



Generalised Anxiety Disorder

GENERALISED ANXIETY DISORDER

An Overview

- Generalised Anxiety Disorder (GAD) affects approximately 5% of the population
- The onset can be at any time and one third of people living with GAD first experience symptoms during childhood and adolescence
- Women are two to three times more likely to experience GAD than men
- GAD is often undetected and undiagnosed, particularly in its milder forms.
- Many people live with the distress of GAD without realising that there is something they can do about it to improve their quality of life

What is GAD?

The main feature of GAD is excessive anxiety and worry occurring more days than not for a period of at least six months, about a number of events or activities such as those related to work or study performance, health, finances or family issues. The worries are often about a variety of minor issues or events that are unlikely to occur. At times everybody experiences worries about major issues such as losing a job or financial concerns. The difference for a person with GAD is that their worry is consistent, excessive and chronic and is about certain events that are unlikely to occur. People with GAD worry about the future - about what might happen, rather than about

what is happening in the present. They often find it difficult to tolerate uncertainty. Living with GAD usually means that worrying interferes with daily activities and social relationships.

Causes of GAD

There is no single cause for GAD. Research has shown that biological, psychological, social/environmental and cultural factors all appear to have an influence on its development. GAD may be caused by high levels of stress, in some cases even after the initial trigger of the stress has disappeared. When the mind is unable to stop the body's response to stress, the result may be a vulnerability to GAD. Some personalities may be more susceptible to GAD than others, for instance people who are highly sensitive may worry more about things that they cannot control.

There are a number of reasons for GAD having gone unrecognised for so long. First, many of the symptoms of GAD overlap with the symptoms of other anxiety disorders. Second, the physical symptoms of GAD mimic those of several medical conditions, often making it difficult to diagnose. Third, GAD tends to have a high rate of comorbidity meaning that it can occur with other anxiety disorders as well as with depressive disorders.

Symptoms

The anxiety and worry in GAD is accompanied by other physical and emotional symptoms. These may include:

- restlessness or feeling on edge

- being easily fatigued
- difficulty concentrating
- the mind going blank
- irritability
- muscle tension
- shallow, uneven breathing
- sleep disturbance

People with GAD may also experience other associated difficulties such as depression, headaches and teeth grinding. Some people with GAD misuse alcohol or other substances in an attempt to relieve their anxiety.

The physical symptoms of GAD, which can include chest pains and irritable bowel syndrome, often prompt sufferers to see their primary care physicians. These physical symptoms are often treated first, which delays diagnosis of GAD. Another reason GAD may not be immediately recognised as an anxiety disorder is because it lacks some of the dramatic symptoms that are seen with other anxiety disorders, such as unprovoked panic attacks.

So, What is Worry?

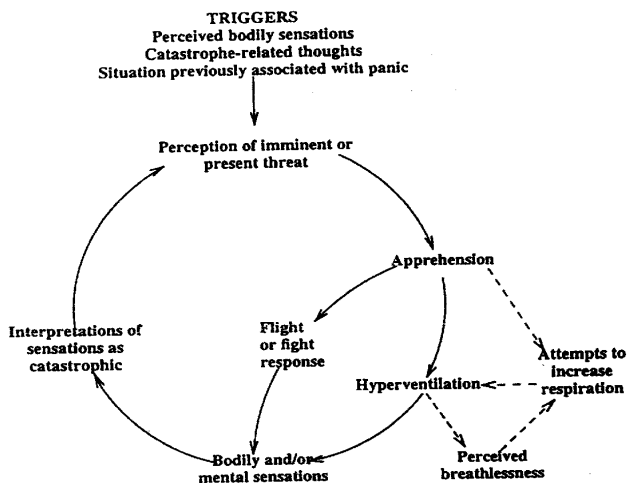
Worry, also called "What if.." thinking, is pervasive in GAD. Thoughts such as, "What if I am late for the interview? "What if I don't do well on my math test?" constantly run through the mind of the GAD sufferer. To some degree, this type of thinking is a normal reaction to life - everyone has worries and concerns. Worry can even

be beneficial. It can help people identify and cope with threats, and it can lead to problem solving. People with GAD, however, cannot control their worrisome thoughts. They cannot help but think about multiple negative outcomes, none of which are likely to occur, while making no attempt to cope with their concerns. A student worried about a final exam, for example, may be motivated to study. Someone with GAD, however, may be so fearful of doing poorly on an exam that he/she can only concentrate on the concern, essentially becoming paralyzed by worry rather than motivated by it.

A leading Melbourne psychiatrist in the area of anxiety disorders, Dr Scott Blair-West, suggests that in any discussion of anxiety disorders we need to consider firstly the nature of anxiety. It is now accepted that anxiety is a normal adaptive response to stressful situations, frequently seen in situations where the person's safety or security is threatened and in novel social situations. It could be argued that in these contexts anxiety usually acts in a positive way, helping a person to adapt or cope with the situation. The characteristics of anxiety, which include emotional, physical, cognitive and behavioural components, can be seen as an evolutionary adaptation necessary for normal functioning. Certainly most people would accept the value of the "fight or flight response" in certain threatening situations, for example, being trapped in a dead-end street by a snarling dog.

Anxiety disorders themselves represent an exaggeration of these normal responses in frequency, intensity and sensitivity to

surroundings and triggers. It seems likely that there is a significant genetic or inherited component present in the development of anxiety disorders, with the result being an alteration of brain chemistry of such people, making them more vulnerable to excessive anxiety responses in these situations or in situations not normally seen as threatening. Clearly this inherited vulnerability to high levels of anxiety can be combined with the effect of critical life events to precipitate severe anxiety at any particular time.



Modified from Salkovskis, P.M. (1988) Hyperventilation and anxiety. *Current Opinion in Psychiatry*, 1, p.78.

Treatment

An important step in the treatment of any anxiety disorder is learning about and understanding the disorder. This gives sufferers a certain

amount of control over their symptoms and it also helps them realise that others have had similar experiences. It is also very important to be able to make informed decisions about treatment.

Medication is sometimes indicated in the treatment of anxiety disorders and has been proven effective in reducing the symptoms of anxiety. It can be especially effective when there is more than one anxiety disorder or when there is comorbid depression, as is often the case with GAD. The alleviation of anxiety symptoms can allow the patient to move forward with psychosocial therapies, which can work well in combination with medication.

An important early intervention in the management of GAD involves the presentation and discussion of a number of details regarding the condition. The links between anxiety and arousal need to be reviewed at length as well as the characteristics of the fight/flight response. Causes of increased anxiety such as tiredness, stress, sleep deprivation and medical illness need to be discussed along with the anxiety or panic cycle needs to be discussed in some detail (see diagram below).

Treatment options

Recovery can depend on finding the right combination of approaches to suit individual needs at a particular time in their life. A variety of treatments have been shown to be helpful, and more are currently being researched:

- **Cognitive Behavioural Therapies (CBT)** provided by psychologists and counsellors is often recommended for people with GAD to decrease the worrisome thoughts by diverting attention away from the worry and intolerance of uncertainty and challenging unrealistic beliefs, attitudes, expectations and assumptions that contribute to anxiety
- **Medication** provided by GP's and psychiatrists to help relieve anxiety symptoms as a short term measure
- **Self-education** through books and the internet in order to learn as much as possible about GAD
- **Breathing and muscle relaxation techniques, yoga and meditation** can assist in relieving symptoms of anxiety
- **Regular exercise and a healthy balanced diet** can aid recovery from GAD
- **Join a support group** to share your experience and learn from others

Anxiety management techniques

A wide variety of techniques can be useful for simply controlling and reducing anxiety in a wide range of settings. Most commonly used is progressive muscular relaxation which rests on the patient recognising the differences between the tense and relaxed state as well as progressive training to enable the relaxed state to occur more readily and more quickly. Isometric relaxation can also be used, using similar ideas but the most effective approach involves slow

breathing techniques (SBT) which stress the importance of the patient's breathing at a slowed rate (10 respirations/minute) in order to reduce the chronic effects of hyperventilation as well as the acute effects of hyperventilation as seen in panic attacks. This technique, much as with progressive muscular relaxation, requires regular practice and in general all of these techniques require use over two to four weeks before a patient can become skilled at their use and gain continuing benefit. Other anxiety management techniques that can be particularly beneficial include the use of prescribed exercise, scheduling of pleasant events and time table restructuring to increase efficiency, in order to gain a sense of control and organisation to a person's general life and activities.

Cognitive therapy

Typical cognitions seen with GAD and forming the basis of worrying thoughts include an overestimation of the probability of disaster or threat, an over-estimation of the severity of the feared event, an under-estimation of the person's own coping resources and finally an under-estimation of the outside rescue factors available in the environment to assist the person. Cognitive therapy aims to recognise these thoughts, note their excessive or irrational nature, practise more rational or reasonable responses and finally test out the old thoughts and the new rational thoughts in appropriate situations in order to disprove or prove these thoughts respectively. This is commonly done in consultation with a psychologist or psychiatrist, with the first step involving recording thoughts on paper using a

diary or thought record, following this with written practice of more rational responses using appropriate questions and arguments and then setting up specific behavioural tests to confirm the validity of the new thinking. This is a slow process and one described here in a rather simplistic fashion. It usually requires several sessions with a psychologist or psychiatrist to develop these skills although use of a number of the self-help books listed in the appendix at the end of this booklet can be a helpful start and adjunct to treatment.

How to challenge distorted automatic thoughts -

Catastrophising:

E.g. “It’s awful that I had that argument with my boyfriend / mum / boss”.

Challenges –

- ✧ Exactly what will happen that is awful?
- ✧ Describe in detail exactly what you expect will occur.
What is the probability that this will happen?
- ✧ How often does this happen to people?
- ✧ How often does this not happen?
- ✧ What is the evidence for and against that the idea is awful?
- ✧ How will you feel about this a week (a month, a year, 10 years) from now?
- ✧ On a scale of negative events, where would you place this argument?

- ✧ Would everyone else think that this argument is as bad as you think it is?
- ✧ Have other people gone through this before? How have they survived?

Personalising

E.g. “It’s my fault that this problem happened”.

Challenges –

- ✧ What are the costs and benefits of personalising this problem?
- ✧ What behaviours did you and others engage in that contributed to this problem?
- ✧ Make a pie chart. Divide up the causes, assigning percentages of responsibility as follows: self, others, luck, task difficulty, unknown causes.
- ✧ Were there any positives to what happened?

Fortunetelling

E.g. “I’ll be rejected and I’ll fail if I do this.”

Challenges –

- ✧ Describe in detail exactly what will happen. Can you form a visual image of your prediction?
- ✧ Do certain situations generally elicit negative predictions from you?
- ✧ What is the evidence for and against your prediction?
- ✧ Are you basing your prediction on emotional reasoning?

- ✧ What is the best possible outcome?
- ✧ Have you made other predictions that have not come true?

Self-monitoring

The principle behind this technique is that the patient takes note of when he/she begins to feel anxious and records when and where the feelings began, their intensity and the symptoms. The goal is for the individual to become familiar with the patterns of his/her anxiety and worry.

Structured Problem Solving:

This relatively simple approach, again involving pen and paper has been an important part of the management of anxiety and depression for some time. It is particularly helpful for those with little formal psychiatric training including counsellors, social workers and general practitioners. It is a recent and integral part of treatment of GAD given the frequent worries, life stressors and everyday problems faced by people with this condition. It involves six simple steps as follows:

- 1) Specify problem or key threat
- 2) List all possible solutions
- 3) Evaluate consequences of each solution
- 5) Plan and implement (on paper)
- 6) Review results and if necessary, implement alternative strategy or solution

Especially devised work sheets are available for this technique and can be useful during sessions and for "homework" in the treatment of GAD.

Graded exposure or Worry exposure:

Requires that patients expose themselves to situations and ideas that worry them in order for them to both become used to the worry, and so that they can see that worrying and anxiety do not cause negative events.

With so many treatment options available, it is necessary that treatment be specially tailored to each individual. The best way to go about this is to see a mental health professional who specialises in the treatment of anxiety disorders.

Strategies for reducing unhelpful worry

Adapted from Strategies for reducing chronic worry or rumination, by Anxiety and Stress Disorders Institute of Maryland.

- ✧ Reframe worry thoughts as “cerebral flotsam and jetsam” or “mind junk” rather than important data that must be examined carefully. Distinguish “good” and “bad” worry whenever possible. Don’t be your own worst enemy by indulging yourself in worries and by rationalizing your continuing to do so.
- ✧ Learn to accept the presence of a worried thought without having to take it so seriously and without having to get rid of it.

- ✧ Ask yourself these questions when you're stuck in worry mode:
 - “What's the evidence?”
 - “Am I trying to control things that I can't possibly control?”
 - “Am I overestimating the risk the way I usually do?”
 - “Will this even matter to me next year, next month or next week?”
 - “On my death bed, will I regret not having worried more about this?”
- ✧ Identify any common cognitive distortions that fuel worry:
 - All-or-nothing thinking;
 - Arbitrary inferences in ambiguous situations;
 - Personalization of events;
 - “Should” statements;
 - Distorted estimations of probability, risk and personal responsibility
- ✧ Strive to relinquish the need for control and certainty. The quest for both may seem irresistible and compelling at the moment, but, over time, it is entirely futile and merely perpetuates worry.
- ✧ Try using “scheduled worry” periods. Instead of indulging your worries by giving them your full attention whenever they intrude or by trying to avoid them, set up two or three 15-20 minute periods per day when you give your worries

your complete attention. When worries intrude at other times during the day, try to defer them to your next scheduled worry period.

How you can support others with GAD

Like any illness, GAD affects not only the daily lives of those living with the disorder, but families and friends around them. If GAD is left untreated it can disrupt the family unit and put strain on the strongest of relationships. Family and friends need to learn about GAD and recognise that it is a real and serious illness and not a sign of weakness. Support and understanding from friends and family can assist people with GAD and their health professionals to develop a treatment plan that works for them.

SELF-HELP BOOKS

Anxiety, Phobias and Panic; A Step by Step Program for Regaining Control of Your Life.

Reneau Z. Peurifoy, 1995 Warner Books.

Worry: Controlling It and Using It Wisely.

Edward Hallowell, 1998, USA.

The Anxiety and Phobia Workbook.

Edmund J. Bourne, Ph.D, 2000, 3rd ed., New Harbinger Publications.

Overcoming Generalised Anxiety Disorder - Client Manual: A Relaxation Cognitive Restructuring, and Exposure-Based Protocol for the Treatment of GAD.

John R. White, 1999, New Harbinger Publications.

ARCVic Services:

Support & Social Groups	Information Kits & Publications
OCD & Anxiety HelpLine	Library
Newsletters	Community Education Seminars
Recovery Programs	School Education Program
Professional Education & Consultation Programs	Early Intervention

In addition to this booklet, a comprehensive range of literature on anxiety disorders and strategies for recovery is available from ARCVic on request.

Please phone the OCD and Anxiety Helpline on (03) 9830 0533 or 1300 269 438 and a Helpline volunteer will arrange for a kit to be mailed to you.

The ARCVic library is open during office hours and includes a wide range of books which you may read in a comfortable, quiet setting. ARCVic members are also able to borrow books and DVDs from the library for up to two weeks.

Anxiety Recovery Centre Victoria

ARCVic is a state-wide community mental health organisation, providing support, recovery, early intervention and educational services to people and families living with anxiety disorders. Education, training and consultation services are provided to professionals and agencies to promote wider availability of services for people with anxiety disorders. ARCVic is a charitable, non-profit organisation, funded by the Department of Human Services, and supported by membership, donations and sponsorships. ARCVic is the business and promotional name of the Obsessive Compulsive & Anxiety Disorders Foundation Victoria (OCADF Vic). The OCADF Vic was established in 1987. OCADF Vic is an incorporated association under the Associations Incorporations Act, governed by a committee of management. The Committee of Management includes people with anxiety disorders, family members, carers and professionals.

ARCVic's core functions encompass the following areas: support, self-help, recovery, skills, education, training and advocacy. Services include: telephone counselling Helpline; support, self-help and social groups; recovery programs and workshops; family and carer support and education programs; community education; information & library services; advocacy; counselling; early intervention programs; professional education and training programs.

ARCVic's mission is to foster the emotional, mental and social well-being of people living with anxiety disorders; and to empower people with support, knowledge and skills that will build resilience and recovery, and reduce the impact of anxiety disorders on people's lives.

Disclaimers

Views expressed in personal stories do not necessarily reflect the views of the ARCVic Committee of Management. The printing of stories of people's personal experiences of anxiety disorders and recovery stories does not indicate that ARCVic endorses any treatments or coping strategies suggested. People with an anxiety disorder should not consider any information or stories in this Publication as personal advice regarding treatment. Such advice should be obtained directly from a clinician.

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GAD Self-Test

The following questions can help you determine if you are experiencing symptoms of GAD. Simply answer "yes" or "no," then take this to your healthcare professional to see if further evaluation and treatment are necessary.

Are you troubled by:	Yes or No?
Excessive worry, occurring more days than not, for at least 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N
Unreasonable worry about a number of different situations, such as work, school and/or health?	<input type="checkbox"/> Y <input type="checkbox"/> N
Your inability to "shut off" your worry?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you bothered by at least 3 of the following:	Yes or No?
Restlessness, feeling keyed up or on edge?	<input type="checkbox"/> Y <input type="checkbox"/> N
Being easily tired?	<input type="checkbox"/> Y <input type="checkbox"/> N
Concentration problems?	<input type="checkbox"/> Y <input type="checkbox"/> N
Irritability?	<input type="checkbox"/> Y <input type="checkbox"/> N
Muscle tension?	<input type="checkbox"/> Y <input type="checkbox"/> N
Trouble failing asleep, trouble staying asleep or restless/unsatisfying sleep?	<input type="checkbox"/> Y <input type="checkbox"/> N
Anxiety that interferes with your daily life?	<input type="checkbox"/> Y <input type="checkbox"/> N

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Conditions that sometimes complicate anxiety disorders include depression and substance abuse, among others. The following information will help your healthcare professional in evaluating you for GAD.

In the last year, you have experienced:	Yes or No?
Changes in sleeping or eating habits?	<input type="checkbox"/> Y <input type="checkbox"/> N
Feeling sad or depressed more days than not?	<input type="checkbox"/> Y <input type="checkbox"/> N
A disinterest in life more days than not?	<input type="checkbox"/> Y <input type="checkbox"/> N
A feeling of worthlessness or guilt more days than not?	<input type="checkbox"/> Y <input type="checkbox"/> N
An inability to fulfill responsibilities at work/school or family due to alcohol or drug use?	<input type="checkbox"/> Y <input type="checkbox"/> N
Being arrested due to alcohol or drugs?	<input type="checkbox"/> Y <input type="checkbox"/> N
The need to continue using alcohol or drugs despite it causing problems for you and/or your loved ones?	<input type="checkbox"/> Y <input type="checkbox"/> N

