

Generalized anxiety

Generalized anxiety - F41.1 (Clinical term: Generalized anxiety disorder Eu41.1)

Presenting complaints

Tension-related symptoms, eg headache, pounding heart, insomnia, complaint of 'stress'. Enquiry reveals prominent anxiety.

Diagnostic features

Multiple, persistent and uncued anxiety or tension including:

- autonomic arousal (eg dizziness, sweating, fast or pounding heart, dry mouth, stomach pains)
- mental tension (eg undue worry, feeling tense or nervous, poor concentration, sense of forboding)
- physical tension (eg restlessness, headaches, tremors, cannot relax, chest pain or constriction).

Symptoms may last for months and recur regularly, and are often worsened by stressful events in those prone to worry.

Co-existing disorders

If disorders below are the most prominent feature (see appropriate guidelines), treat accordingly.

- Depression - F32#
- Panic disorder - F41.0
- Phobic disorders - F40
- Post-traumatic stress disorder - F43.1
- Alcohol misuse - F10 or Drug use disorders - F11 - F19

Certain physical conditions (eg thyrotoxicosis), medications (eg methylxanthines, beta-agonists) or street drugs (stimulants) may cause anxiety symptoms.

Essential information for patient and family

- Anxiety has both physical and mental effects.
- The ability to reduce anxiety can be learned (ref 131)

References

131 Shear K, Schulberg H. Anxiety disorders in primary care. Bull Menninger Clinic 1995, 59(2; Suppl A): 73-82. (B1) Studies of psychoeducation and minimal intervention in primary care show much promise as first-line interventions for anxiety disorders in primary care. More severely ill patients require more specialist intervention.

General management and advice to patient and family

(ref 132)

- Explain the link between physical and psychological symptoms of anxiety.
- Encourage use of relaxation methods daily to reduce anxiety. (see [Learning to relax](#))
- Cut down caffeine consumption (coffee, tea, stimulant drinks).
- Avoid using alcohol, tobacco, street drugs to cope with anxiety.
- Tell about practice or non-statutory resources for problem-solving, relaxation, yoga.
- Regular physical exercise is often helpful.
- Use self-help publications to develop psychosocial strategies to cope with anxiety (see [Resources for patients and families](#)).
- Encourage engagement in activities that are pleasurable or have previously reduced anxiety.

- Encourage simple cognitive strategies:
 - identify undue worries (eg when daughter is five minutes late from school, mother worries that she may have had an accident)
 - discuss ways to question these undue worries when they occur (eg when the mother starts to worry about daughter, could tell herself, "I'm starting to be caught up in worry again. She's only a few minutes late and should be home soon. I won't call her school to check unless she's an hour late". Explore alternative explanations. (see [Dealing with anxious thinking](#))

- Structured problem-solving methods can ease current life problems that contribute to anxiety: (ref 133) (see [Solving problems and achieving goals](#))
 - identify triggers of undue worry (eg a woman presents with worry, tension, nausea and insomnia which began after her son was diagnosed with asthma and worsens when he has asthmatic episodes). Ask the patient to:
 - list every solution they can think of (eg meet the nurse to learn about asthma management, read leaflets about it, discuss concerns with other parents of asthmatic children, write down a management plan for son's asthma episodes)
 - list the pros and cons of each possible solution (try this between appointments)
 - help the patient to choose their preferred approach (not necessarily the first that comes to mind)
 - help the patient to work out the steps necessary to achieve the plan
 - set a date to review the plan. Work out and encourage what is working.

References

132 NICE will publish a guideline on Anxiety (generalized) in June 2004. (AI)

133 Hawton K, Kirk J. Problem-solving. In: Hawton K, Salkovskis PM, Kirk J, Clark DM (eds.) Cognitive Therapy for Psychiatric Problems: A Practical Guide. Oxford: Oxford University Press, 1989: 406-426. (All)

Medication

(ref 132)

Longer-term outcome seems better after psychosocial than drug treatment. Medication is a secondary treatment in managing generalized anxiety.(ref 131,134) ay be used if significant anxiety persists despite the measures described above.

- Anti-anxiety medication (ref 135) (BNF section 4.1.2.): avoid short-acting benzodiazepines; they should not be used for less than 2 weeks.
- Antidepressant drugs (BNF section 4.3), eg tricyclics or SSRIs, may help, especially if depression is present (ref 136). Discontinuation should be gradual over a month. Beta-blockers may reduce physical symptoms such as tremor in particular settings (ref 137).

References

131 Shear K, Schulberg H. Anxiety disorders in primary care. *Bull Menninger Clinic* 1995, 59(2; Suppl A): 73-82. (BI) Studies of psychoeducation and minimal intervention in primary care show much promise as first-line interventions for anxiety disorders in primary care. More severely ill patients require more specialist intervention.

132 NICE will publish a guideline on Anxiety (generalized) in June 2004. (AI)

134 See reference [13](#).

135a Gould RA, Otto MW, Pollack MH, Yap L. Cognitive behavioural and pharmacological treatment of generalised anxiety disorder: a preliminary meta-analysis. *Behaviour Ther* 1997, 28(2): 285-305. (BI) This paper discusses the effectiveness of different treatments for anxiety. Buspirone had a much lower effect size than either benzodiazepines or antidepressants, and its onset is slow (up to four weeks). However, problems with dependence and withdrawal are minimal compared with benzodiazepines. Cognitive behaviour therapy (CBT) and anxiety management were the most efficacious psychological treatments; each was equally efficacious in the short term. Gains of CBT and anxiety management were maintained at six months.

135b Lader MH, Bond AJ. Interaction of pharmacological and psychological treatments of anxiety. *Br J Psychiatry* 1998, 173(Suppl 34): 165-8. Firm conclusions are not possible. Observations suggest using benzodiazepines for treating anxiety initially, as these produce rapid symptomatic improvement; then psychological treatments can take over.

135c A Cochrane review will soon be available. Gale C, Kapczinski F, Busnello JV et al. Benzodiazepines for generalized anxiety (Protocol for a Cochrane Review). In: *The Cochrane Library*, Issue 4, 2003. Oxford: Update Software.

136a Kapczinski F, Lima MS, Souza, JS, Schmitt, R. Antidepressants for generalized anxiety disorder (Cochrane Review). In: *The Cochrane Library*, Issue 2, 2003. Oxford: Update Software (AI) Fifteen studies were examined. Antidepressants are superior to placebo in treating general anxiety disorder (GAD) and are tolerated by GAD patients.

136b A Cochrane review will soon be available. Kapczinski F, Ribeiro L, Quevedo J et al. 5HT-1 agonists for generalized anxiety (Protocol for a Cochrane Review). In: *The Cochrane Library*, Issue 4, 2003. Oxford: Update Software.

137 Tyrer P. Use of beta-blocking drugs in psychiatry and neurology. *Drugs* 1980, 20: 300-308.

Liaison and referral

See general referral criteria.

Liaison or non-urgent referral to secondary mental-health services is advised if anxiety is sufficiently severe or enduring to interfere with social or work functioning.

Consider cognitive/behavioural therapy or anxiety management (ref 135). Self-care classes and 'assisted bibliotherapy' can also be effective in primary care for milder anxiety (ref 138,139).

References

135c A Cochrane review will soon be available. Gale C, Kapczinski F, Busnello JV et al. Benzodiazepines for generalized anxiety (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Oxford: Update Software.

138 Kupshik G, Fisher C. Assisted bibliotherapy: effective, efficient treatment for moderate anxiety problems. Br J Gen Pract 1999, 49: 47-8. (BIII) Learning self-help skills through reading, supported by contact with a clinician, significantly improved symptoms. More patients improved with more clinician contact, especially if less educated.

139 Bower P, Richards D, Lovell, K. The clinical and cost-effectiveness of self-help treatments for anxiety and depressive disorders in primary care: a systematic review. Br J Gen Pract 2001, 51: 838-845. (AI) Self-help treatments may have the potential to improve the overall cost-effectiveness of mental health service provision.

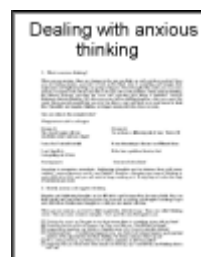
Resources for patients and families



Solving problems and achieving goals



Learning to relax



Dealing with anxious thinking



Anxiety

No Panic 01952 590 545 (helpline 10 am–10 pm); 0808 808 0545 (gives numbers of volunteers for the day)

Website: <http://www.no-panic.co.uk>.

Helpline, information booklets, local self-help groups (including telephone recovery groups) for people with anxiety, phobias obsessions, panic.

Triumph Over Phobia (TOP) UK 01225 330 353

Email: triumphoverphobia@compuserve.com; website: <http://www.triumphoverphobia.com>.

Structured self-help groups for sufferers from phobias or obsessive-compulsive disorder. It produces self-help materials.

Stresswatch Scotland 01563 528 910 (helpline 10am–1pm, Monday–Friday, excluding Wednesday)

Advice, information, materials on panic, anxiety, stress phobias.

The Mental Health Foundation produces the information booklet All About Anxiety. Publications, The Mental Health Foundation, 83 Victoria Street, London SW1H 0HW. Tel: 020 7802 0304. website: <http://www.mentalhealth.org.uk>.

Mind Publications produces the booklet How To Cope With Panic Attacks. MIND, Granta House, 15-19 Broadway, London E15 4BQ, Tel: 020 8519 2122, and The Mental Health Foundation, 83 Victoria Street, London, SW1H 0HW Tel: 020 7802 0300.

Living with Fear, 2nd edition, by Isaac M Marks. McGraw Hill, 2001. Tel: 01628 252 700; Email: orders@mcgraw-hill.co.uk.

Self-help manual.

Overcoming Anxiety: a Self-Help Guide Using CBT by Helen Kinnerly. Constable and Robinson, 1997.

Self-help manual.

Learn to Relax by Mike George. Duncan Baird, 1998.

Relaxation exercises (also available as a cassette).

Coping with Anxiety. Talking Life, 1A Grosvenor Rd, Hoylake, Wirral CH47 3BS. Tel: 0151 632 0662; website: <http://www.talkinglife.co.uk>.

A cassette package describing three strategies for relieving anxiety.

Overcoming Anxiety. University of Leeds Media Innovations Ltd, 3 Gemini Business Park, Sheepscar Way, Leeds LS7 3JB. Tel: 0113 262 1600; website: <http://www.calipso.co.uk>.

A CD-ROM self-help package.

Fear Fighter <http://www.fearfighter.com>

Self-help guidance plus option of live helpline advice if you get stuck.

Yoga and meditation classes, as part of adult education programmes, are provided at most Colleges of Further Education.