

Evaluation and Treatment of Generalized Anxiety Disorder: Review Questions

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QUESTIONS

Choose the single best answer for each question.

- 1. A 32-year-old man presents to his primary care physician and reports excessive worry over the past month. He describes frequent concerns about everyday life stressors but denies any unusual stress. He also reports loss of interest in most activities, feelings of worthlessness, low energy, and difficulty sleeping. What is this patient's most likely diagnosis?**
 - (A) Adjustment disorder with anxiety
 - (B) Generalized anxiety disorder (GAD)
 - (C) Major depression
 - (D) Obsessive-compulsive disorder
 - (E) Personality disorder not otherwise specified
- 2. Which of the following would be the most appropriate first-line treatment for GAD complicated by polysubstance dependence?**
 - (A) Cognitive behavior therapy
 - (B) Referral to Narcotics Anonymous
 - (C) Short-term clonazepam therapy
 - (D) Thiothixene
 - (E) Valproic acid
- 3. A 45-year-old woman previously diagnosed with GAD presents to a psychiatrist for a second opinion. She reports prior treatment with several medications and psychotherapy but has had no improvement in her symptoms. Her medical records indicate that she has failed adequate therapeutic trials of 2 selective serotonin reuptake inhibitors and buspirone. A physical examination and routine laboratory tests, including thyroid function tests, are all unremarkable. Which of the following would be the most appropriate next step in the management of this patient?**
 - (A) Assess caffeine intake
 - (B) Obtain an electroencephalogram
 - (C) Obtain a neurology consult
 - (D) Start haloperidol
 - (E) Start lithium
- 4. A 25-year-old man reports symptoms that meet diagnostic criteria for GAD. He has had a recent physical examination, electrocardiogram, blood chemistry, and thyroid function tests, all of which were normal. He does not take any prescribed medications and does not use illegal drugs, alcohol, or caffeine. Which of the following should be included in the diagnostic evaluation of this patient?**
 - (A) Amobarbital interview
 - (B) Assess for comorbid psychiatric conditions
 - (C) Chest radiograph
 - (D) Dexamethasone suppression test
 - (E) Neuropsychologic testing
- 5. Which of the following is the most appropriate first-line treatment for GAD uncomplicated by any comorbid psychiatric or medical condition?**
 - (A) β -Adrenergic receptor antagonist
 - (B) Bupropion
 - (C) Imipramine
 - (D) Treatment is not necessary unless symptoms persist for 12 months
 - (E) Venlafaxine

(turn page for answers)

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This work is supported in part by the Veterans Administration VISN 19 MIRECC.

ANSWERS AND EXPLANATIONS

1. **(C) Major depression.** The patient has major depression, which is characterized by loss of interest in activities, fatigue, sleep disturbance, and feelings of worthlessness.¹ The patient is also experiencing excessive worry about everyday life stressors, which is the primary symptom of GAD. However, 6 months of symptoms are required for a diagnosis of GAD.¹ Further, anxiety affects as many as 90% of all depressed patients. He does not have an adjustment disorder, as there is no precipitating stress. He does not have symptoms suggestive of obsessive-compulsive disorder or personality disorder.
2. **(A) Cognitive behavior therapy.** Cognitive behavior therapy has been shown to be effective for the treatment of GAD.² Narcotics Anonymous would be effective for the substance dependence but not for the anxiety disorder. Clonazepam, as well as other benzodiazepines, should be avoided because of substance dependence. Valproic acid and thiothixene are not used to treat GAD. Other pharmacotherapy options can also be considered, including selective serotonin reuptake inhibitors and venlafaxine.
3. **(A) Assess caffeine intake.** The patient may be suffering from a substance-induced anxiety disorder. A variety of substances can cause anxiety, including drugs of abuse, medications, alcohol, and caffeine.² The use of caffeine and other substances should be evaluated during any workup of anxiety symptoms. An electroencephalogram or neurology consult are not indicated given the patient's normal physical examination. Lithium and haloperidol are not indicated for the treatment of GAD.
4. **(B) Assess for comorbid psychiatric conditions.**

GAD frequently occurs in conjunction with other psychiatric disorders, such as major depression, dysthymia, and panic disorder.³ Therefore, it is critical to identify any coexisting conditions prior to making treatment decisions. Neuropsychologic testing, chest radiograph, dexamethasone suppression testing, and an amobarbital interview are not indicated in the routine workup of GAD.

5. **(E) Venlafaxine.** Venlafaxine is a serotonin and norepinephrine reuptake inhibitor that has been shown to be effective for GAD in several clinical trials.⁴ Treatment should not be delayed until symptoms persist for 12 months because GAD is usually chronic and disabling.⁴ Imipramine is effective for treatment of GAD but is not used as a first-line intervention because of adverse side effects (eg, dry mouth, orthostatic hypotension, arrhythmias). β -Adrenergic antagonists are effective for situational anxieties, such as performance anxiety, but are not typically used for generalized anxiety.² Bupropion is not indicated for GAD.

REFERENCES

1. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th ed., text revision. Washington (DC): The Association; 2000.
2. Sadock BJ, Sadock VA. Anxiety disorders. In: Synopsis of psychiatry. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2003:591–642.
3. Wittchen HU, Zhao S, Kessler RC, Eaton WW. DSM-III-R generalized anxiety disorder in the National Comorbidity Survey. Arch Gen Psychiatry 1991;51:355–64.
4. Allgulander C, Bandelow B, Hollander E, et al. WCA recommendations for the long-term treatment of generalized anxiety disorder. CNS Spectr 2003;8(Suppl 1):53–61.

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