

## Understanding Generalized Anxiety Disorder FACT SHEET

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**OVERVIEW:** Anxiety disorders, which include generalized anxiety disorder (GAD) among others, are the most common mental disorders in the United States.<sup>1</sup> GAD is diagnosed when a person has excessive anxiety or worry about a variety of everyday problems occurring more days than not for at least six months, has difficulty controlling the worry, and is coupled with at least three additional symptoms from a list including restlessness, fatigue, difficulty concentrating, irritability, muscle tension or disturbed sleep.<sup>2</sup> The disorder is often chronic and can be difficult to diagnose because it presents with a variety of symptoms and often occurs with comorbid medical or psychiatric disorders.<sup>3</sup>

**INCIDENCE:** GAD affects as many as 3% of American adults and occurs in nearly twice as many women as men, and research shows that GAD tends to run in families.<sup>2</sup> The onset of the disorder usually occurs gradually and symptoms persist for at least six months,<sup>2,3</sup> although episodes of GAD may be brought on, or worsened by, stressful life events.<sup>2,3</sup>

**BURDEN OF ILLNESS:** The disorder can have a negative impact on a person's ability to function properly in work, family and social situations.<sup>2</sup> In addition, it is common for people with GAD to also experience other physical and mental disorders, including depression, eating disorders or substance abuse.<sup>2</sup>

**SYMPTOMS:** Understanding that GAD has a variety of symptoms may help improve diagnosis and treatment.<sup>4</sup> While the symptoms of GAD can vary from person to person, they may include exaggerated worry or anxiety, irritability, poor concentration, sleep disturbance and fatigue.<sup>2</sup>

**TREATMENT:** GAD is typically treated with medication, psychotherapy or both.<sup>3</sup> Because GAD often occurs with other disorders, it is important for a physician to identify all coexisting disorders and to take them into consideration when deciding on treatment.<sup>5</sup> Thus far, an optimal treatment duration has not been defined,<sup>6</sup> although some studies have shown patients treated for longer periods of time have lower relapse rates than those treated for shorter periods.<sup>7</sup>

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<sup>1</sup> Kessler RC, McGonagle KA, Zhao S, Nelson CB, Hughes M, Eshleman S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States. Results from the National Comorbidity Survey. *Arch Gen Psychiatry* 1994;51: 8-19.

<sup>2</sup> APA. "Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition." 1994, pp 432-434.

<sup>3</sup> Gliatto, Michael, F. "Generalized Anxiety Disorder." *American Family Physician*, Vol. 62/No.7, October 1, 2000.

<sup>4</sup> Zhu B, Zhao Z, et al. "Cost of Generalized Anxiety Disorder." *The Journal of Nervous and Mental Disease*: February 2009 - Volume 197 - Issue 2 - pp 136-139.

<sup>5</sup> National Institute of Mental Health (NIMH). "Anxiety Disorders." Available at: <http://www.nimh.nih.gov/publicat/anxiety.cfm#anx7>. Accessed on May 11, 2009..

<sup>6</sup> Schweizer E. Generalized anxiety disorder. Longitudinal course and pharmacologic treatment. *Psychiatr Clin North Am* 1995;18:843-57.

<sup>7</sup> Hales RE, Hilty DA, Wise MG. A treatment algorithm for the management of anxiety in primary care practice. *J Clin Psychiatry* 1997;58(suppl 3): 76-80.