral therapy, including worry exposure (see manual in resources), has been widely supported by research, both in individual and group formats, with studies demonstrating up to two years of symptom remission. Significant positive outcomes have also been found using mindfulness and stress reduction models, such as Mindfulness Based Therapy (MBT), applied relaxation, and progressive muscle relaxation, as well as short term psychodynamic therapy.

4. **CBT for children** with GAD involves:
   - Helping children to identify the physical, cognitive, and behavioral components of their anxiety.
   - Helping the child to challenge unrealistic thoughts about worries.
   - Working with children and caregivers to create a stepladder (i.e. exposure hierarchy) with steps that involve facing safe situations that are increasingly worry provoking while decreasing reliance on safety cues such as lucky charms or comfort objects (see [http://centreforemotionalhealth.com.au/pages/resources-generalized-anxiety-kids.aspx](http://centreforemotionalhealth.com.au/pages/resources-generalized-anxiety-kids.aspx) for an example)
   - Having the caregiver provide rewards for successfully completing each step on the stepladder.
   - Working with caregivers on limiting the amount of reassurance they provide in response to the child’s repetitive questions as these questions maintain the child’s worrying in the long run.
   - Working with caregivers on encouraging their child to face, not avoid, their feared situations.

5. **Consider referral for pharmacologic treatment** if therapeutic approaches have been unsuccessful or not enough progress has been achieved, as there is no current evidence to support the combination of the two treatments above psychotherapy alone.

**References and Resources for Clinicians**


**Manuals:**


**Screening/Assessment Tools and References:**


Screen for Child Anxiety Related Emotional Disorders (SCARED):

Parent Version:


PSWQ: https://outcometracker.org/library/PSWQ.pdf


Appendix A

Aid for Assessment and Differential Diagnosis

In order to accurately diagnose generalized anxiety disorder (GAD), it is important to carefully assess differential diagnoses. Individuals with GAD can exhibit features that appear similar to depression or other specific anxiety disorders at first glance, and may not report symptoms of generalized anxiety without being prompted. Below are some specific questions that can begin to differentiate between the most commonly confounding diagnoses.

To rule out GAD:
- If clients answer no to the following questions, GAD is not likely
  - Do you worry excessively or have repetitive racing thoughts about minor things?
  - Do you often find yourself feeling irritable, jittery and/or stressed?
  - Do you worry excessively about everyday things such as your family, health, work or finances?
  - Do you feel overwhelmed and feel like daily tasks are unmanageable?
  - Do your friends or loved ones tell you that you worry too much?
  - Do you have difficulty controlling your worry, such as worry keeps you from falling asleep, makes you physically ill with headaches, stomach trouble, fatigue?
  - Do you think your worries will be over once the topic you are currently worrying about is resolved?
    - Clients with GAD tend to respond that they anticipate that there will be another thing to worry about once the area they are currently worried about is resolved.

To rule out other Anxiety disorders:
- What kinds of things do you worry about?
  - One or some major issues may indicate either normal worrying or another anxiety disorder
  - Being perceived negatively by others or fear of embarrassment (social phobia)
  - Worry about safety in response to history of trauma and re-experiencing the traumatic event (PTSD)
  - Worry about having a panic attack (feeling of fainting, dying, having a heart attack, loss of control) and/or being in public (Panic disorder, Agoraphobia)
  - Focused on certain objects or topics (OCD)
  - Worry about health or the body (hypochondriasis)

To rule out Depression:
- What came first, the anxiety or the depression?
- Rumination related to the past? (GAD more worry about negative things that will happen in the future)
- Predominance of depressed mood
- Presence of anhedonia
Generalized Anxiety Disorder
Medication Algorithm

Diagnostic Assessment

High OR Partial or no response to therapy alone

Severity

Low OR first trial with therapy

1) SSRI’s: paroxetine, escitalopram, sertraline, citalopram
   OR
2) SNRI: venlafaxine XR
3) Beta Blockers: propanolol*
   OR
4) Alpha agonists: clonidine*, guanfacine*

Response?

Partial or no response

1) Mirtazapine, trazodone, hydroxyzine
   OR
2) Mood stabilizer: topiramate*

Response?

Partial or no response

1) Buspirone, pregablin, imipramine, gabapentin*
   OR
2) Benzodiazepines**: alprazolam, lorazepam, diazepam
   OR
3) Adjunctive atypical antipsychotics: olanzapine, risperidone

Response?

Partial or no response

Non-Medication Treatment: e.g. CBT, mindfulness, relaxation techniques

Response?

Good

Good

Continuation of therapy if needed, or self-management

* This medication is recommended based on expert input. Certain medications are supported in clinical practice despite limited research currently available to support their use. This algorithm overall was derived from evidence-based literature and controlled trials, along with expert consensus on best practices.

** Benzodiazepines should be used conservatively, ideally only for short-term symptom stabilization and/or to manage SSRI initiation effects, and should seldom be prescribed long-term for anxiety. Be sure to monitor for side effects, such as sedation, cognitive impairment and ataxia, increased dependence or overuse.
Tips for Generalized Anxiety Disorder
Developed in collaboration with the mental health centers of NBHP and FBHP & the
Client and Family Advisory Board

1. **Learn about anxiety.** Stress and worry are a part of everyone’s life, but at times anxiety can become dysfunctional and get in the way of having the life you want. Engaging in therapy and practicing the skills you learn can help you manage anxiety and live your life more fully. Be patient, don’t give up.

2. **Effective therapies** are available to treat anxiety disorders. Your therapist will help you understand your anxiety, and learn breathing and thinking skills to confront the situations that cause anxiety. Psychotherapy is the first choice for treatment of generalized anxiety disorder. Medications may be an option if therapy alone has not been helpful enough in decreasing your symptoms.

3. **Avoidance can make anxiety worse.** People who struggle with anxiety often avoid anxiety by seeking constant reassurance from others or avoiding anxiety provoking experiences. When you confront the feelings of anxiety, you may realize that you can tolerate anxiety better than you thought and learn to feel more in control of your behaviors. Over time, you can find reassurance within yourself and be empowered to face your fears.

4. **Practice anxiety management strategies.** Practice the skills you learn in therapy regularly, even when you are feeling good, in order to be prepared for when anxiety is at its worst:

   - **Breathing.** Practice breathing exercises daily in order to reduce physical sensations of anxiety. Type “diaphragmatic breathing” in Youtube to watch videos that teach proper technique.
   - **Thinking skills.** Begin noticing your thoughts. People with anxiety tend to tell themselves some pretty scary things. Work with your therapist on learning skills to be aware of your thinking and how it fuels your anxiety. You will learn to use your thoughts to deal with anxiety, not to avoid it. Accept that you cannot control everything. Evaluate how realistic and accurate your thoughts really are: Is it really as bad as I think? What does the evidence say?
   - **Self-monitoring.** Keep a journal or use a smart phone app to increase awareness of your patterns of anxiety. What triggers your anxiety? You may find that there are certain situations (family, school, work) or even certain substances, (caffeine, medications, illegal drugs) can make anxiety worse. By paying attention to triggers and writing them down, you learn to recognize and manage your reactions.
   - **Scheduling worry can reduce worry throughout the day.** Talk with your therapist about setting aside 30 min a day for worrying. Choose one topic to think about and focus on that one until the end. Don’t bounce around from areas of worry. Do this activity in a quiet place, such as an office. Do not practice this in your bedroom. Your bedroom should be a relaxing place free from worry.
   - **Stress management techniques** such as meditation, mindfulness, and aerobic exercise can help people with anxiety disorders calm themselves and may enhance the effects of therapy. Take a time out when you need to by listening to music, using relaxation skills, etc.

5. **Creating a healthy lifestyle** is important in reducing stress and increasing balance in your body and mind. Limit alcohol and caffeine, which can aggravate anxiety. Eat well-balanced meals (don’t skip meals), get enough sleep, exercise daily. Make sure you have regular medical care. Ask your primary care provider if your anxiety could be affecting your physical health or vice versa.

6. **Create the support you need.** Talk with family, friends and teachers about the anxiety you or your child is facing. Learn to ask for help when feeling overwhelmed. Sharing problems and successes with others in a self-help or support group may be helpful. Remember that humor and laughter goes a long way. Volunteering is a great way to get involved, creating a broader support network and feeling good about what you do for others.

7. **Set personal goals.** You can learn to manage your anxiety and have a full and productive life. Use the skills you are learning to move towards the things that are important to you, and try not to let anxiety hold you back. Do your best. Perfection isn't possible, be proud of yourself for moving in the right direction.
Tips for Generalized Anxiety Disorder
Developed in collaboration with the mental health centers of NBHP and FBHP & the
Client and Family Advisory Board

Resources for Clients


National Institute for Mental Health, ”What is Generalized Anxiety Disorder?”

Anxiety and Depression Association of America
http://www.adaa.org/
Consejos para el trastorno de ansiedad generalizada

Desarrollado en colaboración con los centros de salud mental de NBHP y FBHP, y la Comisión Consultiva del Consumidor y la Familia.

1. Aprenda sobre la ansiedad. El estrés y las preocupaciones son parte de la vida de cualquier persona, pero hay momentos en que la ansiedad puede convertirse en una disfunción e interponerse en el camino de tener la vida que usted quiere. Asistir a terapia y practicar las técnicas aprendidas te pueden ayudar a manejar la ansiedad y a vivir su vida plenamente. Sea paciente y no se rinda.

2. Hay terapias efectivas disponibles para tratar los trastornos de ansiedad. Su terapista le ayudará a entender su ansiedad, a aprender a respirar y adquirir habilidades de pensar para confrontar las situaciones que causan ansiedad. La psicoterapia es la primera opción de tratamiento para el trastorno de la ansiedad generalizada. Medicación puede ser una opción solo si la terapia no ha sido de suficiente ayuda en reducir sus síntomas.

3. La evasión puede empeorar la ansiedad. Las personas que sufren de ansiedad frecuentemente la evitan por medio de la búsqueda constante de afirmación de otros o evitando experiencias que la provoquen. Cuando usted confronta los sentimientos de ansiedad, puede darse cuenta de que puede tolerar la ansiedad mejor de lo que pensaba y aprender a sentirse más en control de su comportamiento. Con el tiempo, va a encontrar reafirmación en su interior y va a sentirse fortalecido para enfrentar sus miedos.

4. Practique estrategias para el manejo de la ansiedad. Practique regularmente las técnicas que aprende en terapia, incluso cuando se siente bien, para estar preparado cuando la ansiedad esté en su peor condición:

- **Respirar.** Practique diariamente ejercicios de respiración para reducir las sensaciones físicas de la ansiedad. Busque videos en YouTube sobre respiración abdominal que enseñen la técnica apropiada.

- **Técnicas del pensamiento.** Empiece con darse cuenta de sus pensamientos. Las personas con ansiedad tienden a decirse a ellos mismos cosas bastante aterradoras. Trabaje con su terapista en aprender técnicas para darse cuenta de su manera de pensar y cómo esta alimenta su ansiedad. Va a aprender a usar sus pensamientos para hacerle frente a la ansiedad, no para evitarla. Acepte que usted no puede controlar todo. Evalúe qué tan realistas y adecuados son realmente sus pensamientos: ¿Realmente es tan malo cómo lo estoy pensando? ¿Qué dice la evidencia?

- **Vigilancia propia.** Lleve un diario o use la aplicación de un teléfono celular que lo permita, para aumentar conciencia de sus patrones de ansiedad. ¿Qué le desencadena su ansiedad? Puede encontrar que hay ciertas situaciones (familia, escuela, trabajo) o incluso ciertas sustancias (caféína, medicamentos, drogas ilegales) que pueden hacer que su ansiedad empeore. Al prestar atención a lo que la desencadena y tomar notas sobre ello, usted aprende a reconocer y a manejar sus reacciones.

- **Programar un tiempo específico para preocuparse puede reducir la preocupación durante el resto del día.** Hable con su terapista acerca de programar 30 minutos al día para preocuparse. Escoja un tema para preocuparse y enfóquese en él hasta el final del tiempo destinado para ello. No piense sobre varios temas de preocupación. Practique esta actividad en un lugar tranquilo, como en una oficina o un lugar calmado en su hogar. No practique esto en su dormitorio, pues éste debe ser un lugar de relajamiento y libre de preocupaciones.

- **Las técnicas para el manejo de estrés** como la meditación, ser consciente y ejercicios aeróbicos pueden ayudar a las personas con trastornos de ansiedad a calmarse ellos mismos y puede aumentar los efectos de la terapia. Tómese una pausa cuando lo necesite escuchando música, usando técnicas de relajación, etc.
5. **Crear un estilo de vida saludable** es importante para reducir el estrés y aumentar el equilibrio en su cuerpo y mente. Limite el alcohol y la cafeína, pues pueden empeorar la ansiedad. Consuma comidas bien balanceadas (no se salte comidas), duerma bien y haga ejercicio diariamente. Asegúrese de recibir cuidados médicos regularmente. Pregunte a su médico de atención primaria si la ansiedad puede estarle afectando su salud física y viceversa.

6. **Construya el apoyo que necesita.** Hable con familiares, amigos y maestros sobre la ansiedad que usted o su niño están enfrentando. Aprenda a pedir ayuda cuando se sienta abrumado. Compartir los problemas y éxitos con otros en un grupo de ayuda o apoyo puede ser de gran beneficio. Recuerde que el humor y la risa ayudan bastante. Ofrecerse de voluntario es una muy buena manera de participar, crear una amplia red de apoyo y sentirse bien por hacer algo por las personas.

7. **Establezca sus objetivos personales.** Usted puede aprender a manejar la ansiedad y tener una vida plena y productiva. Use las habilidades que está aprendiendo para acercarse a las cosas que son importantes para usted y trate de no dejar que la ansiedad lo retenga. Haga lo mejor posible. La perfección no es posible, esté orgulloso de usted mismo por avanzar hacia adelante en la dirección correcta.

**Recursos para los clientes**


National Institute for Mental Health, "What is Generalized Anxiety Disorder?"  

Anxiety and Depression Association of America  