Treatment of generalised anxiety disorder in adults

An anxiety disorder is defined as excessive anxiety that causes social or professional limitations. A generalised anxiety disorder is linked to particular events or activities, such as school or professional performance. Patients with such a generalised anxiety disorder may present with non-specific psychological or somatic complaints like irritability, listlessness, dizziness or palpitations. The diagnostics remain problematic, for one thing because the symptoms may partly overlap with those of other psychological disorders, which may explain the high level of co-morbidity. The diagnosis is established mostly on the basis of subjective evaluation, supplemented with the results of questionnaires. Another problem is that there is no well-defined boundary in psychiatry between ‘healthy’ and ‘ill’.

In practice, the recommendation is to apply a wait-and-see policy, focusing on patient education and frequent monitoring contacts between doctor and patient. If the complaints persist, the doctor may consider psychotherapy based on cognitive behavioural therapy. The efficacy of this approach may well be equal to that of pharmacotherapy. No definitive judgement of this equivalence can as yet be made, as evaluating comparative studies is hampered by the impossibility of blinding. If behavioural therapy is insufficiently effective, the doctor may consider medical therapy.

Since the paper on this subject in Gebu 1990; 24: 1-6, a large number of randomised trials and meta-analyses of such trials have been published. These studies included patients with a diagnosis based on DSM criteria, and usually with a score on the ‘Hamilton Anxiety Rating Scale’ of at least 18 points (often with an average of 20–25 points). This scale, which ranges from 0 to 56 points, with higher scores indicating more severe complaints, has also been most frequently used to assess changes in the severity of the symptoms. The findings show that antidepressants, benzodiazepines and the anti-epileptic pregabalin have a statistically significant effect in terms of reducing symptoms of generalised anxiety disorder, compared to placebo. Contradictory findings have been reported for buspirone. The various medical treatments hardly differ in terms of effect. However, these findings have to be interpreted with caution. In the first place, the difference with placebo is often small or at best moderate, no more than a few points on the Hamilton scale, and it may be questioned whether such differences are clinically relevant. In addition, these differences were often found only after methodological manipulations, like non-blinded enrichment phases and flexible dosages, which may be assumed to have led to overestimations of the effect. This is the case particularly with pregabalin studies, making it doubtful whether this drug is indeed more effective than placebo.

In addition, studies of these agents have often not used them in accordance with the recommendations in guidelines, namely only when psychological or cognitive treatment has had insufficient or no effect. The long-term effects of medical treatment are unknown, as most studies lasted no more than a few weeks. The drugs may cause side-effects which may be serious, such as an increased risk of suicide with SSRIs, or drug dependence with benzodiazepines.

The above considerations justify a wait-and-see policy regarding drug treatment. If a patient presents with complaints suggesting a generalised anxiety disorder, they should first be educated about the nature of the disorder, and be invited for monitoring appointments; if necessary, cognitive behavioural therapy can be prescribed. Medical treatment should only be considered when this policy and behavioural therapy have proved insufficiently effective. It is hardly possible to determine which drug should be preferred on the basis of efficacy and side-effects. In practice the choice between an antidepressant and a benzodiazepine should be made in consultation with the patient, based on factors like co-medication, co-morbidity and age. Patients should then be informed about the likelihood of the treatment being effective, about their unclear clinical relevance and about side-effects of the treatment. Patients should only start such a treatment on the basis of ‘informed consent’. Long-term use of medication for generalised anxiety disorder should be prevented as much as possible.
References*

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33. Productinformatie escitalopram (Lexapro®), via: www.cbg-meb.nl, Geneesmiddeleninformatiebank.

34. Productinformatie paroxetine (Seroxat®), via: www.cbg-meb.nl, Geneesmiddeleninformatiebank.


64. Productinformatie pregabalin (Lyrica®), via: www.ema.europa.eu, human medicines, EPAR’s.


71. Productinformatie buspiron (merkloos), via: www.cbg-meb.nl, Geneesmiddeleninformatiebank.

*The literature refers to the Dutch text