

Evidence-based treatment options for Generalized Anxiety Disorder (GAD)

Guidance for Psychiatrists, Family Physicians, and Nurse Practitioners



Developed by:

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According to the Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders (2014), the following psychological and pharmacological approaches could be beneficial for individuals with Generalized Anxiety Disorder (GAD):

A. Psychological treatment:

Cognitive Behavioral Therapy significantly reduces GAD symptoms. Individual and group therapy appear to be equally effective in terms of anxiety symptom reduction, but individual therapy may lead to an earlier improvement in worry and depression symptoms. Acceptance-based therapy, Meta-Cognitive Therapy, CBT targeting tolerance of uncertainty and adjuvant MBCT have demonstrated efficacy for GAD.

B. Pharmacological treatment:

1. First line:

Pharmacological interventions that have good evidence for efficacy in treating GAD include agomelatine (not approved to be used in Canada), duloxetine, escitalopram, paroxetine, paroxetine CR, pregabalin, sertraline, venlafaxine XR.

2. Second-line:

Alprazolam*, bromazepam*, bupropion XL, buspirone, diazepam*, hydroxyzine, imipramine, lorazepam*, quetiapine XR, vortioxetine

*While these agents have good evidence for efficacy, they are recommended as second-line therapy and usually only for short-term use because of side effects, dependence, and withdrawal issues. Be careful in prescribing benzodiazepine to individuals with a history of substance abuse.

3. Third-line:

Citalopram, divalproex chrono, fluoxetine, mirtazapine, trazodone

4. Adjunctive therapy:

a. Second-line: pregabalin

b. Third-line: aripiprazole, olanzapine, quetiapine, quetiapine XR, risperidone