**Diagnosis of GAD**

1. This disorder is defined by an extended period of excessive anxiety and worry, which extends at least six months.
2. The patient cannot control the worry.
3. The worry is associated with 3 of the following symptoms:
   a. restlessness or feeling keyed up or on edge
   b. being easily fatigued
   c. difficulty concentrating/mind going blank
   d. irritability
   e. muscle tension
   f. sleep disturbance
4. The worry is not associated with another psychiatric illness.
5. The anxiety, worry, or physical symptoms cause significant distress and/or impairment in social, occupational, or other functioning.
6. The worry is not due to the effects of a substance, medication, or medical condition, and does not occur as a result of another psychiatric disorder.


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**Mnemonic for GAD:**

**MR. FISC**

M = Muscle tension
R = Restlessness
F = Fatigue
I = Irritability
S = Sleep
C = Concentration (difficulty concentrating)
### Presentation of GAD
- Multiple medical visits
- Multiple unexplained symptoms
- Work/relationship dysfunction
- Unexplained fatigue
- Weight gain or loss
- Sleep disturbance
- Multiple worries or distress
- Medically unexplained symptoms of autonomic excitation:
  - a. cardiac (chest pain, palpitations, dyspnea)
  - b. gastrointestinal (especially epigastric distress, irritable bowel syndrome)
  - c. neurologic (headache, dizziness, paresthesias)
  - d. panic
  - e. respiratory (hyperventilation)
- Emergency room visits for unexplained somatic symptoms
- Unexplained pain

### Interview Questions
1. Are you a worrier?
2. Are you high-strung or nervous person?
3. Do you ever “out of the blue” experience an attack of intense fear or losing control, dying, fainting, “going crazy”, or severe embarrassment?
4. Are there places (such as church, malls, crowds) that you avoid or endure?
5. Are these situations (parties, meetings, classes) that you avoid or endure?
6. How do your symptoms affect your daily life?

### CBT plus anti-anxiety medication
8-wk. to 10-wk. course

### Benzodiazepines

#### Tapering Benzodiazepines

<table>
<thead>
<tr>
<th>Length of treatment</th>
<th>Length of taper</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 weeks</td>
<td>0-2 days</td>
</tr>
<tr>
<td>4 weeks</td>
<td>0-2 weeks</td>
</tr>
<tr>
<td>8 weeks</td>
<td>2-3 weeks</td>
</tr>
<tr>
<td>6 months</td>
<td>4-8 weeks</td>
</tr>
<tr>
<td>12+ months</td>
<td>2-4 months</td>
</tr>
</tbody>
</table>

### Medicine

<table>
<thead>
<tr>
<th>Generic (Trade) Name</th>
<th>Starting Dose (mg/day)</th>
<th>Usual Adult Dose (mg/day)</th>
<th>Dose Reduction in Older Adults?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selective Serotonin Reuptake Inhibitors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>paroxetine (Paxil)</td>
<td>10-20mg</td>
<td>20-50mg</td>
<td>Yes</td>
</tr>
<tr>
<td>fluoxetine (Luvox)</td>
<td>25-50mg</td>
<td>50-200mg</td>
<td>No</td>
</tr>
<tr>
<td>venlafaxine XR (Effexor)</td>
<td>37.5-75mg</td>
<td>75-225mg</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Serotonin/Norepinephrine Reuptake Inhibitors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>buspirone (BuSpar)</td>
<td>7.5-15mg</td>
<td>20-60mg</td>
<td>No</td>
</tr>
<tr>
<td><strong>Non-benzodiazepine anxiolytics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>alprazolam (Xanax)</td>
<td>0.25-0.5mg</td>
<td>0.5-2mg</td>
<td>Yes</td>
</tr>
<tr>
<td>lorazepam (Ativan)</td>
<td>0.5-1mg</td>
<td>1-4mg</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Benzodiazepine anxiolytics (short half-life)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>diazepam (Valium)</td>
<td>2mg</td>
<td>2-10mg</td>
<td>Yes</td>
</tr>
<tr>
<td>clorazepate (Tranxene)</td>
<td>3.75-7mg</td>
<td>7-15mg</td>
<td>Yes</td>
</tr>
<tr>
<td>chlordiazepoxide (Librium)</td>
<td>10-30mg</td>
<td>15-100mg</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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