Generalized anxiety disorder (GAD) is a chronic behavioral health condition characterized by excessive and persistent worrying causing significant distress or impairment. It occurs on more days than not for at least six months and may include other psychological symptoms, such as apprehensiveness and irritability, and physical (or somatic) symptoms, such as increased fatigue and muscular tension. It is one of the most common mental health conditions encountered in primary care and has a prevalence between 1.7-3.4%. GAD tends to be more common in women and also in the elderly.1,2,3,4 There are other anxiety disorders and it is important to exclude these and differentiate the conditions from one another.

GAD may exist with comorbidities, such as phobias, depression and panic disorders.4 It may also be associated with increased rates of substance abuse, posttraumatic stress disorder, and obsessive-compulsive disorder.5 Patients with comorbid depression and anxiety tend to have a more severe and prolonged course of illness and greater functional (social or occupational) impairment. Patients may have co-existing chronic pain or unexplained chronic illness.6,7,8 There is a high prevalence of CAM use among those with GAD.9,10,11,12,13

**Subjective Findings and History**

+ Genetic predisposition14,15,16
+ History of trauma17
+ Poor sleep
+ Fatigue
+ Difficulty relaxing, irritability
+ Headaches
+ Pain in neck, shoulders, and back
+ Persistent worrying
+ Functional impairment

**Objective Findings**

+ Hypertension
+ Tachycardia
• Patients with late-onset anxiety, weight loss, or cognitive impairment should be assessed for organic causes of anxiety

**Assessment**

• Physical exam (PE)
• Laboratory studies (CBC, thyroid panel, comprehensive metabolic panel, UA, EKG, urine or serum toxicology)
• Substance abuse history (including alcohol, prescription drugs, caffeine, and nicotine use)
• Social history that screens for stressful life events and past sexual, physical and emotional abuse or neglect
• The GAD seven-item scale (GAD-7) can be used as a screening tool for GAD: GAD-7 anxiety scale ([http://www.phqscreeners.com/pdfs/03_GAD-7/English.pdf](http://www.phqscreeners.com/pdfs/03_GAD-7/English.pdf))

<table>
<thead>
<tr>
<th>Over the last two weeks, how often have you been bothered by the following problems?</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it is hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total score*____ = Add columns ____+ ____+ ____</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Circle one: Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult

* Score: 5 to 9 = mild anxiety; 10 to 14 = moderate anxiety; 15 to 21 = severe anxiety.

**Differential Diagnosis:**

• Depression, dysthymia
• Hypochondriasis
• Panic disorder
• Adjustment disorder
• Obsessive compulsive disorder
Plan
Botanical medicine: Kava-kava, valerian root, and passion flower, chamomile, citrus aurantium blossom, ginseng, St. John’s Wort, black cohosh
Essential oils
Homeopathy
Nutraceuticals: vitamin B12, B complex, S-adenosylmethionine

Movement therapy:
- Yoga and breathing exercises
- Meditation
- Acupuncture
- Tai Chi and Qigong
- Multi-modal therapy based on self-care behavior
- Exercise
- Massage and touch therapy
- Reiki, other whole person energy work

Pharmacology: (a stepped pharmacotherapy approach with combination therapy should be used for prescribing and should be based on availability, side effects experienced, and patient preference):
- selective-serotonin reuptake inhibitors (SSRIs) (e.g. paroxetine, sertraline, citalopram, escitalopram, fluoxetine, and fluvoxamine) - therapeutic doses of SSRIs are approximately the same as for the treatment of depression
- serotonin-norepinephrine reuptake inhibitors (SNRIs) (e.g. venlafaxine, duloxetine)
- tricyclic antidepressants (e.g. Imipramine)
- benzodiazepines (e.g. clonazepam, diazepam, lorazepam)
- buspirone
- pregabalin
- other antidepressants (e.g. mirtazapine)
- antipsychotic medications
- hydroxyzine

Psychotherapy; cognitive behavioral therapy; group therapy

Referrals
A referral should be made to professionals specializing in treating behavioral/mental health/substance abuse conditions, especially in recalcitrant or severe cases, acute states, in cases where there is a current or past history of suicidal or homicidal ideation, or if the patient presents with a dual diagnosis. This might include a psychologist, behavioral health consultants, psychiatrist, case manager, licensed social worker (LSW), or other counselor who may have experience in treating or finding appropriate resources for the patient. The National Alliance for Mental Illness (NAMI) provides extensive resources and has local emergency and suicide helplines listed for all areas of the United States (U.S.) at http://www.NAMI.org. In
addition, all states have differing laws in regards to reporting suicidal or homicidal ideation to local authorities.

**Resources for Clinicians**
The primary care or CAM provider is often a gateway to expert care and can provide patients with the resources they need to access a specialist. Recognizing and referring patients with serious health conditions is a fundamental role of all medical providers. The recommended treatment of mental and behavioral health conditions is a team based therapeutic model. Team consultation, assessment and management of these patients can provide them with the best possible medical care.

Mental illnesses are treatable. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an ongoing individual treatment plan. Patients who are currently under the medical supervision of other licensed providers and are taking medications for behavioral health conditions should be encouraged to remain on these.

The Integrative Behavioral Health Project provides is a virtual toolkit for primary care providers to “to provide hotlinks to screening tools and resources recommended for use in primary care”. Their complete electronic resource guide, "Integrated Behavioral Health Screening Tools for Primary Care” is available at: [http://www.ibhp.org/](http://www.ibhp.org/)

National Association for Mental Illness (NAMI) – resources for primary care providers [http://www.nami.org/Template.cfm?Section=child_and_teen_support&Template=/ContentManagement/ContentDisplay.cfm&ContentID=120673](http://www.nami.org/Template.cfm?Section=child_and_teen_support&Template=/ContentManagement/ContentDisplay.cfm&ContentID=120673)


**Resources for Patients**
National Association for Mental Illness. [http://www.nami.org/Template.cfm?Section=By_Illness](http://www.nami.org/Template.cfm?Section=By_Illness)

**Clinical Pathway Feedback**
CHP desires to keep our clinical pathways customarily updated. If you wish to provide additional input, please use the e-mail address listed below and identify which clinical pathway you are referencing. Thank you for taking the time to give us your comments.

Clinical Services Department: providers@chpgroup.com


