

Confirm diagnosis of GAD
 Assess the causes and symptoms

Nonpharmacologic Treatment Options [\(Click here for link\)](#)

Cognitive Behavioral Therapy (CBT)¹

- Education regarding GAD
- Breathing retraining
- Progressive muscle relaxation to target physical symptoms
- Cognitive restructuring to address the maladaptive worry of GAD
- *In vivo/in vitro* graded exposure so the patient can practice coping skills in worrying situations
 - May be effective alone but mostly used in conjunction with pharmacotherapy
 - Requires a cognitively intact, motivated patient

Longstanding GAD controlled with benzodiazepines (BZDs) and able to withdraw

YES → **Bupirone**^{1,2}
 ▪ Starting dose: 5 mg twice daily
 ▪ Titration: Increase by 5 mg every 4 to 5 days
 ▪ Target dose: 20-30 mg/day in divided doses
 ▪ Max dose: 45 mg/day
 ▪ May need short-term BZDs in combination for breakthrough anxiety

NO → **Lorazepam**
 0.5-3 mg/day in divided doses^{2,4}
Oxazepam
 10-60 mg in divided doses^{2,4}

Acute GAD²

Rule out underlying causes

Short-term (60 to 90 days)⁴

- **Lorazepam**
 0.5-3 mg/day in divided doses^{2,4}
- **Oxazepam**
 10-60 mg in divided doses^{2,4}

NOTE: When discontinuing BZDs, consider tapering off slowly

Chronic GAD²

Bupirone^{1,2}: Starting dose 5 mg twice daily; increase by 5 mg every 4 to 5 days

- Target 20-30 mg/day in divided doses; max 45 mg/day
- May need short-term BZDs in combination for breakthrough anxiety

Escitalopram: Starting dose 5 mg/day; increase by 5 mg increments after at least 1 week of therapy

- Target 10 mg/day; max 20 mg/day

Citalopram: Starting dose 5-10 mg/day; target: 20 mg/day; max 40 mg/day

Paroxetine: Starting dose 5-10 mg/day; target: 20 mg/day; max 40 mg/day

Sertraline: Starting dose 12.5-100 mg/day³

- If no response, increase by 25 mg every 3 weeks⁴; max 150 mg/day

Venlafaxine XR: Starting dose 37.5 mg/day; increase by 37.5 mg/day every 4 to 5 days

- Target: 150 mg/day

Duloxetine^{4,5}: Starting dose 20 mg/day (hepatic and renal adjustment may be needed)

- Increase to 20 mg twice daily after at least 1 week of therapy; may increase to 30 mg twice daily after at least 3 weeks of therapy
- Target: 40-60 mg/day; max 120 mg/day

Non-Depressed GAD¹

Assess and treat comorbid condition (i.e., chronic obstructive airway disease, sleep apnea, neurological disorder)

Bupirone^{1,2}

- Starting dose: 5 mg twice daily
- Titration: Increase by 5 mg every 4 to 5 days
- Target dose: 20-30 mg/day in divided doses
- Max dose: 45mg/day
- May need short-term BZDs in combination for breakthrough anxiety

NOTE: When the minimum target dose is reached, patients should remain on that dose for 4 to 6 weeks to determine therapeutic response.¹ If rapid relief of anxiety during initial treatment with an antidepressant is required or if antidepressant-induced anxiety or agitation develops, consider short acting BZDs: Lorazepam 0.5 – 3 mg/day or oxazepam 1 – 60 mg/day in divided doses²

References

1. Flint AJ. Generalized anxiety disorder in elderly patients: Epidemiology, diagnosis, and treatment options. *Drugs Aging*. 2005; 22; 101-14.
2. Sheikh JI, Cassidy EL. Treatment of anxiety disorders in the elderly; Issues and strategies. *Journal of Anxiety Disorders*.2000; 14(2); 173-190.
3. Schuurmans J, Comijs H, Emmelkamp PM, et al. A randomized, controlled trial of the effectiveness of cognitive behavioral therapy versus a waitlist control group for anxiety disorders in older adults. *Am J Geriatr Psychiatry*. 2006; 14(3); 255-263.
4. Ruben DB, Herr HA, Pacala JT, et al. *Geriatrics at your fingertips: The American Geriatrics Society*. 2009, 11th edition: 23-25.
5. Davidson j, Allegrulander C, Pollack MH, et al. Efficacy and tolerability of duloxetine in elderly patients with generalized anxiety disorder: a pooled analysis of four randomized, double-blind, placebo-controlled studies. *Human psychopharmacology*. 2008; 23(6): 519-26.