

key points

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Generalised anxiety disorder is a common condition, with a point prevalence of 4.4% among the adult population in England. It is characterised by a persistent, unfocused sense of threat, associated with symptoms of tension, autonomic hyperactivity and vigilance. It is a chronic relapsing condition, with a remission rate of only 38% after five years. Most patients are not recognised in primary care and only a third of those identified by the 2007 household survey in England were receiving any form of treatment. GAD is frequently comorbid with other mental health conditions, and it is often difficult to establish a reliable diagnosis.

Patients with GAD seldom complain of feeling overanxious and worrying excessively. NICE recommends that we should be alert to the possibility of GAD when patients express frequent concerns about their health or other matters. GAD is commonly associated with other anxiety disorders, particularly panic disorder and social phobia. The hallmark feature of GAD is generalised worry as distinct from the specific worries associated with the other anxiety disorders. It can be difficult to differentiate GAD from major depression. However, comorbid GAD is an important marker of depression severity and is associated with increased suicidal ideation and social dysfunction.

NICE recommends a stepped care approach to treatment. The first step is to explain the nature of GAD and discuss the available treatment options. We should then offer one of the following: non-facilitated self-help, guided self-help or psychoeducation group participation. If patients have marked functional impairment or if low intensity interventions have proved ineffective, a choice of: individual cognitive behaviour therapy or applied relaxation, or drug treatment (SSRIs) should be offered. Sertraline has been recommended as the drug of first choice for both major depression and GAD. It is effective and well tolerated, and has the lowest drop-out rate. Patients should be referred if there is: an inadequate response to high-intensity interventions or drug therapy (Step 3 treatments), severe anxiety with marked functional impairment or a high risk of self-harm or suicide.

Depression is more common among patients with chronic physical health problems and is associated with increased morbidity and mortality. GAD is commonly associated with chronic conditions, 14% of diabetes patients have GAD, and anxiety disorders are associated with poor quality of life, disability and cardiovascular mortality. Screening for depression should also include searching for anxiety.