Relevance to Population:

Anxiety disorders are the most common of emotional disorders present in the general population. Types of anxiety disorders include, separation anxiety, selective mutism, specific phobias, social anxiety disorder, panic disorder, agoraphobia, generalized anxiety disorder, and substance/medication induced anxiety disorder. Anxiety disorders are more common in women than men and are noted to be more prevalent in developed countries (USA.gov, 2013). It is estimated that generalized anxiety disorders (GAD) affect approximately 6.8 million American adults or 3.1% of the U.S. adult population in an average 12 month period and 5.7% of American adults over a lifetime. The main feature of GAD is excessive anxiety and worry about events or activities that is out of proportion to the impact of the actual event. While the median age of onset of generalized anxiety disorder is 30 years the age at onset is distributed over a wide range (APA, 2013). The prevalence of GAD diagnosis peaks in middle age and then declines with advancing age. (American Psychiatric Association, nd). The clinical features of GAD are fairly stable across the lifespan. The chief difference is that the content of the worries reflect the developmental stage with adults more concerned about responsibilities, health and finances whereas children tend to worry about school and performance. Relative to older adults, younger adults experience more severe symptoms. In the elderly the onset of a chronic physical disease can trigger excessive worry and concerns about safety and falling may restrict activities. GAD related health-related quality of life impairments were comparable to the impairments associated with panic disorders and depression (Reviki et al 2012). Patients with anxiety disorders tend to utilize emergency departments and primary medical care more frequently and are at a higher risk for the development of substance abuse and suicide attempts (Bandelow, et al., Guidelines for the pharmacological treatment of anxiety disorders, obsessive–compulsive disorder and posttraumatic stress disorder in primary care, 2012). GAD patients have considerably higher median medical costs than patients without the disorder (Revicki, et al. 2012).

UPMC disease prevalence data reveals that anxiety disorders were the 3rd highest diagnoses in outpatient behavioral health treatment for 2013.

UPMC Health Plan elected to adopt anxiety disorder clinical practice guidelines to aid practitioners in making objective treatment decisions based on scientific evidence of the efficacy of various treatment approaches.

Population Covered by Guideline: All adult members age 18 + at risk for developing or diagnosed with general anxiety disorder (GAD).

Goals:

- To ensure members suffering with anxiety disorder are adequately diagnosed and treated.
- To increase screening efforts and to promote appropriate follow-up care for those identified with GAD.
- To encourage appropriate referrals to behavioral health practitioners, when indicated.
Importance of Screening For Anxiety in the Primary Care Setting

Anxiety disorders are the most frequently seen emotional disorders (American Psychiatric Association, 2014). They often present with other mental illnesses, such as substance abuse or depression or physical issues (National Institute of Health, nd). GAD is the most common anxiety disorder seen in primary care settings and these patients often present with vague somatic symptoms such as headaches, fatigue, muscle aches, and gastrointestinal issues (Kavan, Elsasser, & Barone, 2009). GAD is correlated with a significant amount of disability and distress that is not related to other comorbid disorders and, according to the DSM-5, most persons with GAD that are non-institutionalized are considered to be moderately to seriously disabled.

Assessment of at risk patients should begin with an open and non-judgmental conversation between the clinician and the patient in a confidential setting. The assessment should focus not only on the number of positive diagnostic criteria, but also the severity and the degree of functional impairment. The possibility of GAD should be considered in persons who present with:

- Chronic physical health problems
- No physical health problems but need reassurance about somatic issues
- Repeated worry about a wide range of concerns

Anxiety screening may help to identify members suffering from GAD and may easily be incorporated into preventive health care visits for the adult population. The GAD-7 is a 7 question screening tool that identifies persons who may need a more thorough behavioral health assessment for anxiety. The tool may be found here: [http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf](http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf). The GAD-7 can be self-administered, is easy to complete, and incorporates DSM-5 diagnostic criteria within the questionnaire. 3 or more of the following symptoms identified in the DSM-5 must be present more days than not in the past 6 months:

- Worrying*
- Anxiety related to school, social, or work performances*
- Restlessness
- Difficulty concentrating
- Irritability
- Sleep difficulties
- Muscle tension
- Difficulty controlling worry

*The duration, frequency, and intensity of the anxiety is disproportionate to the actual threat or situation.

Additional diagnostic criteria include:

- The anxiety, worry, or physical symptoms cause clinically substantial impairment in occupational, social, or other important areas of functioning.
- The anxiety is not attributed to the physiological effects of a physical illness or an addiction.
- The anxiety is not due to, or a symptom of, another mental health issue, such as panic disorder, OCD, schizophrenia, etc. (APA,2013)
Differential diagnosis includes consideration of anxiety disorder due to another medical condition (i.e. pheochromocytoma, hyperthyroidism), substance/medication induced anxiety disorder, drug abuse, toxins, heavy coffee consumption).

**Available Treatment Options For General Anxiety Disorder in the Primary Care Setting**

The available treatment options listed are based on the stepped-care model recommended by the U.S. Department of Health & Human Services Agency for Healthcare Research and Quality. The goal of the stepped-care model is to offer the most effective and least intrusive interventions first.

- Active monitoring with supportive guidance (suspected or newly identified GAD) - emphasis on patient and family education regarding GAD.
- Individual non-facilitated or guided self-help. (GAD that has not responded to Step 1: active monitoring). Written or electronic material suitable for age and language, based on cognitive behavioral therapy.
- Psychoeducational groups. Interactive, based on principles of CBT.
- Psychotherapy-CBT or Applied Relaxation therapy. (GAD that has not responded to Step 2: Individual non-facilitated or guided self-help or patients that demonstrate marked functional impairment due to GAD)
- Psychopharmacology
- Psychopharmacology plus psychotherapy-may be helpful for individuals who have a noted partial response to pharmacological agents.
- Referral to behavioral health specialists and/or community health teams for individuals with complex, refractory GAD that demonstrate significant functional impairment or risk for self-harm.

Treatment plans within the primary care setting are generally based on the patient’s preference, the severity of anxiety, comorbid physical and mental health problems, prior treatment attempts, treatment costs, and the availability of treatment (Bandelow, et al., Guidelines for the pharmacological treatment of anxiety disorders, obsessive–compulsive disorder and posttraumatic stress disorder in primary care, 2012).

**Treating General Anxiety Disorder in the Primary Care Setting**

It is estimated that between 5.8% and 22% of patients seen in primary care settings present with anxiety problems. The prevalence of GAD in primary care may be up to twice that seen in the general population (Vermani, Marcus, & Katzman, 2011). Helping patients understand that anxiety is a treatable medical condition is crucial. Additionally, coordination of care between patients’ medical and behavioral health providers is essential for optimal patient outcomes.

- **Cognitive Behavioral Therapy**
  Cognitive Behavioral Therapy (CBT) has been proven to be effective in reducing symptoms associated with GAD. CBT is provided by mental health professionals trained in the treatment and involves multiple sessions. CBT for GAD involves cognitive restructuring, relaxation training, and improvement of coping skills. Appropriate referral to mental health professionals is necessitated if a patient chooses to undergo psychotherapeutic treatment (Kavan, Elsasser, & Barone, 2009).

- **Informed Consent:**
  Obtain informed consent, after providing education about the disorder as well as potential benefits, risks, and alternatives of recommended treatment and expected treatment course.
**Medication Therapy:**

The goal of medication treatment for patients with GAD is the control of the symptoms. If the patient wishes to try medication for the treatment of GAD, Selective Serotonin Reuptake Inhibitors (SSRIs) should be the first line of treatment. Patients who do not respond after two trials with first line medications or who present with other problems such as substance abuse/addiction or severe depression or suicidality should be referred to a behavioral health specialist (Bandelow, et al., Guidelines for the pharmacological treatment of anxiety disorders, obsessive-compulsive disorder and posttraumatic stress disorder in primary care, 2012). FDA black boxed warning for antidepressants with increased risk of suicidal thinking and behavior in children, adolescents, and young adults in short term studies of major depression and other psychiatric disorders. The use of an MAOI either at the same time or within 7 days of stopping treatment with SSRIs or SSRNIs.

**Selective Serotonin Reuptake Inhibitors**

Patients receiving SSRI’s should be advised they may have a latency period of 2-4 weeks.

Side effects that are common with SSRI use:

- Weight gain
- Nausea
- Sexual dysfunction
- Agitation
- Insomnia

### Table 1: US Food and Drug Administration Guidelines for use of SSRIs in GAD as 1st line therapy

<table>
<thead>
<tr>
<th>Drug (Generic Name)</th>
<th>Brand Name</th>
<th>Recommended Initial Dosage</th>
<th>Dose Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escitalopram+</td>
<td>Lexapro</td>
<td>10 mg daily</td>
<td>10mg-20mg daily</td>
</tr>
<tr>
<td>Paroxetine+</td>
<td>Paxil</td>
<td>20mg daily</td>
<td>20mg-50mg daily</td>
</tr>
<tr>
<td>Sertraline+</td>
<td>Zoloft</td>
<td>25mg-50mg daily</td>
<td>50mg-200mg daily</td>
</tr>
</tbody>
</table>

**Serotonin Norepinephrine Reuptake Inhibitors (SNRI’s)**

SNRI’s may also have a latency of effectiveness ranging from 2-4 weeks. The side effects are similar to those described with SSRI use and also include:

- Elevated blood pressure
- Headache

### Table 2: US Food and Drug Administration Guidelines for use of SRNI’s in GAD

<table>
<thead>
<tr>
<th>Drug Generic Name</th>
<th>Brand Name</th>
<th>Recommended Initial Dosage</th>
<th>Dose Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venlafaxine**+</td>
<td>Effexor</td>
<td>37.5 mg BID</td>
<td>75mg-225mg daily</td>
</tr>
<tr>
<td>Duloxetine+</td>
<td>Cymbalta</td>
<td>60 mg daily</td>
<td>60mg-120mg daily</td>
</tr>
</tbody>
</table>

** (PDR Network, 2014)
UPMC Health Plan Clinical Practice Guideline: Generalized Anxiety Disorder

Miscellaneous pharmacological agents for GAD

Pregabalin has been found to be effective in the treatment of GAD. The latency period is significantly shorter than that of the 1st line medications. Side effects include:
- Dizziness
- Somnolence

Tricyclic Antidepressants (TCA’s) are effective in the treatment of GAD, but present higher risks for adverse effects when compared to SSRI’s and SNRI’s. In patients believed to be at risk for suicide, TCA’s present a high risk of lethality in overdoses. Side effects of TCA’s include:
- Sedation
- Constipation
- Dry mouth
- Weight gain

Atypical antipsychotics have been proven effective as monotherapy for GAD and as an “add-on” medication for refractory cases. Side effects of atypical antipsychotics include:
- Orthostatic hypotension
- Sedation
- Sexual dysfunction
- Metabolic syndrome
- Extrapyramidal effects

(Bandelow, et al., Guidelines for the pharmacological treatment of anxiety disorders, obsessive-compulsive disorder and posttraumatic stress disorder in primary care, 2012)

Table 3: US Food and Drug Administration: Miscellaneous pharmacological agents for use in GAD

<table>
<thead>
<tr>
<th>Drug (Generic Name)</th>
<th>Brand Name</th>
<th>Drug Classification</th>
<th>Recommended Initial Dosage</th>
<th>Dose Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregabalin**+</td>
<td>Lyrica</td>
<td>Calcium Channel Modulator</td>
<td>150mg-600 mg daily</td>
<td></td>
</tr>
<tr>
<td>Diazepam**+</td>
<td>Valium</td>
<td>Benzodiazepines</td>
<td>5mg-15mg daily</td>
<td></td>
</tr>
<tr>
<td>Lorazepam*+</td>
<td>Ativan</td>
<td>Benzodiazepines</td>
<td>2mg-8mg daily</td>
<td></td>
</tr>
<tr>
<td>Quetiapine+</td>
<td>Seroquel</td>
<td>Atypical antipsychotic</td>
<td>50mg-300mg daily</td>
<td></td>
</tr>
<tr>
<td>Hydroxyzine+</td>
<td>Atarax; Vistaril</td>
<td>Noradrenergic and Specific Serotonergic Antidepressant</td>
<td>37.5mg-75 mg daily</td>
<td></td>
</tr>
<tr>
<td>Imipramine+</td>
<td>Tofranil</td>
<td>Tricyclic Antidepressant</td>
<td>75mg– 250mg daily</td>
<td></td>
</tr>
<tr>
<td>Clomipramine+</td>
<td>Anafranil</td>
<td>Tricyclic Antidepressant</td>
<td>75mg– 250mg daily</td>
<td></td>
</tr>
</tbody>
</table>

*Benzodiazepines should not be used as a long-term therapy due to potential dependency. Diazepam and Lorazepam have FDA indications only for short term relief of anxiety.

**(PDR Network, 2014)


The medications listed above have been used clinically to treat anxiety disorders, however are not labeled with FDA indications for GAD.
Collaboration and Coordination of Care:

Other health care professionals in addition to primary care provider, including behavioral health providers may be involved in the patient’s overall treatment. It is important that care is coordinated, clinical information (with appropriate release of information) relevant to treatment is shared, and treatments are coordinated.

Specialty Referral Resources Available:

UPMC Health Plan - UPMC for Kids-UPMC for You (Allegheny Co.)
Please call 1-888-251-2224 for assistance in making behavioral health referrals.

UPMC for You (Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington, Westmoreland Co.)
Please call Value Behavioral Health 1-877-615-8503.

For UPMC for You members residing in other counties, contact the county assistance office for a listing of practitioners who accept the ACCESS card.

Member Education and Resources:

Coping with anxiety-related disorders is often easier for patients and their families when they take an active role in treatment efforts. Treating physicians should provide patients with information about their anxiety disorder(s), treatment options, the effectiveness of specific treatment modalities, and the cost and duration of treatment (Swinson, et al., 2006). Suggested resources:

- The Anxiety and Depression Association of America- http://www.adaa.org/understanding-anxiety/generalized-anxiety-disorder-gad

Additional Resources for UPMC Health Plan patients

- **Health Coach** Programs provide intensive case management for members with specific chronic illnesses or conditions. The programs are built upon best practices and accepted clinical guidelines and include:
  - Diabetes
  - Asthma/COPD
  - Behavioral Health
- Depression
UPMC Health Plan Clinical Practice Guideline: Generalized Anxiety Disorder

- Anxiety
- ADHD
- Substance Abuse
  - Cardiovascular
    - Heart failure
    - Coronary artery disease
    - Hypertension
    - Hyperlipidemia
  - Low Back Pain

Members and providers can obtain additional information about the health coach programs by calling 1-866-778-6073.

LifeSolutions® provides confidential counseling resources for UPMC Health Plan employees and members of their household. Anxiety, grief, relationship issues, financial problems and work stress are just some of the problems that can be addressed through LifeSolutions®. Counselors are available 24/7 and there are no out-of-pocket costs. Employee members may call 1-800-647-3327 or email ask@lifesolutionsforyou.com.

Beating the Blues US™ is available to all UPMC Health Plan members. It is a free, completely confidential, online eight-week program that is based on Cognitive Behavioral Therapy. Members may work through the course on their own or with the help of a health coach. Members may call 1-855-770-8762 to register for the program.

Online interactive preventive health programs and resources are available in partnership with WebMD at www.upmchealthplan.com.
  - MyHealth OnLine Tobacco Cessation Program
  - MyHealth OnLine Physical Activity Program
  - MyHealth OnLine Nutrition Program
  - MyHealth OnLine Weight Management Program
  - MyHealth OnLine Stress Management Program
  - MyHealth OnLine Emotional Health Program
References


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Managing Adults with Generalized Anxiety Disorder

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