

Generalized Anxiety Disorder

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Generalized Anxiety Disorder Description

Generalized anxiety disorder (GAD) is a common and prolonged psychiatric condition that causes substantial negative impacts across several life domains. Key features of GAD are persistent and excessive anxiety, fear, and worry regarding a variety of life events and daily activities. These symptoms are accompanied by physical symptoms such as restlessness, impaired concentration, irritability, fatigue, muscle tension, or sleep disturbances. The symptoms occur over more days than not for at least 6 months and cause significant distress and distinct impairment in social, occupational, and daily life. A general population survey of adults in the United States revealed that GAD has a 12-month prevalence rate of 4.0% and a lifetime prevalence rate of 7.8%, with GAD more predominant in high-income populations compared to low- to middle-income populations. According to the American Psychiatric Association, GAD typically begins and worsens in adulthood along with women being diagnosed more often, approximately 55% – 60% of the time. Individuals diagnosed with GAD are at risk for increased suicidal thoughts and behavior (APA, 2022; *Massachusetts General Hospital Comprehensive General Psychiatry 3rd edition, 2025*).

Evaluation and Diagnosis

Evaluation

When evaluating for the diagnosis of generalized anxiety disorder, several factors must be considered to ensure an accurate diagnosis with an effective treatment and discharge plan. Distinguishing features and assessment considerations include (*DSM-5-TR, UptoDate, 2024*):

- Assessing for suicidal thoughts and behaviors, including historically. According to research, GAD is the most recurrent anxiety disorder diagnosis reported in successful suicides.
- The intensity, duration, or frequency of the anxiety is not proportionate to the likelihood of the anticipated event.
- Adults tend to worry about routine life activities such as responsibilities regarding occupation, finances, health of family members, and minor daily matters such as household chores or appointments.
- Children tend to have social worries regarding the quality of their social performance and others' evaluation.
- Presenting symptoms commonly have a long duration and frequently occur absent of an identifiable incident.
- The larger the range of circumstances in which the individual worries, the greater likelihood that the symptoms meet criteria for the diagnosis of generalized anxiety disorder.
- A comprehensive approach to assessment is needed due to the presentation of both psychological and physical symptoms.
- At least 3 physical symptoms for adults co-occur with the anxiety and worry such as restlessness, feeling on edge, being easily fatigued, difficulty concentrating, irritability, muscle tension and sleep disturbance. For children, only one of these symptoms is required.

- Specific associated physical indicators can assist in the diagnosis of GAD:
 - muscle tension with trembling, twitching, achiness or soreness
 - sweating, nausea, diarrhea
 - irritable bowel syndrome and headaches
- Many individuals diagnosed with GAD state, “I have been nervous for all of my life.”
- Common differential diagnoses include anxiety disorder due to a medical condition or due to a substance, social anxiety disorder, separation anxiety disorder, panic disorder, obsessive-compulsive disorder, posttraumatic stress disorder and adjustment disorders.
 - Panic attacks that are caused by worry in GAD would not meet criteria for a diagnosis of panic disorder.
- There are validated screening tools to assess for GAD such as the GAD-7 (Generalized Anxiety Disorder Scale) and the abbreviated version, the GAD-2. In addition, there are associated validated tools such as (*Elsevier Point of Care, 2023*):
 - Beck Anxiety Inventory
 - PHQ-9 (Patient Health Questionnaire)
 - K-10 (Kessler Psychological Distress Scale)
 - SCARED (Screen for Child Anxiety Related Emotional disorders Scale)
 - HADS (Hospital Anxiety and Depression Scale)
- Tools such as the GAD-7 quantify symptom severity to ensure an accurate diagnosis. After severity is confirmed and treatment is initiated, clinical follow-up at least every 3 months is essential to monitor worsening or improvement of the disorder.
- Assessment for history of mental illness, coping skills and social support network.
- Assessment of cultural and contextual factors.
- Evaluation to include other healthcare professionals and family members/caregivers.

Diagnostic Criteria

Generalized anxiety disorder is described by the DSM-5-TR™ as the following:

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):
 - Note: Only one item is required in children.
 - Restlessness or feeling keyed up or on edge.
 - Being easily fatigued.
 - Difficulty concentrating or mind going blank.
 - Irritability.
 - Muscle tension.
 - Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
- The symptoms of anxiety, worry, or physical indicators produce clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- 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, 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).
- Differential Diagnosis
 - Anxiety disorder due to another medical condition
 - Substance/medication-induced anxiety disorder
 - Social anxiety disorder
 - Separation anxiety disorder
 - Panic disorder
 - Illness anxiety disorder and somatic symptom disorder
 - Obsessive-compulsive disorder

- Posttraumatic stress disorder and adjustment disorders
- Depressive, bipolar, and psychotic disorders
- Comorbidity
 - Individuals with symptoms that meet GAD criteria are likely to have met in the past, or currently meet criteria for other anxiety and major depressive disorders.
 - Co-occurring diagnoses of substance use, conduct, psychotic, neurodevelopmental, and neurocognitive disorders is less frequent.

Evidence-Based Interventions

Therapies currently proven effective are psychotherapy and pharmacotherapy. Treatment is individualized and includes shared decision-making between the individual and the healthcare provider. Research suggests that a combination of cognitive behavioral therapy (CBT) and pharmacotherapy is more effective than either treatment alone (*UptoDate, 2024; JAMA Psychiatry 2024*).

Non-pharmacological evidence-based psychosocial treatment

- CBT is considered the first-line psychotherapy intervention. CBT has established efficacy in treating GAD that has elements of acceptance and commitment therapy, mindfulness-based therapy, cognitive restructuring plus behavior or relaxation therapy.
- The treatment duration of CBT typically ranges from 10-15 sessions with individuals encouraged to continue the use of CBT skills for relapse prevention. Monthly booster sessions can be beneficial to Individuals that have experienced a good clinical response.

Pharmacological treatment

- Pharmacological treatment such as selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs) are currently considered first-line pharmacology treatments for GAD.
 - Tolerable and effective treatment with antidepressants should be continued for at least 12 months.
 - For individuals with a partial or no response, adding another class of drug for an augmentation strategy can be considered according to the individual's enduring symptoms.

References

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Revision History

Date	Summary of Changes
05/2024	Version 1