

**VALUEOPTIONS TREATMENT GUIDELINE FOR THE DIAGNOSIS AND TREATMENT OF  
GENERALIZED ANXIETY DISORDER (GAD)**

*Adopted, edited and summarized from the Canadian Psychiatric Association's Clinical Practice Guidelines, Management of Anxiety Disorders, Generalized Anxiety Disorder, published in the Canadian Journal of Psychiatry, Vol 51, Suppl 2, July 2006.*

ValueOptions has adopted and recommends the use of the Canadian Psychiatric Association's Practice Guideline for the Management of Generalized Anxiety Disorder (GAD) published by the Canadian Psychiatric Association (July 2006).

It should be emphasized that the guidelines should not be construed as standards of medical care. Nor should it be expected that adherence to the guidelines will automatically ensure successful treatment outcomes. Rather, the document should be seen as representing parameters of practice supported by both professional consensus and evidence basis. The practicing clinician needs to be the final judge of whether a particular procedure or treatment plan should be used for his or her patient based on the clinical presentation of the patient and the totality of treatment and diagnostic options available. Furthermore, ValueOptions advises that the guidelines be considered and rendered within the context of the patient's cultural, ethnic, and spiritual values in order to maximize the accuracy of the diagnosis, the effectiveness of the treatment, and the best possible outcomes for the patient and the family.

ValueOptions has prepared the following general summary of some, but not all, of the major points from the CPA Generalized Anxiety Disorder Practice Guideline for reference and use by our providers. It should also be noted that within these guidelines are recommendations for psychotropic medications to be used in the treatment of this disorder. Some of these medications, while in use in Canada, are either not available within the US, or are not approved by the FDA for the usage recommended in Canada. ValueOptions has amended the guidelines accordingly. The reader of this guideline is referred to the Canadian Psychiatric Association document for a more comprehensive and thorough consideration of the diagnostic and treatment issues summarized herein.

Periodically, ValueOptions reviews treatment records of providers in order to monitor adherence to treatment guidelines. It is recommended that providers reflect their application of this guideline in their patients' record documentation.

This treatment guideline covers the Generalized Anxiety Disorder diagnosis found in DSM-IV-TR: 300.02.

### A. Epidemiology

- GAD is a chronic anxiety disorder with 40% of patients reporting illness for 5+ years.
- GAD affects about 6.8 million adult Americans, twice as many women as men, and is associated with disability, suicidality, and high utilization of health care resources.
- Many GAD patients present first in primary care settings; one study showed that only 13% presented with anxiety as their primary complaint. Patients report instead somatic illness, pain, fatigue, depression, and sleep disturbance.
- In 68% of GAD patients, there is at least one other behavioral health disorder, usually depression, another anxiety disorder, or substance abuse.

### B. GAD is diagnosed when:

- A person has difficulty controlling excessive worry about a variety of everyday problems **for at least 6 months**;
- Anxiety or worry causes clinically significant distress and functional impairment, and is associated with **3 or more** of the following:
  - Restlessness
  - Feeling on edge
  - Fatigue
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance;
- Mood, psychotic, substance abuse, and other anxiety disorders are ruled out, and symptoms/impairments are not due to a medical or substance-induced (e.g. caffeine) condition.

### C. Treatment Considerations – Psychological Management

- GAD patients should be initially assessed and then monitored for suicidality and for risk to others.
- Data clearly demonstrate that cognitive behavior therapy (CBT), in both individual and group formats, reduces anxiety symptoms and is more effective than either no treatment or non-specific psychotherapy methods.
- CBT typically includes: patient/family education; cognitive restructuring; exposure; emotion-regulation techniques; problem solving; and relapse prevention.

### D. Treatment Considerations – Pharmacological Management

- Pharmacological interventions with demonstrated efficacy in treating GAD include: selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors, tricyclic antidepressants, anticonvulsants, benzodiazepines, and buspirone
- Step 1: First-line agent; optimize dosage and duration
- Step 2: If inadequate, switch to alternate first-line agent. If partial response, consider adding another agent.
- Step 3: Consider referral to specialist, or consider combination treatment, or switch to second- or third-line agents
- First-line: paroxetine, escitalopram, sertraline, venlafaxine
- Second-line: alprazolam, lorazepam, diazepam, buspirone, imipramine
- Third-line: mirtazapine, citalopram, trazodone, hydroxyzine
- Note: The Canadian Psychiatric Association guideline recommends the usage of certain medications that, while in use in Canada, are either not available within the USA, or not approved by the FDA for the usage recommended in Canada. Practitioners and prescribers should be aware of this.

### E. Other Treatment Considerations

- Patient preference and motivation extremely important when choosing treatment modality
- If formal psychological treatment not used, all patients should receive education and support to encourage them to face their fears
- There is no current evidence to support the **routine** combination of CBT and pharmacotherapy; however, when patients have a limited response to either modality, or if symptoms are too disabling to wait for a response to CBT alone, a combination of treatments should be considered.
- Therapy should be continued for at least 6 months, with many patients requiring long term intervention to prevent relapse.