

Stonebriar Psychiatric Services News & Views

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"I'm Just Always so Nervous..."

Everyone tends to feel nervous at times. You normally get nervous when you have an important meeting with your boss, your first date with that girl you've been wanting to ask out and finally did, or even when going to certain social occasions where there may be a number of people that you do not know. In previous newsletters, we have discussed certain forms of anxiety such as panic disorder and social phobia. But there is a form of anxiety, which for some individuals can be quite debilitating. It's the form known as a generalized anxiety disorder (GAD) and tends to be present almost all of the time for these individuals.

One of the first questions most individuals ask when I have asked about anxiety is, "What is anxiety?" I will often respond that that is a good question, and in many ways a bit difficult to define. Perhaps the best definition of anxiety is when one feels tense, worried, nervous, "uptight," and just can't relax. Everyone feels anxiety at one time or another. But for the individual with a generalized anxiety disorder, certain conditions are generally present. First, there needs to have been excessive anxiety and worry, present more days than it is not, and lasting at least six months with the individual feeling that they have difficulty controlling the worry and tension. They also have to have at least three of the following symptoms, which include restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance. The focus of their anxiety and worry is not confined to a physical problem or specific situation or concern. It causes significant distress and impairment, and it also is not secondary to another condition such as drug abuse, other medications, or other medical conditions. It does not tend to be restricted to any particular environment or circumstance, also known as "free-floating anxiety," and it frequently is associated with physical symptoms such as trembling, muscle tension, sweating, feelings of dizziness or lightheadedness, heart palpitations, stomach upset, or just a general sense of dread or fear that something bad is going to happen. If you were to ask this individual to come over to your house to just "chill out" or to relax and enjoy a ballgame, they would probably have almost no idea about how to do that.

What do we know about GAD?

Generalized anxiety disorder tends to be a chronic disorder, frequently with its onset in late teens or early 20s. Some individuals may experience symptoms that tend to be more emotional, such as feelings of worry and tension, whereas others may have more in the way of physical complaints. The estimated lifetime occurrence ranges from approximately 9% in women to 5-6% in men. Although many tend to minimize its significance, often just saying that a particular individual "is the nervous sort, a born worrier," evidence would definitely indicate that GAD tends to represent a lifelong illness with a significant level of functional impairment comparable to that of major depressive disorders, negatively affects more functions in an individual's life than either panic disorder or major depression, and also confers an increased risk for both major depression as well as suicide.

Individuals with GAD frequently are unrecognized until they perhaps present with another psychiatric disorder, such as panic attacks or possibly depression. Frequently, they are seen in the family physician's office complaining of a multitude of physical complaints with studies indicating that there is a significantly higher use of medical care in those with GAD than in the general population. Some medical conditions can present in a similar matter and need to be ruled out, including hyperthyroidism, certain cardiovascular problems, hypoglycemia, and Cushing's syndrome (a disease related to abnormalities in cortisol production). Similar symptoms can also be mimicked in individuals taking certain medications containing ephedrine, corticosteroids, bronchodilators,

stimulants, along with caffeine and alcohol.

Although the complete biological cause of GAD has not yet been determined, we do know that genetic factors play a role and seem to share some of the same genetic risk factors of major depression. Some have hypothesized that whether a genetically at risk individual develops anxiety or depression may depend upon certain environmental factors or experiences. Several neurotransmitter systems also seem to be involved with GAD. These included the system associated with GABA, which represents the body's natural "tranquilizer" system, along with the serotonergic, noradrenergic, and the general hypothalamic-pituitary-adrenal (HPA) system. Some studies involving neuroimaging also suggest possible differences in brain structure, although these are not yet clear.

Treatment

Even with the best of treatment, GAD tends to be chronic in nature and only rarely can symptoms be controlled fully. For a number of years, benzodiazepines, under brand names such as Xanax, Klonopin, or Ativan, have been the mainstays of treatment. Although these may provide acute relief, they must be used with caution because of potential sedation or cognitive impairment, particularly in the elderly, paradoxical excitation in children, and possible withdrawal symptoms with rebound anxiety when stopped suddenly. Unless the individual has a history of alcohol or drug abuse, these medicines do not tend to be abused or used excessively by individuals with GAD, but they may not provide long-term control because of the habituation that can occur as the body gets used to them with potentially decreased effectiveness over time. Buspirone (Buspar) was the first non-benzodiazepine medication approved for treating GAD. It is closely related to the older tricyclic antidepressants, is not habituating so they're tends to be little problems with withdrawal symptoms, and represents an alternative to the benzodiazepines. In my experience, buspirone either works very well or little at all.

The older tricyclic antidepressants, such as imipramine, amitriptyline, nortriptyline, or desipramine, have also been found to be frequently effective. However, they tend to take longer to get symptom relief than do the benzodiazepines. Many of the newer antidepressants, such as the SSRIs (such as Prozac, Paxil, Zoloft, Luvox, Celexa, Lexapro) or what are termed the SNRI's (Effexor, Cymbalta) are also frequently useful. As GAD frequently coexists with a variety of depressive disorders, the same medication often can be helpful with both conditions. In particularly difficult cases, some of the newer atypical antipsychotics in low doses can be helpful for augmenting the effect of the antidepressant, as well as some anti-epileptic medications. Although many have claimed effectiveness regarding the benefits of certain herbal products, such as kava kava, and certainly these may potentially at times be of help to a given individual, their benefit in controlled studies when compared to placebo have not been shown.

Various psychotherapies also have demonstrated efficacy with GAD. Cognitive behavioral therapy has perhaps the best documentation and generally involves cognitive restructuring (how we think about events and perceptions that affect our emotions), relaxation training, worry exposure, problem-solving, and various forms of behavioral modification. Education about anxiety is often helpful as well. Overall, some studies would indicate a 40-60% improvement with CBT, which would tend to put it in the same efficacy range as drug therapy. Many studies have indicated that perhaps the optimum treatment is a combination of pharmacotherapy and psychotherapy. Even with treatment, nearly half of individuals with GAD report having some ongoing symptoms for more than five years, but for many the intensity of symptoms and the level to which they disrupt the individual's life can be significantly improved with treatment, along with the individual learning how to better cope with the symptoms that are still present. But let's not just ignore the problem by terming the individual a "Nervous Nellie" or a "born worrier." Generalized anxiety disorder is more than that and warrants evaluation and treatment.



Do you have topical requests for future newsletters? Let us know at: NewsletterQuestions@stonebriarps.com



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