



Selective Serotonin Reuptake Inhibitors have Emerged as First-Line Therapy for Generalized Anxiety Disorder Patients

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INTRODUCTION

Generalized anxiety disorder is common among primary care patients. Affected patients suffer from excessive chronic anxiety and worry about events and activities such as health, family, work, and finances. Anxiety and worry are difficult to control and often cause physiological symptoms such as fatigue, muscle tension, restlessness, and other physical ailments. Other psychiatric problems such as depression and non-psychiatric factors such as endocrine disorders, drug side effects, and withdrawal symptoms should be considered in people who may have generalized anxiety disorder. Cognitive-behavioural therapy and first-line selective serotonin reuptake inhibitors are effective treatments. However, there is evidence that the effects of cognitive-behavioural therapy may be more permanent. Complementary and alternative medicine therapies have been used, but their effectiveness in generalized anxiety disorder has not been proven.

DESCRIPTION

GAD sufferers may be constantly worried about their health, family, work, and finances. Worry is difficult to control and often negatively affects relationships, social activities, and professional activities. Patients with GAD often present with nonspecific physical symptoms insomnia, headache, myalgia, fatigue, gastrointestinal symptoms. Physicians must rule out other psychiatric disorders such as depression and non-psychiatric disorders such as hypoglycaemia and cardiomyopathy due to the high comorbidity with other mental health and medical conditions. Some drugs and other substances can also cause anxiety symptoms. It is important for patients to understand that anxiety is a manageable illness. Patient education should include a discussion of the role of thinking and lifestyle in anxiety and how changing these symptoms may reduce symptoms.

Counselling is effective in reducing anxiety symptoms in most patients. In particular, cognitive-behavioural therapy has been shown to reduce symptoms of GAD. It also appears to be at least as effective as long-lasting drugs with less wear and tear. While formal CBT involves multiple sessions with trained mental health professionals, recognizing treatment principles encourages clinicians to incorporate CBT techniques into practice and enhance formal treatment efforts. CBT addresses the role of irrational thinking in patients' emotions and behaviour. CBT for GAD typically involves the patient self-monitoring for worrisome or related symptoms. Cognitive restructuring, including assessment and review of interpretive and predictive thinking/concerns; relaxation training; and coping skills practice. Patients may be asked to monitor anxiety symptoms along with the situational factors and thoughts that lead to episodes of heightened anxiety. Patients are taught to question unrealistic or unjustified concerns and replace those thoughts with more realistic problem-solving strategies.

CONCLUSION

The metabolic properties of oxazepam, lorazepam, and temazepam are generally preferred in the elderly and in patients with hepatic impairment due to their reduced propensity for accumulation. Benzodiazepine use in the elderly is particularly problematic because of the high risk of side effects. Despite the low risk of abuse, benzodiazepines are best avoided in patients who have previously exhibited addictive behaviour.

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CONFLICT OF INTEREST

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