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## Treatment of General Anxiety Disorder in the Primary Care Setting

**Background:** Generalized anxiety disorder (GAD) is characterized by chronic, persistent worry and therefore requires effective long-term treatment. Current effective FDA approved pharmacotherapies shown to be effective for patients with GAD include buspirone, venlafaxine, and anxiolytic benzodiazepines.

Source: J Clin Psychiatry 2003;64[suppl 2]:24–29

### Proposed Treatment Steps:

1. SSRI/SNRI should be the initial choice of medication for a treatment-naïve patient along with a benzodiazepine for a short period of time (2-4 weeks) if rapid response is needed or if insomnia is a predominant symptom.
2. Benzodiazepines should only be used short term (2-4 weeks) to avoid risk of dependence and withdrawal.
3. Anticipated response time for GAD with an antidepressant should be 4-12 weeks.
4. Treatment should be continued for at least 12 months if there is a successful response -- MSI only allows for a maximum of 180 days for antidepressants and 30 days for benzodiazepines.
5. If there is only a partial response, consider
  - a. Augmentation: Benzodiazepines or Buspirone
  - b. Switching to another antidepressant within the same class or to a different class e.g., SSRI to SNRI or SNRI to SSRI.
  - c. Insomnia must be addressed: Consider addition of a benzodiazepines or trazodone (a SARI).

### Evaluation of Treatment Response:

1. Use the Beck Anxiety Inventory at baseline and then at every follow up to evaluate patient response
2. Patient follow-up should be conducted every 4-6 weeks when treatment is first initiated to evaluate response.
3. Once an adequate response is achieved, patient should be kept on treatment for an additional 12 months of which 180 days is paid by MSI.

### Pharmacotherapy

Drug Class	Advantages	Disadvantages	Comments
Benzodiazepines (BZD) Eg: Alprazolam, Clonazepam, Lorazepam QL=30 DS=30	<ul style="list-style-type: none"> <li>• Effective rapid treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of dependence and withdrawal from long term use</li> <li>• Unwanted side effects: sedation, psychomotor impairment, memory disruption</li> </ul>	<ul style="list-style-type: none"> <li>• Limit use to short term (4 wks)</li> <li>• Use with caution in the elderly (antidepressants and buspirone are preferred)</li> </ul>
Norepinephrine-dopamine Reuptake Inhibitors Eg: Buspirone QL=30 DS=30	<ul style="list-style-type: none"> <li>• Comparable in efficacy with BZD in treating GAD</li> <li>• No risk of dependence</li> </ul>	<ul style="list-style-type: none"> <li>• Slow onset of action</li> <li>• Lack of benefit against other co-morbid conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Not recommended as monotherapy.</li> <li>• Used as augmentation agent</li> <li>• Avoid use in severe kidney and liver dysfunction</li> </ul>
Selective Serotonin Reuptake Inhibitors (SSRI) Eg: Fluoxetine (QL=30, DS=30);, Sertraline and Citalopram QL=60 DS=30	<ul style="list-style-type: none"> <li>• Considered first line treatment in GAD</li> </ul>	<ul style="list-style-type: none"> <li>• Fluoxetine: most activating, slowest onset of action</li> <li>• Paroxetine (NF): most sexual dysfunction, sweating</li> <li>• Sertraline: high incidence of diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• Response to treatment takes 2-6 weeks</li> <li>• Consider lower starting dose to reduce initial restlessness, insomnia</li> <li>• Weekly Fluoxetine is NF</li> </ul>
Selective Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) Eg: Venlafaxine QL=30 DS=30	<ul style="list-style-type: none"> <li>• Considered first line treatment in GAD</li> </ul>	<ul style="list-style-type: none"> <li>• Venlafaxine has high incidence of nausea/vomiting and high blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• Response to treatment takes 2-6 weeks</li> <li>• Initial nausea, restlessness or insomnia may occur</li> </ul>
Tricyclics (TCA) Amitriptyline, Doxepin QL=30 DS=30	<ul style="list-style-type: none"> <li>• Effective in alleviating symptoms like dysphoria, apprehension and worry</li> </ul>	<ul style="list-style-type: none"> <li>• Lower tolerability profile and potential lethality in overdose</li> <li>• Anticholinergic side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Used as 2nd line option</li> </ul>

Source World J Biol Psychiatry (2002) 3, 171 – 199

QL=Quantity Limit, DS =days' supply