

Generalized Anxiety Disorder (GAD)

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The National Institute of Mental Health states that occasional anxiety is a part of life (NIMH, 2016). Anxiety is an unpleasant, but common experience for most people. We have all experienced uncomfortable feelings of worry and uneasiness, which often manifest as “sweaty hands”, “heart palpitations” and “panic”. In moderation, anxiety can be helpful to us in regards to maintaining motivation to complete daily tasks, fitting into society by conforming with social norms and avoiding or minimizing potentially dangerous situations. However, intensified or chronic anxiety causes some individuals to feel so physically or emotionally overwhelmed, that they are incapable of coping with daily life.

Living With Anxiety

Often, Generalized Anxiety Disorder (GAD) affects one’s ability to complete the daily activities many of us take for granted such as satisfactory job performance, schoolwork and participation in healthy relationships (NIMH, 2016). With GAD, the intensity, duration or frequency of the anxiety and worry is far out of proportion to the actual likelihood or impact of the feared event (Venes, 2013). Jaffe & Schub (2016) state the focus of the anxiety may vary but the inability to control the anxiety is persistent, noting that individuals often present with somatic complaints and either a preoccupation or neglect of self care. In severe cases, GAD may precipitate suicidal ideation (Jaffe, 2016).

Potential Risk Factors

Although the exact etiology of GAD is unknown, there are genetic and environmental risk factors associated with GAD including childhood shyness or behavioral inhibition, age, female gender, fewer economic resources, cultural considerations, being divorced or widowed, exposure to stressful life events, anxiety disorders in close biological relatives including parental history of mental disorders and biochemical alterations (NIMH, 2016).

Diagnostic Criteria

The American Psychiatric Association (APA, 2013), describes GAD as “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) that the individual finds difficult to control” (p.122). The anxiety and worry are associated with at least three or more of the symptoms listed in “Box A”. The DSM-5 distinguishes that for a diagnosis of GAD, the “disturbance is not attributable to the physiologic effects of a substance” (such as medications or substance use) or “another medical condition” such as hyperthyroidism. Diagnostic criteria for GAD include that the “disturbance is not better explained by another mental disorder” such as but not limited to, Panic Disorder, Separation Anxiety Disorder or Social Anxiety Disorder (p.123).

Nursing Interventions, Education and Health Promotion

Nurses can play an important role in assessing and treatment of clients with GAD by:

- Completing personal and family medical and mental health history of the client.
- Consulting with the treatment team in regards to laboratory and other diagnostic tests such as blood work, urinalysis, serum toxicology or drug screening if indicated.
- With training, utilize psychological assessment and measurement tools such as:
 - *The Hamilton Rating Scale for Depression
 - *The Hamilton Anxiety Scale
 - *The Penn State Worry Questionnaire
 - *The Beck Anxiety Inventory
 to assess anxiety and evaluate severity (Jaffe & Schub, 2016).
- Advocating for client centered care and informed treatment options.
- Educating clients on self-care, medication information and potential lifestyle changes.
- Supporting clients and their families with healthcare decisions and ongoing care.

Please refer to “[Box C](#)” for Education and Health Promotion Strategies”.

Assessment, Treatment & Health Promotion Strategies for Generalized Anxiety Disorder

*Box A Assessing & Diagnosing GAD

For a diagnosis of GAD, the DSM 5 requires the anxiety and worry to be associated with at least three or more of the following six symptoms:

- *Restlessness or feeling keyed up or on edge
- *Being tired or easily fatigued
- *Difficulty concentrating or mind going blank
- *Irritability
- *Muscle tension
- *Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep)

It is important to note that only one of the aforementioned items is required in children. (APA, 2013).

*Box B Treatment Options for GAD

Anxiety disorders are generally treated with psychotherapy, medication or both (NIMH 2016). Effective Therapies for GAD include:

- *Behavior Therapy
- *Cognitive or Psychotherapy (Talk Therapy)
- *Cognitive Behavioral Therapy (CBT)
- *Exposure Therapy
- *Group Therapy
- *Psychodynamic therapy

Medications used for GAD include:

- *Benzodiazepines
- *SSRI's
- *SSNRI's
- *Sedatives
- *Antidepressants
- *Anti-anxiety drugs
- *Beta-blockers (NIMH 2016).

*Box C GAD Education & Health Promotion Strategies

When teaching clients with GAD, Engelke (2016) suggests Healthcare Professionals:

- *Assess the client for previous knowledge and awareness of GAD
- *Assess the client for personal viewpoints on GAD and evaluate readiness to learn
- *Ask client about preferred learning style
- *Identify client learning priorities, barriers, needs & desires to promote client centered care
- *Communicate in an age appropriate and culturally sensitive manner
- *Use language that is easy to understand
- *Use interactive tools & teaching materials
- *If possible, include the client’s significant other and family members in sessions (with permission)
- *Positively reinforce healthy lifestyle & behaviors

*Box D Self-Care in GAD

There are many ways in which the healthcare team can support clients with GAD to optimize mental health and promote wellness such as:

- *Recognition of early GAD symptoms
- *Providing information on self-care
- *Emphasizing exercise & balanced diet
- *Stress management & coping practices
- *Deep breathing
- *Biofeedback
- *Progressive relaxation
- *Yoga
- *Guided imagery
- *Acupuncture
- *Massage Therapy
- *Music Therapy
- *Meditation
- *Aromatherapy
- *Positive self-talk
- *Distraction

Therapeutic Treatments

People with GAD can benefit from varying combinations of medication, therapy, counseling and self-care strategies to reduce anxiety and psychological stress. Please refer to “[Box B](#)” for Treatment Options.

There are numerous therapies which have proven to be effective in treating GAD such as Behavior Therapy, Cognitive or Psychotherapy (Talk Therapy), Cognitive Behavioral Therapy (CBT).

Behavior Therapy includes stress management or coping techniques, such as exercise, relaxation exercises, assertiveness training and gradual exposure (desensitization) to stressful situations allowing clients a better sense of control over their lives (Scholten & Woods, 2016).

Cognitive Therapy allows clients to examine their feelings, change unproductive thinking patterns and separate realistic from unrealistic thoughts (Scholten & Woods, 2016).

Cognitive Behavioral Therapy (CBT) is a combination of both cognitive and behavior therapies, and is used to change false self-concepts such as low self-esteem, monitor anxious thoughts and associated feelings and identify the basis of symptoms to gain education about GAD and determine an effective and patient centered plan of action (Scholten & Woods, 2016).

Additional therapies proven to alleviate symptoms of GAD include Psychodynamic Therapy, Exposure Therapy, Group Therapy or attending self-help and support groups. Through interaction with friends and family members, online groups, or others with anxiety related disorders, people with GAD are able to focus on changing the way they respond to a situation in order to more effectively control their own anxiety.

Lastly, Pharmacologic Therapy utilizes medications such as benzodiazepines, selective serotonin reuptake inhibitors (SSRI's), selective serotonin norepinephrine reuptake inhibitors (SSNRI's), sedatives, atypical and tricyclic antidepressants, anxiolytics and beta-blockers to reduce anxiety. While medications cannot cure GAD, they can be effectively used in conjunction with other therapies to alleviate symptoms and improve overall quality of life for someone with GAD (Murphy, 2007).

Self-Care Strategies

Healthcare Professionals can teach clients with GAD to recognize early signs of anxiety and provide information on self-care and resources on coping with symptoms. Nurses can support clients with GAD in developing stress relief practices such as deep breathing, progressive relaxation, and guided imagery. Other Healthcare Professionals can assist clients with stress management through acupuncture, massage therapy, music therapy, and biofeedback to reduce symptoms of anxiety and increase feelings of wellbeing. Encouraging clients to engage in relaxation techniques such as meditation, yoga, aromatherapy to manage stress and cope with anxiety. Austin & Boyd (2015) suggest several techniques such as distraction and positive self-talk as other options for GAD treatment. Additionally, there are many proposed natural treatments for GAD that include, but are not limited to, multivitamins, herbal and mineral supplements, however, more research is required to determine effectiveness of these treatments (Nursing Reference Center Plus, 2015).

Lastly, Healthcare Professionals should also reinforce the importance of minimizing caffeine, nicotine and alcohol intake in clients with GAD and emphasize the avoidance of illicit and over the counter drugs such as cold medication, to decrease symptoms of anxiety (Scholten & Woods, 2016). Please refer to “[Box D](#)” for Self-Care in GAD.

Team Perspectives

Potter & Moller (2016) emphasize that Healthcare Professionals encounter anxiety in patients, family members, other staff and themselves on a daily basis. It is important for Healthcare Professionals to be aware of their own anxiety and how it may affect others as well as strategies for redirecting anxiety in a constructive manner (Potter & Moller, 2016). Becoming more comfortable with the experience of anxiety, assessment and treatment of GAD and providing education for coping with anxiety is key to promoting healing and alleviating suffering (Potter & Moller, 2016).