

UNDERSTANDING GENERALISED ANXIETY DISORDER

AN INTERNATIONAL MENTAL HEALTH AWARENESS PACKET FROM THE WORLD FEDERATION FOR MENTAL HEALTH

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**WORLD FEDERATION FOR
MENTAL HEALTH
GENERALISED ANXIETY DISORDERS
AWARENESS PACKET**

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UNDERSTANDING GENERALISED ANXIETY DISORDER

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INTRODUCTION

Stigma, myth, and fear are among the major historic and persistent barriers to public awareness and understanding of mental illnesses. Throughout history, people experiencing mental health problems and disorders have been relegated to second class citizenry, removed from the community and institutionalised, denied basic human rights, and suffered from abuse and mistreatment. Even though tremendous strides have been made in recent decades in unlocking the mysteries of the human mind, and in developing effective medical, clinical and psychotherapeutic treatment methods and techniques, many of the time worn myths and misperceptions about mental disorders remain – and continue to make seeking treatment for a mental illness difficult for many who would benefit from early diagnosis and treatment.

Among the mental illnesses, Generalised Anxiety Disorder (GAD) and its related disorders have been subjected to widespread stigma and misunderstanding. Indeed, one of the most persistent and damaging myths is that GAD is not a real illness. Phrases such as “the worried well” have too often been used to describe people experiencing these very real disorders. Even in the face of increased research and clinical knowledge, in most cultures worldwide, GAD is still unfortunately viewed as a sign of personal weakness, and those who experience it are told they should “just pull themselves together.”

While worldwide estimates of the incidence of Generalised Anxiety Disorder are lacking, due to the use of different diagnostic criteria used in various cultures, what is certain is that mental illnesses and neurological disorders worldwide contribute significantly to the overall global burden of disease. In fact, according to the World Health Organisation,

31% of global disability, affecting rich and poor nations alike, is created by neurological disorders. GAD is a significantly impairing condition due to its high rate of comorbidity, the low rates of remission, and the significant use of healthcare resources by those seeking treatment for its symptoms.

The intent of this international mental health awareness packet is to provide accurate, evidence-based information about Generalised Anxiety Disorder – its symptoms, its cultural differences, its treatment, and its impact on the lives of individuals who experience it and their families. Hopefully, these materials and the information provided will help to increase public understanding and awareness about GAD, and will serve to reduce the misunderstanding and stigma that often prevent people from seeking the assistance and support that is available to them. Early identification, diagnosis, and appropriate treatment, along with the positive support of families, friends, employers, and the community combine to make recovery possible for people with a mental disorder.

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*Preston J. Garrison
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World Federation for Mental Health
February 27, 2008*

GENERALISED ANXIETY DISORDER

AN OVERVIEW FROM AN INTERNATIONAL PERSPECTIVE

GENERALISED ANXIETY DISORDER – AN INTERNATIONAL PERSPECTIVE

People from all walks of life, from every country in the world are affected by Generalised Anxiety Disorder (GAD). GAD is characterized by excessive anxiety and worry that affects many aspects of daily life. The disorder can disrupt family routines and strain important relationships with both family and friends.

There are effective treatments to alleviate this constant state of worry and anxiety, but for many, the disorder goes undiagnosed and untreated. The burden of untreated GAD – on the affected individual, family and friends, and in every culture worldwide – is significant. The disorder is chronic and recurrent, and more often than not, those with GAD are diagnosed with other mental conditions during their lifetime.

This packet contains detailed information about the disorder, including

- A Diagnosis of Generalised Anxiety Disorder
- Treatments for Recovery
- A Guide for Family and Friends Supporting Someone with Generalised Anxiety Disorder
- Generalised Anxiety Disorder and its Co-Travellers: Common Comorbid Conditions
- Stigma – and the Myths and Facts about Generalised Anxiety Disorder
- Children and Adolescents with Generalised Anxiety Disorder
- Commonly Asked Questions about Generalised Anxiety Disorder
- Other Anxiety Disorders

The remainder of this fact sheet will detail the significant differences in the cultural acceptance, diagnosis, and treatment of the disorder, as well as international efforts to better diagnose and more effectively treat the condition.

Cultural Differences in the Diagnosis of Generalised Anxiety Disorder

The diagnosis of GAD is often complex due to the nature of the symptoms, some of which mimic other mental and physical disorders, as well as the comorbid presence

of other mental disorders. Two primary diagnostic tools are used by healthcare workers worldwide to detect GAD, including the *International Classification of Mental Disorders* (ICD-10), and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). In some countries, regional or local classification systems are also used (e.g. The *Chinese Classification of Mental Disorders* and the *Latin American Guide for Psychiatric Diagnosis*.)

It is important to note that each culture expresses anxiety differently, and the available standardised diagnostic measures may not be useful in identifying GAD. For example, in Asian cultures, anxiety may be expressed predominantly through so-

Culture-bound Syndromes

One example of a culture-bound syndrome is "ataque de nervios," a syndrome found in Puerto Rican, Caribbean Hispanic, and Latin American populations. The most common symptoms of the syndrome are screaming uncontrollably, and attacks of crying, neither of which fit neatly into DSM categories. Ataque de nervios appears to be a risk factor for a range of anxiety, depressive and dissociative disorders.² Other examples of culture-bound syndromes include neurasthenia (linked to anxiety and depression) and Taijin kyofusho (linked to social phobia); a complete listing of culture-bound syndromes is found in Appendix I of the DSM-IV.

matic symptoms, such as stomach or other gastrointestinal complaints, while Westerners more frequently express anxiety through cognitive avenues.¹ In Africa, sensations of worms or parasites crawling in the head are nondelusional expressions of distress. In equatorial regions in Africa and Asia, feelings of heat in the head are common expressions of anxiety.²

Without culture-specific diagnostic scales, many diagnoses of GAD may be missed, or misdiagnosed by those who are non-natives to the culture of the person under their care. Many cases may not be classified as GAD, but diagnosed instead as a culture-bound syndrome. As defined in the DSM-IV, culture-bound syndromes are recurrent, locality-specific patterns of aberrant behaviour and troubling experience that may or may not be linked to a particular DSM-IV diagnostic category. These syndromes, while contentiously debated in the psychiatric community, provide healthcare workers worldwide with a window into the course of disease in other cultures, and present the opportunity to incorporate a person's cultural beliefs, practices, and social situation(s) into the development of a treatment plan.

Recent revisions to both the ICD-10 and the DSM-IV have provided healthcare practitioners with the ability to more accurately and reliably diagnose GAD. These newly revised measures will aid in the accurate collection and monitoring of data on GAD, and importantly, in the understanding of the onset, course, and causes of the disease.³ According to the DSM-IV, most commonly used in Western cultures, a diagnosis of GAD is generally made when:

- Excessive anxiety and worry (apprehensive expectation) occur for at least 6 months about several events or activities
- There is difficulty controlling the worry
- Anxiety and worry are associated with 3 (or more) of the following: restlessness or feeling on edge, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance (for more days than not for at least six months)
- Anxiety and worry are not due to substance abuse or another medical or mental disorder
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Biological, environmental, and psychological factors are thought to contribute to the development of GAD. The general consensus is that psychological factors *interact* with biological and environmental factors in leading to the development and maintenance of GAD.⁴ The causes of GAD are discussed in more detail in "A Diagnosis of GAD."

The Worldwide Prevalence and Burden of Generalised Anxiety Disorder

Because of the different diagnostic criteria used worldwide to diagnose GAD, data on the disorder worldwide is not standardised or widely available, making country-to-country comparisons difficult. A recent survey of mental disorders in 15 countries found the prevalence of GAD to be in the range of 1 and 22 percent.⁵ Differences in prevalence rates between cultures are difficult to interpret and are widely disputed; are they true differences in morbidity, or merely a reflection of the inadequacy of the tools used to measure the disorder in "other" cultures? In some countries, high levels of stigma (even anonymous reporting) may lead to under-reporting of the disorder.

A new effort is underway to collect data on anxiety disorders using standardised methodologies in 28 countries around the world; findings from this effort will help to increase the knowledge about the mental health status of those in less developed areas and allow for the intercultural comparison of prevalence rates.⁶

The burden of mental illness and neurological disorders worldwide is significant. Neuropsychiatric disorders account for 31% of the disability in the world, affecting rich and poor nations and individuals alike.⁷ GAD is a significantly impairing condition because of its high rate of comorbidity (e.g. depression), its low rate of remission, and the significant use of healthcare resources by those seeking a diagnosis and treatment for the disorder.

The Treatment of GAD Worldwide

While the diagnosis of GAD is made across all races, religions and cultures, unfortunately, treatment is not available worldwide. The standard treatment for GAD in developed countries includes medication and therapy, as well as some traditional healing methods, including acupuncture, yoga, and meditation. However, even in countries where effective treatments are available, rates of remission and recovery are low, and stigma prevents many from even seeking help.

In developing countries, where mental health care systems may be lacking both in resources and infrastructure, there is a reliance on primary care physicians to diagnose and treat GAD. In Thailand, primary care or general practitioners are diagnosing and treating mental health disorders, and prescribing medications commonly used several decades ago.⁸ In other cases, like Asia, where health care systems are often not standardised and are highly variable, treatment and care of those with GAD is done by their own families or religious organisations.⁹

In less-developed nations, there are often no trained mental health professionals available to even diagnose mental health disorders. The understanding of GAD, as well as other mental health disorders, is very rudimentary, with cultural beliefs attributing mental illness to demons or spirits. In these countries, the stigma is significant, and those with GAD have an often insurmountable battle to receive a diagnosis and treatment. In these countries, there appears to be a more frequent reliance upon organizations outside the mental health sector, and a greater reliance on traditional healing methods, such as acupuncture, yoga, and meditation.¹⁰

Looking to the Future: Recovery from GAD Worldwide

GAD affects millions of people all over the world, imparting a significant personal and societal burden. Many affected with the disorder and its comorbid conditions are never diagnosed. And, for those who are, treatments may not be available or accessible. In some countries, negative attitudes about the diagnosis and treatment of mental disorders are predominant, and prevent those with illness from seeking treatment. In many cultures, the prevailing attitude remains that mental illness is due to a lack of willpower, and can be solved by talking over a problem (vs. consulting a mental health professional).¹¹

Most nations have few resources to diagnose or effectively treat GAD, with limited capital devoted to meeting the most basic needs of humankind, especially in countries ravaged by civil wars, famine, or struggling economies, where the course of anxiety may be quickened by these stressful environments. It is in these nations where there is now some momentum to utilise primary care or general health practitioners to identify and treat mental disorders like GAD.¹² GAD is a real – and treatable illness. There remains much work to be done in all countries to educate health-care workers, in particular primary care and general healthcare workers, as well as the public, about the psychobiological underpinnings of GAD, and the potentially effective treatments available to alleviate the anxiety that imprisons so many across the globe.

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GENERALISED ANXIETY DISORDER

WHAT IS IT?

GENERALISED ANXIETY DISORDER

Generalised Anxiety Disorder, a condition commonly known as GAD, causes you to feel anxious or worried much of the time. While everyone may worry about their family, job, and health, people with GAD have unrealistic fears and worries. They often feel overwhelmed and live their life anticipating disaster, with their worries generally way out of proportion to the reality they face. This persistent anxiety leaves those with GAD unable to relax, concentrate, or sleep. Those with GAD may also have other physical symptoms like trembling, muscle tension, and nausea. In short, left untreated, GAD significantly impacts the lives of those with the disorder, as well as their family and friends around them.

There are many internet resources available on understanding your diagnosis of Generalised Anxiety Disorder; one of these includes the United Kingdom's National Mental Health Charity, MIND, www.mind.org.uk

The Diagnosis of GAD

GAD occurs worldwide, in people of every race, religion, and sex, though women are diagnosed with GAD more frequently than men.¹ The disorder strikes in the early 20's, has a chronic course, and often occurs alongside other anxiety and mood disorders (e.g. depression).

What is the difference between normal anxiety, which can be beneficial in working through everyday problems, and a diagnosis of GAD? Using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), a diagnosis of GAD is generally made when:

- Excessive anxiety and worry (apprehensive expectation) occur for at least 6 months about several events or activities
- There is difficulty controlling the worry
- Anxiety and worry are associated with 3 (or more) of the following: restlessness or feeling on edge, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbance (with these symptoms present for more days than not for the past six months)
- Anxiety and worry are not due to substance abuse or another medical or mental disorder

- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

GAD may also cause physical symptoms, such as shortness of breath, rapid heart rate, dry mouth, cold hands and dizziness. At the first sign of any of these symptoms, a general medical evaluation should be done to rule out other illnesses that can cause similar symptoms (e.g. cardiac problems). Anxiety can be expressed in other ways; cross-cultural research that has been conducted shows there are many meaningful ways in which anxiety is articulated. How anxiety is expressed varies in significant ways across cultures.² For example, in Asian cultures, anxiety may be expressed predominantly through somatic symptoms such as stomach or other gastrointestinal complaints, while those from Western cultures more frequently express anxiety through cognitive avenues.³

Other physical illnesses and symptoms that commonly occur along with GAD include chest pain, hyperventilation, headaches, chronic fatigue syndrome, and irritable bowel syndrome. Chronic cardiovascular diseases – including hypertension, diabetes, and heart disease – are also common comorbidities of GAD. Again, because many of these symptoms are general and can occur with other medical disorders (e.g. hyperthyroidism, an overactive thyroid) – *a complete physical exam should be done to rule out other illnesses.*

What Causes GAD?

The exact mechanisms which cause GAD are not yet well understood. Biological, environmental, and psychological factors all contribute to the development of GAD. **Biological factors**, including a genetic predisposition to GAD, as well as alterations in brain chemistry may increase your risk of GAD. Research into **environmental factors** suggests that traumatic events in early life can make a person vulnerable to anxiety disorders. Parenting style, family environment and culture may influence susceptibility to GAD. Traumatic and stressful events, such as abuse, the death of a family or friend, or divorce, may contribute to GAD. In addition, the use of and withdrawal from addictive substances (alcohol, caffeine and nicotine), which are often used to “self-medicate,” can further increase anxiety.

Many **psychological factors** also appear to play a role in the development and maintenance of GAD. One of these factors is intolerance of uncertainty. Research also shows that people with GAD have greater difficulty dealing with uncertainty than individuals with other anxiety disorders and people from the general population. The general consensus is that psychological factors like intolerance of uncertainty interact with biological and environmental factors in leading to the development and maintenance of GAD.⁴

Other factors may also contribute to the disorder:

- built-up stress
- coping with a serious or prolonged physical illness
- a personality type of disorder that is more prone to anxiety

- an anxiety disorder in your family
- specific medical conditions

Diagnosing GAD may be difficult, but once a GAD determination is made, effective treatments are available to help alleviate symptoms.

Getting Help – Treatments for Recovery

Effective treatments are available to help control the symptoms of GAD and promote recovery. Early and effective treatment is necessary to help prevent the emergence of another more serious anxiety disorder. GAD is primarily treated with talk therapy or medication, or more typically, a combination of both. In many parts of the world, traditional healing methods are also used to treat anxiety disorders, including relaxation exercises or meditation, acupuncture, yoga, and systematic desensitization (also known as graduated exposure therapy). In addition, Peer Support groups, available in many communities, can provide opportunities for those with the disorder to connect with others and learn that they are not alone.

Talk therapy, medications, traditional methods of healing, self-care, and community support programmes can all work to treat the disorder, but families – and the support they can provide – are vital in promoting a quicker recovery from GAD. Treatment options are discussed in more detail in Treatments for Recovery.

A HELPFUL RESOURCE

THE MAYO CLINIC Generalized Anxiety Disorder

Comprehensive overview covers symptoms, treatment and coping skills.

www.mayoclinic.com/health/generalized-anxiety-disorder/D500502

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GENERALISED ANXIETY DISORDER

TREATMENTS FOR RECOVERY

If you have Generalised Anxiety Disorder (GAD), you are not alone. For the millions of people worldwide living with GAD, there are treatments that can help to reduce anxiety and improve the ability to function at home, at work, and at school. The primary methods used worldwide to treat GAD include talk therapy and medication, as well as traditional healing methods, which include relaxation exercises or meditation, acupuncture, yoga, and systematic desensitization. In addition, Peer Support groups, available in many communities, can provide opportunities for those with the disorder to connect with others and learn that they are not alone.

The information provided herein is not intended to replace treatment for GAD.

For clinical guidelines on treating the disorder, consult recent guidelines developed by an international team of psychiatrists for the International Psychopharmacology Algorithm Project (IPAP), [click here](http://www.ipap.org/index.php).

<http://www.ipap.org/index.php>

Talk Therapy

For those with relatively mild anxiety – where symptoms do not significantly interfere with work or personal relationships – “talk therapy” is the initial method of treatment. “Talk therapy” means talking with a counsellor, social worker, psychologist or other mental health professional to help find new ways to deal with anxiety. Therapy can be done on an individual level, with a group, or with a spouse or other family members.

One type of talk therapy, *Cognitive-Behavioural Therapy (CBT)*, is especially effective in treating GAD. This type of therapy is a combination of cognitive therapy, which helps patients develop healthier thought patterns, and behaviour therapy, which helps patients respond in new ways to anxiety-producing situations. During CBT, a mental health professional helps identify the *distorted thinking patterns* that trigger anxiety, and then *adapt his/her reaction* to the anxiety-producing situation. CBT is a short-term treatment lasting approximately 12 weeks.

In some parts of the world, systematic desensitization, another type of behaviour therapy, is also used to overcome anxiety. Systematic desensitization, also known as graduated exposure therapy, gradually teaches people to be relaxed in a situation that would otherwise provoke anxiety.

Talk therapy can be hard work, but it is most effective if patients attend all of the scheduled sessions and actively work with the therapist to develop new ways to think about and respond to anxiety.

Medication

When therapy alone does not work to reduce symptoms of GAD, medication is also prescribed. While medication cannot cure the disorder, it can help treat its symptoms. Several types of medications, including antidepressant medications, beta blockers, and anxiolytics (benzodiazepines and non-benzodiazepines) are commonly prescribed for GAD.

If you begin taking a medication for GAD, it does not mean that you will have to take it forever. However, patients treated for at least six months do better than those who discontinue its use after several weeks. For many people, discontinuing the medication causes the symptoms of anxiety to return.¹ A health care professional can develop the best treatment plan to follow.

Antidepressants. Antidepressants, commonly used to treat depression, are also used to treat GAD. Antidepressants require consistent use (4-6 weeks) to achieve relief from symptoms. Several types of antidepressants – selective serotonin reuptake inhibitors (SSRI's), serotonin norepinephrine reuptake inhibitors, and tricyclics – are typically used to treat GAD.

Selective Serotonin Reuptake Inhibitors (SSRI's) are medications that alter brain chemistry (specifically the levels of serotonin in the brain) and reduce vulnerability to anxiety.

Serotonin Norepinephrine Reuptake Inhibitors (SNRI's) are medications that also alter brain chemistry (affecting serotonin, norepinephrine and other chemicals in the brain).

Tricyclic antidepressants (TCAs) also work by altering brain chemistry, specifically the noradrenergic system.

Beta-adrenergic or “beta-blockers.” In addition to antidepressant medication, beta blockers may also be prescribed to help control the significant *physical* symptoms that may accompany GAD, including sweating, blushing, shaking, and heart palpitations. Beta blockers can only alleviate the physical symptoms of GAD, not the anxiety itself.

Anxiolytics (both benzodiazepines and non-benzodiazepines). One class of anti-anxiety medications, called benzodiazepines, works to immediately ease the symptoms of anxiety. However, while these medications work quickly to suppress the activity in the brain that promotes anxiety, *their use may be habit-forming*. Therefore, time-limited usage of these medications is recommended, especially for those with previous histories of drug or alcohol abuse problems.

One newer class of anxiolytics, called azapirones, appears to be as effective as the benzodiazepines² but are not as sedating or addictive. This type of medication must be taken for at least two weeks consistently to reduce anxiety symptoms. It is commonly used for those patients who relapse on benzodiazepines, or for those with the potential to become dependent on medications.

Traditional Healing Methods

In addition to therapy and medications, traditional healing methods and self-help techniques are used in many parts of the world to help reduce the symptoms of anxiety. Many of these methods are currently under study, and include:

- **Changes in diet and nutrition.** Several changes in diet can reduce anxiety, which include decreasing the intake of anxiety-aggravating substances like caffeine and nicotine;
- **Establishing regular exercise patterns.** Exercise affects the physiological factors that underlie anxiety, reducing muscle tension and eliminating anxiety-inducing chemicals;
- **Relaxation exercises and meditation.** Deep relaxation or meditation, a state of concentrated attention on some object of thought or awareness, is also used to ease anxiety.
- **Acupuncture and herbal remedies.** Acupuncture and herbal remedies such as kava are commonly used in several cultures to ease symptoms of anxiety⁴.

Traditional Healing Method

In many countries, "traditional" healing methods (TM), also known as complementary alternative medicine (CAM), are used to treat many disorders, both mental and physical. A global effort is underway by the World Health Organization (WHO) to:

- develop **national policies on the evaluation and regulation of TM/CAM practices;**
- create a **stronger evidence base on the safety, efficacy and quality** of the TM/CAM products and practices;
- **ensure availability and affordability of TM/CAM**, including essential herbal medicines;
- promote **therapeutically sound use** of TM/CAM by providers and consumers.

For more information on the WHO effort to help countries determine the safety and efficacy of TM/CAM, [click here](#).

[<whqlibdoc.who.int/publications/2005/9241591237_part1.pdf>](http://whqlibdoc.who.int/publications/2005/9241591237_part1.pdf)

Community Programs and Peer Support Groups

Community-based programs, like Peer Support groups, may also help those with the disorder. Peer support groups provide those with GAD the chance to see that they are not alone. They also promote social interaction, which lessens the isolation that those with the disorder may feel.

Support groups and other educational or assistance programs may be available through community-based mental health agencies, local colleges or universities, or national, regional or provincial mental health associations. The local telephone book, newspaper(s), or internet may also have information about programs available in the community.

Family Members and Friends as Support Systems

Those with GAD need more than just therapy, medication, traditional healing methods and peer support – they need family members and friends to support them. Family members are key players in helping those with GAD toward recovery. Because family members can help provide doctors with a different perspective from the patient, they can often be helpful in developing treatment strategies. More importantly, family members can provide those with GAD with a strong support system by listening, empathizing, and recognizing GAD as a real illness. Family support is crucial toward making a quicker recovery.

Coping With GAD in Daily Life

Coping with GAD in daily life will require patience. If you have GAD, living with everyday anxiety may be made easier by using the following techniques⁵:

- **Worry exposure.** Expose yourself to images of the things you most fear, including images that show you coping with that situation.
- **Reducing worry behaviours.** Identify those “safety behaviours” that reinforce worrying.
- **Problem solving.** Refocus from worry to systematically defining solutions to your problem. For things you can’t change, focus on accepting them.
- **Distraction.** For worries not easily amenable to CBT or problem solving, distraction (e.g. talking to a friend, cooking, etc.) may help.
- **Mindfulness practice.** By simply acknowledging your ongoing thoughts and feelings, you can be aware of what is happening in the present moment in a nonjudgmental way.
- **Lifestyle and personality changes.** Several lifestyle and personality changes can be made that may reduce the symptoms of GAD. Reducing stress by getting regular exercise, limiting caffeine and other dietary stimulants, resolving interpersonal conflicts, and relinquishing the need for perfectionism may reduce anxiety.

Toward Recovery

GAD is a treatable disorder. For some people, a combination of talk therapy and medication works best to improve their symptoms of GAD and promote recovery.⁶ Traditional healing methods, outlined above, are also used to control the symptoms of anxiety. Patients should work with their healthcare professionals and families to develop a treatment plan that works for them.

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GENERALISED ANXIETY DISORDER (GAD)

A GUIDE FOR FAMILY AND FRIENDS: SUPPORTING THOSE WITH GAD

Like any illness, Generalised Anxiety Disorder (GAD) affects not only the daily lives of those struggling with the disorder, but their family and friends around them. Left untreated, GAD can disrupt family routines and strain friendships. If someone you know has GAD, you play an important role in helping them to recover.

Why are Family and Friends So Important?

Often, a person may struggle for months or years before they are diagnosed with GAD. This can be a frustrating experience for the person with the disorder – as well as for family and friends.

Are you helping a family or friend with their recovery from Generalised Anxiety Disorder? *A guide, Taking Care of Yourself, Looking After Someone you Care About*, part of The COPE Program, is available at <http://www.copingwithmentalillness.com/cope/>

Once diagnosed, medication, therapy, and some traditional healing techniques can help those with GAD, but it is the support of family members and friends that can accelerate their

recovery, and help them to stay well. One of the first steps to getting and staying well is helping someone with the disorder get a diagnosis and treatment. Family members and friends are important in this process because they can:

- provide background information to healthcare professionals (e.g. other medical conditions), which can be helpful in developing a tailored treatment plan;
- provide additional insight about the daily circumstances affecting the person with GAD.

What can Family Members and Friends do to Support Someone with GAD?

What can family members and friends do to help their loved one or friend with GAD? First, recognise that *GAD is a real and serious illness*, and not a character flaw or a sign of weakness. Scientific evidence shows that some people are genetically predisposed to anxiety disorders.

For those who have yet to be diagnosed – or are perhaps fearful of seeking professional help – supportive family members and friends can help them take *the first step towards recovery*. If you think that a family member or friend may have the disorder, there are many places you can refer them for diagnosis and treatment, including:

- National health service clinics or government-funded hospitals
- Regional or provincial health clinics providing mental health care
- Mental health non-governmental organisations (NGO's)
- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Religious leaders/counselors
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- University- or medical school-affiliated programmes
- Social service agencies
- Private clinics and facilities
- Employee assistance programmes
- Psychiatric professional associations
- Consumer-based mental health organisations

Family members and friends should also *educate themselves* about GAD, and learn about its symptoms and treatments. They should learn what life is like for those with the disorder, and how anxiety controls their day-to-day activities. See the Resources for more information about the disorder, or check with your family doctor, local library, or on the Internet for additional information.

Family members and friends can also help locate *patient support groups* in the community. Although support groups are not for everyone, participation in these groups may help those with GAD to feel less isolated and alone when coping with the disorder. These groups also provide an opportunity to see how others with GAD are successfully managing their lives, and offer structured activities to positively cope with anxiety.

Family and Friends Play an Important Role in Supporting those with GAD

Family members and friends should remember that anxiety disorders like GAD are real, serious, but treatable medical conditions. Family and friends can help in the re-

covery process and should not underestimate the disorder or insist they get better on their own. Instead, family and friends should:

- listen fully and carefully to those with GAD without judging
- provide helpful suggestions and encourage positive coping skills
- emphasise the importance of continuing treatment to get better and stay well
- recognise and praise small accomplishments
- modify expectations during stressful periods
- measure progress on the basis of individual improvement
- be flexible and try to maintain a normal routine

For Family and Friends: Taking Care of Yourself

The recovery process may take a toll on those caring for someone with GAD. Family and friends should build their own support system of friends, and if need be, talk to a therapist or advisor. The road to recovery is hard work, for both the person with GAD, and those around them. For more information on caring for both yourself and your loved one with GAD (or other mental disorders), see "Taking Care of Yourself, Looking After Someone you Care About," part of The COPE Program, available at

<http://www.copingwithmentalillness.com/cope/>.

A USEFUL RESOURCE

The National Institute of Mental Health (US) offers several easy-to-read booklets on GAD and related topics:

- Anxiety Disorders
- Social Phobia (Social Anxiety Disorder)
- Generalized Anxiety Disorder

These booklets can be accessed through the NIMH website at

<www.nimh.nih.gov/health/publications/topics/index-generalized-anxiety-disorder-gad/index.shtml>

GENERALISED ANXIETY DISORDER AND ITS COMORBID CONDITIONS

Over the course of their lifetime, many people with Generalised Anxiety Disorder (GAD) will be diagnosed with another mental disorder. These other illnesses, known as comorbid conditions, significantly impact their quality of life. Studies from many countries show that these comorbid conditions occur universally, in people of all ethnicities diagnosed with GAD.^{1,2,3}

Common Comorbid Mental Health Disorders

Some commonly diagnosed comorbid mental disorders include depression, other anxiety disorders (e.g. social phobia, panic disorder, post-traumatic stress disorder, and obsessive compulsive disorder), and substance abuse and dependence. Diagnosing these comorbid conditions can be complex, both because symptoms often overlap with GAD, and because it may be hard to distinguish whether GAD came before or after the other illnesses.

Depression

Almost *two-thirds of those diagnosed with GAD* will suffer from major depression. Major depressive disorder (MDD) is diagnosed after one or more depressive episodes (each lasting at least 2 weeks). The most common symptoms are depressed mood, loss of interest or pleasure in once enjoyable activities, insomnia or

COMMON CO-TRAVELLERS: ANXIETY AND DEPRESSION

A study in Zurich, Switzerland found that comorbid anxiety and depression tended to be far more persistent than either illness alone.⁴

excessive sleeping, and changes in weight. Those with GAD are more likely to develop MDD after a stressful life event. Often, antidepressant medications are prescribed when a patient is diagnosed with both GAD and depression.

Other Anxiety Disorders

Several other anxiety disorders, including social phobia (known as social anxiety disorder), panic disorder, and obsessive compulsive disorder may co-occur with GAD. People with social phobia have a persistent, intense and chronic fear that someone is watching and judging them and they will be embarrassed or humiliated by something they say or do.

Panic disorder is characterized by repeated panic attacks, or episodes of intense fear that strike often and without warning. Panic attacks cause weakness, dizziness and a pounding heart, leaving one feeling like they are having a heart attack or dying.

Obsessive compulsive disorder (OCD) leaves one obsessed and unable to control anxious thoughts (e.g. filled with doubt) or rituals (e.g. hand-washing). Post-traumatic stress disorder (PTSD) occurs after exposure to a terrifying event in which grave physical harm occurred or was threatened. Left untreated, these comorbid anxiety disorders can significantly disrupt daily life and family routines.

Substance Abuse and Dependence

Research shows that GAD often coexists with substance abuse. In fact, around one-third of those with GAD suffer from alcohol abuse or dependence. Often times people may abuse alcohol as a means to sedate or self-medicate their anxiety. Those with anxiety disorders who use drugs or alcohol to "self-medicate" may be at increased risk for mood and substance abuse disorders and suicidal behaviour.⁵ It is imperative that those with GAD who are attempting to self-medicate with drugs or alcohol seek appropriate treatment immediately.

Recognizing and treating GAD's comorbid conditions is important. GAD with comorbid conditions is significantly more disabling than GAD alone.⁶ For example, comorbid depression and GAD are more impairing than only GAD or major depression on their own. Successful treatment for GAD can also help to ease these other conditions.

Toward Recovery: Recognizing and Treating GAD's Comorbid Conditions

Treating GAD and its comorbid conditions can improve the quality of life and repair self-esteem and relationships often damaged by these difficult-to-treat conditions.

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- 1 K. Demyttenaere, R. Bruffaerts, S. Lee, J. Posada-Villa, V. Kovess, M. Angermeyer, D. Levinson, G. de Girolamo, H. Nakane, and Z. Mneimneh. (2007). Mental disorders among persons with chronic back or neck pain: Results from the world mental health surveys. *Pain*, 129 (3): 332-342.
 - 2 Lieb R, Becker E, and Altamura C. (2005). The epidemiology of generalised anxiety disorder in Europe. *European Neuropsychopharmacology*, 15:445-452.
 - 3 Alonso J, Angermeyer MC, Bernert S, et al. (2004). 12-Month comorbidity and associated factors in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatrica Scandinavica Supplement*, 420:28-47.
 - 4 Merikangas KR, Zhang H, Avenevoli S, Acharyya S, Neuenschwander M, Angst J; Zurich Cohort Study. 2003 . Longitudinal trajectories of depression and anxiety in a prospective community study: the Zurich Cohort Study. *Archives of General Psychiatry*, Oct;60(10):993-1000.
 - 5 Bolton J, Cox B, Clara I, and Sareen J. (2006). Use of alcohol and drugs to self-medicate anxiety disorders in a nationally representative sample. *Journal of Nervous Mental Disorders*, 194 (11): 818-25.
 - 6 Brown TA and Barlow, DH. (1992). Comorbidity among anxiety disorders: implications for treatment and DSM-IV. *Journal of consulting Clinical Psychology*, 60: 835-844.

OTHER ANXIETY DISORDERS

Anxiety disorders are among the most common of the mental health disorders. Many people from all cultures worldwide suffer from one of the six primary anxiety disorders. We now know that nearly half of adults diagnosed with an anxiety disorder had symptoms of some type of psychiatric illness by age fifteen, making early diagnosis and prevention extremely critical.¹ In addition to Generalised Anxiety Disorder (GAD), other anxiety disorders include:

- panic disorder
- obsessive-compulsive disorder (OCD)
- post-traumatic stress disorder (PTSD)
- social phobia (social anxiety disorder) and specific phobias

Panic Disorder

Panic disorder is a real illness that can be successfully treated. It is characterized by sudden attacks of terror, usually accompanied by a pounding heart, sweating, weakness, faintness, or dizziness. Because many symptoms of panic attacks are indeed physical, a large proportion of Panic Disorder patients actually seek emergency medical help before it becomes clear that it is a psychiatric disorder.

During these attacks, people with panic disorder may flush or feel chilled; their hands may tingle or feel numb; and they may experience nausea, chest pain, or smothering sensations. Panic attacks usually produce a sense of unreality, a fear of impending doom, or a fear of losing control.

Research shows a combination of cognitive-behavioural therapy (CBT) and medication may be a more effective treatment for panic disorder than treatments often provided by primary care physicians.²

For more information about the range of anxiety disorders, see the
Anxiety Disorders Association of Canada website
www.anxietycanada.ca

Obsessive-Compulsive Disorder

People with obsessive-compulsive disorder (OCD) have persistent, upsetting thoughts (obsessions) and use rituals (compulsions) to control the anxiety these thoughts produce; most of the time, the rituals end up controlling them. For example, if people are obsessed with germs or dirt, they may develop a compulsion to wash their hands over and over again. If they develop an obsession with intruders, they may lock and relock their doors many times before going to bed.

Performing such rituals is not pleasurable. At best, it produces temporary relief from the anxiety created by obsessive thoughts. Some common obsessions include having frequent thoughts of violence and harming loved ones, persistently thinking about performing sexual acts to people they dislike, or having thoughts that are prohibited by religious beliefs. While healthy people also have rituals, such as checking to see if the stove is off several times before leaving the house, people with OCD perform their rituals even though doing so interferes with daily life. Although most adults with OCD recognize that what they are doing is senseless, some adults and most children may not realize that their behaviour is out of the ordinary.

OCD usually responds well to treatment with certain medications and/or exposure-based psychotherapy, in which people face situations that cause fear or anxiety and become less sensitive (desensitized) to them.

Research shows that a bacterial infection (streptococci) triggers the pediatric version of OCD in some children.³

Post-Traumatic Stress Disorder (PTSD)

Post-traumatic stress disorder (PTSD) develops after a terrifying ordeal that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers.

PTSD was first brought to public attention in relation to war veterans, but it can result from a variety of traumatic incidents, such as mugging, rape, torture, being kidnapped or held captive, child abuse, car accidents, train wrecks, plane crashes, bombings, or natural disasters such as floods or earthquakes.

People with PTSD may startle easily, become emotionally numb (especially in relation to people with whom they used to be close), lose interest in things they used to enjoy, have trouble feeling affectionate, be irritable, become more aggressive, or even become violent. They avoid situations that remind them of the original incident, and anniversaries of the incident are often very difficult. PTSD symptoms seem to be worse if the event that triggered them was deliberately initiated by another person, as in a mugging or a kidnapping.

Most people with PTSD repeatedly relive the trauma in their thoughts during the day and in nightmares when they sleep. These are called flashbacks. Flashbacks may consist of images, sounds, smells, or feelings, and are often triggered by ordinary occurrences, such as a door slamming or a car backfiring on the street. A person having a flashback may lose touch with reality and believe that the traumatic incident is happening all over again.

Certain kinds of medication and certain kinds of psychotherapy usually treat the symptoms of PTSD very effectively.

Research (<http://dx.doi.org/10.1080/0954026071349449>) shows that in war-torn regions or areas where violence and conflict are common, nearly one-quarter to one-half of the population has symptoms of PTSD.⁴

Social Phobia (Social Anxiety Disorder) and Specific Phobias

Social phobia, also called social anxiety disorder, is diagnosed when people become overwhelmingly anxious and excessively self-conscious in everyday social situations. People with social phobia have an intense, persistent, and chronic fear of being watched and judged by others and of doing things that will embarrass them. They can worry for days or weeks before a dreaded situation. This fear may become so severe that it interferes with work, school, and other ordinary activities, and can make it hard to make and keep friends.

While many people with social phobia realize that their fears about being with people are excessive or unreasonable, they are unable to overcome them. Even if they manage to confront their fears and be around others, they are usually very anxious beforehand, are intensely uncomfortable throughout the encounter, and worry about how they were judged for hours afterward.

Physical symptoms that often accompany social phobia include blushing, profuse sweating, trembling, nausea, and difficulty talking. When these symptoms occur, people with social phobia feel as though all eyes are focused on them. Social phobia can be successfully treated with certain kinds of psychotherapy or medications.

A **specific phobia** is an intense fear of something that poses little or no actual danger. Some of the more common specific phobias are centered on closed-in places, heights, escalators, tunnels, highway driving, water, flying, dogs, and injuries involving blood. Such phobias aren't just extreme fear; they are irrational fear of a particular thing. You may be able to ski the world's tallest mountains with ease but be unable to go above the 5th floor of an office building. While adults with phobias realise that these fears are irrational, they often find that facing, or even thinking about facing, the feared object or situation brings on a panic attack or severe anxiety.

Research has revealed where and how social information and learning is encoded in the brain, and how it is shaped by experiences, which will help lead to new treatments for social anxiety disorder and phobias. ⁵

Anxiety Disorders: Toward Treatment and Recovery

Anxiety disorders are common, real and treatable illnesses affecting all cultures worldwide. Early diagnosis and treatment will help to prevent the development of other mental disorders, and will improve the quality of life.

Note: Some of the above text is reprinted, with permission, directly from *Anxiety Disorders*. The National Institute of Mental Health, The National Institutes of Health (revised 2006). Rockville, MD: The National Institutes of Health.

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- 1 Gregory AM, Caspi A, Moffitt, TE, Koenen K, Eley TC, Poulton R. (2007). juvenile mental health histories of adults with anxiety disorders. *American Journal of Psychiatry*, 164:1-8.
 - 2 Roy-Byrne PP, Craske MG, et al. (2005). A randomized effectiveness trial of cognitive-behavioral therapy and medication for primary care panic disorder. *Archives of General Psychiatry*, 62: 290-298
 - 3 Kirvan CA, Swedo SE, Snider LA, Cunningham MW (2006). Antibody-mediated neuronal cell signaling in behavior and movement disorders. *Journal of Neuroimmunology* Jul 26; [Epub ahead of print]
 - 4 Okasha, A (2007). 'Mental health and violence: WPA Cairo declaration – International perspectives for intervention', *International Review of Psychiatry*, 19:3, 193–200.
 - 5 Berton O, McClung CA, Dileone RJ, Krishnan V, Renthal W, Russo SJ, Graham D, Tsankova NM, Bolanos CA, Rios M, Monteggia LM, Self DW, Nestler EJ. (2006). Essential role of BDNF in the mesolimbic dopamine pathway in social defeat stress. *Science*, 10;311(5762):864-8.

DIAGNOSING AND TREATING CHILDREN AND ADOLESCENTS WITH GENERALISED ANXIETY DISORDER (GAD)

ANXIETY IN CHILDREN AND ADOLESCENTS

The Federation of Families for Children's Mental Health has published nine principles to insure there is a **strong and diverse family voice in decision making for individual children and their families** as well as in the design, implementation, and evaluation of programmes for children. Click here for these principles.

http://ffcmh.org/publication_pdfs/PrinciplesFamilyInvolve.pdf

All children and adolescents have fears. They may worry about schoolwork, relationships with family or friends, and their talents and abilities. As they grow and mature, these worries change, and they learn how to handle their fears.

But for some children and adolescents, anxiety is constant and overwhelming, and interferes with their lives at home, at school and with friends. They may be anxious about their personal safety or safety of their family members, natural disasters, and world events. Their worries are often not age-appropriate, and unlike adults, they do not recognise – nor can they control – this excessive worry. For these children and adolescents, Generalised Anxiety Disorder (GAD), one of the most prevalent of the childhood anxiety disorders, is often diagnosed.

How is GAD Diagnosed in Children and Adolescents?

GAD is diagnosed when worry and anxiety occur more days than not during the month, lasting for at least six months. This anxiety is also accompanied by at least three of the following six symptoms:

- restlessness or feeling keyed up or on edge
- being easily fatigued
- difficulty concentrating

Cultural Variations in the Expression of Anxiety

What is seen as anxiety in one culture may be seen as normal behaviour in another culture. For more information see *Anxiety in Children, What Should we Know as Parents?* available through Australia's Transcultural Mental Health Centre.

http://dhi.gov.au/tmhc/resources/pdf/HealthyKids/English_HK_AnxietyInChildren.pdf

- irritability
- muscle tension
- sleep disturbance

All children or adolescents may have one or more of these symptoms at any given time. A qualified mental health professional can decide if the fears are developmentally-appropriate for the child's age, and evaluate the extent to which the anxiety affects the child's life.

Children whose parents have an anxiety disorder are

more likely to have the disorder themselves. GAD is more common in adolescents than in children. In addition, children and adolescents with GAD are likely to have other mental health disorders, including depression.

Parents who see symptoms of severe anxiety in their child or adolescent should contact a mental health professional immediately; early evaluation and treatment can help to prevent future problems.

Treatment for Generalised Anxiety Disorder

Anxiety disorders can be effectively treated using **therapy** and/or **medication**. Treatment should always be based on a comprehensive evaluation of the child and family.

In children and adolescents, the first line of treatment is generally **therapy**. Two types of therapy are commonly used to treat GAD: cognitive behavioural therapy (CBT) and family therapy. CBT helps the child or adolescent learn skills to manage his/her anxiety and master the situations that contribute to the anxiety; in addition, a parent component can be added to CBT to help parents assist the child in coping with anxiety. When the anxiety is affecting family routines and rhythms, family therapy may also help the entire family cope with the disorder.

In addition to therapy, some children may benefit from treatment with medication. Antidepressants or anti-anxiety **medications** are often prescribed to help relieve symptoms of anxiety. Click here, http://www.aacap.org/galleries/PracticeParameters/JAACAP_Anxiety_2007_pdf for recently issued clinical guidelines on the treatment of GAD in children and adolescents.

In many countries, there is great concern about the use of anti-depressants in children and adolescents because suicide related behaviours (suicide attempts and suicidal thoughts) and hostility (predominantly aggression, oppositional behaviour and anger) have been observed more frequently in clinical studies among children and

adolescents treated with antidepressants (compared to those treated with placebo). Some countries have issued warnings against prescribing these medications to children and adolescents. For more information, click here (link to these websites):

http://www.tga.gov.au/adr/adrac_ssri_040311.htm;

<http://www.cchr.org/index.cfm/11962>;

<http://www.fda.gov/cder/drug/antidepressants/default.htm>

Benzodiazepines, another class of medications commonly used to treat adults with GAD, may also be prescribed for children and adolescents. However, as in adults, benzodiazepines should only be used for short time periods, and in conjunction with therapy, due to their highly addictive nature.

Studies are currently underway worldwide to evaluate whether combination treatment – the concurrent use of both therapy and medication – produces better outcomes in children and adolescents with GAD.

Helping Children and Adolescents with Generalised Anxiety Disorder

Parents, and other adults in children's lives, including teachers or childcare providers, play a vital, supportive role in helping children or adolescents with GAD to get better. The most important thing to remember when helping a child or adolescent with GAD is that they cannot control their worry and fears. Unlike adults, children don't know that this worry is excessive and is controlling their lives. The support provided by parents, friends and family, and teachers and childcare providers is instrumental in their recovery from GAD. With early and effective treatment, children and adolescents can recover and go on to live healthy lives.

THE EFFECTS OF STIGMA AND MYTHS ON PEOPLE WITH GENERALISED ANXIETY DISORDER (GAD)

THE EFFECT OF STIGMA

Stigma about mental illness – the negative thoughts and feelings others have about mental health disorders – exists worldwide. Because of stigma, many people with Generalised Anxiety Disorder (GAD) have never received a professional diagnosis or treatment for the disorder, leaving them struggling unnecessarily for years. For many, the fear of what others think may overcome their will to seek treatment. It is common for someone with GAD (or another mental health disorder), to think that if they tell friends or family that they need help, they will be ostracised, both personally and professionally.

Researchers have documented the stigma and discrimination, be it social, employment or housing, against those with mental disorders. Researchers are working to understand the cultural attitudes towards mental disorders, and to develop programmes to combat this culture-specific stigma.¹ In a few Western cultures, seeking a diagnosis and treatment for GAD is not as taboo as it once was, primarily due to the increased understanding about anxiety as a “disorder of the brain.” However, in most cultures worldwide, it is still unfortunately seen as a sign of weakness, rather than strength, to seek help for mental health disorders.

Information on Stigma and Anxiety is available from the *Transcultural Mental Health Centre*. The information is available in several languages, including: Arabic, Bosnian, Chinese, Croatian, English, Filipino, Greek, Italian, Khmer, Korean, Maltese, Serbian, Spanish, Turkish, and Vietnamese.

Website: <<http://203.32.142.106/>>

1 Corrigan, PW. (2004). Don't call me nuts: an international perspective on the stigma of mental illness. *Acta Psychiatrica Scandinavica*, 109 (6), 403–404.

Myths and Facts about GAD

There are many myths about GAD. The most widespread myth is that GAD is not a real illness. This is not true. GAD is indeed a real and complex illness. Like other anxiety disorders, a combination of factors causes GAD, including biological, environmental, and psychological factors. Other myths about GAD include:

| MYTH | FACT |
|--|--|
| <p>Everyone feels anxious some-times.</p> | <p>It is true that everyone feels nervous now and then. But if a person worries excessively about a variety of every-day problems for <i>six months</i> or more, it is more than just worry. Generalised Anxiety Disorder (GAD), as well as other anxiety disorders, can get worse if not treated.</p> |
| <p>Very few people really have anxiety disorders.</p> | <p>Anxiety disorders are among the most common of the mental health disorders. Many people – from all cultures worldwide – suffer from anxiety disorders.</p> |
| <p>Women are affected by anxiety disorders at the same rate as men.</p> | <p>Women are twice as likely to be affected as men by Generalised Anxiety Disorder (as well as Obsessive-Compulsive Disorder, Panic Disorder, and Posttraumatic Stress Disorder).</p> |
| <p>You should just avoid whatever makes you anxious.</p> | <p>Avoiding certain situations only makes you feel more helpless and anxious. Avoiding these situations is not the answer.</p> |
| <p>You could make yourself better, if you wanted.</p> | <p>If you have an anxiety disorder, you cannot make yourself get better. There are treatments for anxiety disorders, including medication, therapy (or a combination of both), and many traditional healing methods which can reduce symptoms of anxiety.</p> |

Strategies to Overcome Stigma

While researchers are working internationally to develop culturally-specific anti-stigma programmes, there are steps to take to combat stigma in your community:

- Recognise that most mental illnesses are disorders of the brain.
- Be respectful of people with mental illness.
- Don't use disrespectful terms in referring to people with a mental illness, such as retarded, crazy, or lunatic.
- Refer to a person not just their illness, such as a person who has schizophrenia instead of a schizophrenic.
- Emphasise a person's abilities and strengths rather than their disability or limitations.
- Help dispel myths about mental illness.
- Promote greater awareness of mental illness.
- Encourage people to seek help for mental health problems.

Beyond Stigma

GAD affects people of all ages, races, religions, and incomes worldwide. GAD is not a sign of weakness or a defect in character. People with GAD cannot get better simply by "pulling themselves up by their bootstraps." GAD is as real as other medical conditions like cancer or diabetes, and can and should be treated. If you have GAD, overcome the stigma that is preventing treatment by learning the myths and facts about the disorder.

A HELPFUL RESOURCE

Read Chapter 4 – Generalized Anxiety Disorder – from the Public Health Agency of Canada's *"A Report on Mental Illnesses in Canada"*

http://www.phac-aspc.gc.ca/publicat/miic-mmacc/chap_4_e.html

GENERALISED ANXIETY DISORDER

COMMONLY ASKED QUESTIONS

Some commonly asked questions about Generalised Anxiety Disorder include:

1. How do I know if my anxiety and worry is more than just that?

Most people face some anxiety in their daily lives. But for some people, this worry is excessive and interferes with normal everyday activities, including jobs, friendships, and family routines. If a person worries excessively about a variety of everyday problems for *six months or more*, it is more than just worry; it may be a treatable condition called Generalised Anxiety Disorder (GAD).

2. I am just an anxious person, and you can't change my personality.

While it is true some people are more prone to worrying, there may be differences in how your brain processes fear and anxiety. You do not have to live a lifetime of anxiety.

If anxiety is preventing you from fully participating in daily activities or affecting your relationships with family and friends, seek help. There are effective treatments, including therapy and medication, as well as traditional healing methods (e.g. yoga and acupuncture) and self-help techniques (changes in diet and exercise), which can help to free you from anxiety.

3. Maybe my anxiety is really due to a serious medical condition. How do I know that something else isn't really physically wrong?

Many people with Generalised Anxiety Disorder may have this worry that something else is physically wrong. Find a doctor you can trust – one who you feel is listening to your concerns and discuss your symptoms. He or she can help you to get the best diagnosis and treatment.

4. I was diagnosed with GAD. Will I have to deal with it for the rest of my life?

GAD is a chronic, recurrent condition, which often worsens during stressful life periods. However, those who complete treatment can substantially decrease their levels of anxiety and even return to their normal daily routines and relationships. The goal of treatment is to make your anxiety a manageable part of your day – instead of your entire day. Although many people cannot be “cured,” medication, therapy, traditional healing methods and self-care can help to substantially alleviate the symptoms of GAD. See your healthcare professional to set up a treatment plan tailored to your needs.

RESOURCE LIST OF ORGANIZATIONS FOR MORE INFORMATION

Additional resources and websites have been listed for further information on the topics raised in this document. Please note that there is an abundance of information available and not all resources are listed here.

About Our Kids

New York University Child Study Center
555 First Avenue
New York, NY 10016 USA
Website: <http://www.aboutourkids.org>

African Child Association

International Secretariat
5 Westminster Bridge Road
London SE1 7XW UK
Website: www.acaint.org

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Avenue, N.W.
Washington, D.C. 20016-3007 USA
Phone: 202-966-7300
Fax: 202-966-2891
Website: www.aacap.org

Anxiety Disorders Association of America (ADAA)

8730 Georgia Avenue, Suite 600
Silver Spring, MD 20910 USA
Phone: 240-485-1001
Website: www.adaa.org

Anxiety Disorders Association of Canada (ADAC/ ACTA)

PO Box 117, Station Cote St-Luc
Montreal, Quebec
H4V 2Y3 CANADA
Phone: 514-484-0504/1-888-223-2252
Fax: 514-484-7892
Email: contactus@anxietycanada.ca
Website: www.anxietycanada.ca/

Australian Network for Promotion, Prevention and Early Intervention AUSEINET

C/- Flinders University
GPO Box 2100, Adelaide SA 5001 AU
Phone: (08) 8201 7670
Fax: (08) 8201 7673
Website: auseinet.flinders.edu.au

American Psychiatric Association

1000 Wilson Boulevard, Suite 1825
Arlington VA 22209-3901 USA
Phone: 703 907 7300
Website: www.psych.org

Australian Clearinghouse for Youth Studies

GPO Box 252-64
Hobart Tasmania 7001 AU
Website: www.acys.utas.edu.au

Beyond Blue

(Bipartisan initiative of the Australian state and territory governments)
PO Box 6100
Hawthorn West 3122 AU
Website: <http://www.beyondblue.org.au/>

Brazilian Association of Psychiatry -- Rio de Janeiro

Secretaria Geral e Tesouraria
Av. Presidente Wilson, 164 / 9º andar.
CEP: 20030-020 BRAZIL
Website: www.abpbrasil.org.br/

Canadian Mental Health Association

180 Dundas Street West, Suite 2301
Toronto ON M5G 1Z8 CANADA
Phone: (416) 484-7750
Fax: (416) 484-4617
Email: info@cmha.ca
Website: www.cmha.ca

Centre for Health Education & Promotion Nat'l Health Program for Children & Adolescents

Ruutli 24, Tallinn ESTONIA
Phone: +372 627 9283
Website: www.tervis.ee

Children's Institute/University of Cape Town

46 Sawkins Road
Rondebosch 7700 SOUTH AFRICA
Phone: +27 (21) 689 5404 / +27 (21) 689 8343
Fax: +27 (21) 689 8330
Email: info@ci.org.za
Website: ci.org.za/index.asp

Clinical Research Unit for Anxiety and Depression

299 Forbes Street, Darlinghurst, Sydney
NSW, 2010, AU
Phone: +612 8382 1730, clinic info line 8382 1749
Research Phone: +612 8382 1720
Fax: +612 8382 1721
Website: www.crufad.com/cru_index.html

DASH Deutsche Angst-SelbstHilfe

Bayerstraße 77a Rgb. GERMANY
Email: [kontakt\[at\]panik-attacken.de](mailto:kontakt[at]panik-attacken.de)
Website: www.panik-attacken.de/

European Academy for Child & Adolescent Psychiatry (ESCAP)

Website: www.escap-net.org

European Federation of Associations of Families of People with Meantal Illnesses (EUFAMI)

Diestsevest 100
B-3000 Leuven, Belgium
Phone: +32 16 74 50 40
Email: info@eufami.org
Website: www.eufami.org

Federation of Families for Children's Mental Health

1101 King Street, Suite 420
Alexandria VA 22314 USA
Phone: 703 684 7710
Website: www.ffcmh.org

First Steps to Freedom

24 Neville Road,
Chichester, West Sussex PO19 3LX UK
Helpline: 0845 120 2916, tel. 01926 864 473
Website: www.first-steps.org

Global Alliance of Mental Illness Advocacy Networks (GAMIAN-Europe)

c/p FIAB, rue Washington 60
B-1050 Brussels
Belgium
Website: www.gamian-europe.org

Mental Health America

2000 North Boulevard Street
6th Floor
Alexandria VA 22311 USA
Phone: +1 703 684 7722
Website: www.mentalhealthamerica.net

Mental Health Association of Hong Kong

Mental health info hotline: 2772-0047
Website: www.mhahk.org.hk

Mental Health Europe (MHE)

Boulevard Clovis 7
B-1000 Brussels
Belgium
Phone: +32 2 280 04 68
Email: info@mhe-sme.org
Website: www.mhe-sme.org

MIND: The Mental Health Charity of the United Kingdom

15-19 Broadway
London E15 4BQ UK
Phone: +44 020 8519 2122
Fax: +44 020 8522 1725
Email: contact@mind.org.uk
Website: www.mind.org.uk

National Alliance on Mental Illness (NAMI)

Colonial Place Three, 2107 Wilson Blvd.
Suite 300
Arlington, VA 22201-3042 USA
Phone: 703-524-7600
Information Helpline:
800-950-NAMI (6264)
Website: www.nami.org

National Association for Child & Family Mental Health/ Young Minds

102-108 Clerkenwell Road
London EC1M 5SA UNITED KINGDOM
Phone: +44 207 336 8445
Website: www.youngminds.org.uk

National Institute of Mental Health and Neuro Sciences (NIMHANS)

Hosur Road
Bangalore - 560029
INDIA
Phone: 91-080-26995001/5002, 26564140, 26561811, 26565822
Fax: 91-080-26564830
Website: www.nimhans.kar.nic.in/psychiatry.htm

No Panic Ireland

120 Shanganagh Cliffs
Shankill, Co
Dublin, IRELAND
Help-line: 01-272-1897

No Panic – United Kingdom

93 Brands Farm Way
Telford, Shropshire, TF3 2JQ UK
HelpLine: 0808 808 0545
Website: www.nopanic.org.uk/menu.htm

Obsessive Compulsive Foundation

PO Box 961029
Boston, MA 02196 USA
Phone: +1-617-973-5801
Email: info@ocfoundation.org
Website: www.ocfoundation.org

South African Depression and Anxiety Group

Website: <http://anxiety.org.za>

South African Federation for Mental Health

267 Long Avenue
Ferndale Randburg 2194 SOUTH AFRICA
Phone: +27 (11) 781 1852
Fax: +27 (11) 326 0625
Website: www.safmh.org.za/index.htm

Transcultural Mental Health Centre

Locked Bag 7118
Parramatta BC NSW 2150 AUSTRALIA
Website: www.tmhc.nsw.gov.au

World Federation for Mental Health

6564 Loisdale Court, Suite 301
Springfield, VA 22150-1812 USA
Phone: +1-703-313-8680
Email: info@wfmh.com
Website: www.wfmh.org

World Health Organization

World Health Organization
Avenue Appia 20
CH - 1211 Geneva 27 SWITZERLAND
Phone: +41 22 791 2111
Fax.: +41 22 791 3111
Website: www.who.int

ABOUT THE WORLD FEDERATION FOR MENTAL HEALTH

WFMH is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health. The Federation, through its members and contacts in more than 100 countries on six continents, has responded to international mental health crises through its role as the only worldwide grassroots advocacy and public education organization in the mental health field. Its organizational and individual membership includes mental health workers of all disciplines, consumers of mental health services, family members, and concerned citizens. The organization's broad and diverse membership makes possible collaboration among governments and non-governmental organizations to advance the cause of mental health services, research, and policy advocacy worldwide.

VISION

The World Federation for Mental Health envisions a world in which mental health is a priority for all people. Public policies and programs reflect the crucial importance of mental health in the lives of individuals

MISSION

The mission of the World Federation for Mental Health is to promote the advancement of mental health awareness, prevention of mental disorders, advocacy, and best practice recovery focused interventions worldwide

GOALS

To heighten public awareness about the importance of mental health, and to gain understanding and improve attitudes about mental disorders

To promote mental health and prevent mental disorders

To improve the care, treatment and recovery of people with mental disorders