

HOW TO COPE WITH GAD

- Keeping a journal is a useful way to identify the stressors in your life and can be beneficial to your therapy.
- Setting up schedules and prioritizing your life may help to manage your time and energy.
- Keep alcohol consumption in moderation, and avoid drug use.
- See your doctor or find a support group to help with more effective coping strategies.

MRC UNIT ON ANXIETY AND STRESS DISORDERS

The Research Unit on Anxiety and Stress Disorders, to which the MHIC is affiliated, was established by the Medical Research Council (MRC) in 1997. The Unit is located at the Department of Psychiatry at the University of Stellenbosch and investigates the psychobiology and treatment of anxiety disorders, including obsessive-compulsive disorder (and related conditions), panic disorder, posttraumatic stress disorder, and social anxiety disorder. For more information about joining research trials, please visit the website below or contact the MHIC.

www.mrc.ac.za/anxiety/anxiety.htm

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GENERALISED ANXIETY DISORDER



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WHAT IS GENERALISED ANXIETY DISORDER (GAD)?

To some extent we all worry. It is part of daily life to worry about relationships, deadlines, or arriving on time for an interview. However, some people experience excessive and unrealistic worry that interferes significantly with work or social functioning.

CHARACTERISTIC SYMPTOMS

- people with GAD are prone to expecting the worst, even when there is no apparent reason for it.
- the worry is constant, and occurs on most days for at least six months.
- worrying generally concerns health, family, money or work related issues.
- the excessive worry interferes with all aspects of functioning and everyday living.
- physical symptoms commonly associated with GAD are restlessness, irritability, muscle tension, fatigue, difficulty sleeping, and difficulty concentrating.
- cognitive symptoms include difficulty controlling the worrisome thoughts.

GAD, NORMAL WORRY OR DEPRESSION?

The distinction between normal worry and GAD rests on the extent of distress and dysfunction associated with the symptoms. The worries of GAD are more pronounced, more pervasive, and more likely associated with physical symptoms than are ordinary worries. Symptoms of GAD last at least six months.

Many people with GAD also have depressed mood, and many people with depression also have significant worries. GAD tends to be chronic and a large percentage of these patients go on to develop major depressive disorder or panic disorder.

WHO IS AT RISK?

- gender: women are twice as likely to develop GAD than men.
- childhood trauma: there is evidence to suggest that children who have endured abuse or neglect may develop GAD at some point later in life.
- illness: living with a chronic or serious illness (cancer, HIV) can lead to excessive worry about the future.
- stress: people who experience a lot of stress in their lives are also likely to experience excessive anxiety.
- personality: people with certain personality types are more prone to anxiety disorders than others.
- genetics: evidence suggests that some families may be more prone to developing GAD.
- substances: drugs, alcohol, nicotine, caffeine or certain medications may increase the risk of GAD.

PREVALENCE OF GAD

GAD is a fairly common condition with as much as 25% of patients at anxiety disorder clinics presenting with GAD. GAD is present in about 3-8% of the population. The onset of the disorder is typically around late adolescence or early adulthood.

TREATMENT OF GAD

Two types of treatment are available for GAD, namely medication and psychotherapy (talk therapy). As with most other disorders, a combination of the two is more beneficial.

Since this is probably a long-term condition which often requires life-long treatment, the prescription of medication should be approached carefully.

Antidepressants, which influence the activity of brain chemicals (neurotransmitters) in the body, are available.

Anti-anxiety medication can also be used. Sedatives should however be used on a short-term basis only as they have a risk of dependence.

Psychotherapy: People with GAD can be seen as viewing the world through a lens which colors everything with negative predictions. Psychotherapy focuses on attempting to change this lens.

Steps in the cognitive-behavioural therapy of GAD can include self-monitoring and cognitive restructuring. Self-monitoring involves paying closer attention to one's thoughts and feelings. The technique is useful in demonstrating to oneself the connection between fearful thoughts about the future and feelings of anxiety.

Cognitive restructuring involves providing good counter-arguments which dispel the logic of fear and worry found in GAD. Common cognitive distortions in GAD include probability overestimation, catastrophising, and all or nothing thinking. Overcoming such distortions requires the help of a mental health professional.