

Patients with generalized anxiety disorder (GAD) have persistent, excessive, and/or unrealistic worry associated with other signs and symptoms, which commonly include muscle tension, impaired concentration, autonomic arousal, feeling "on edge" or restless, and insomnia. Onset is usually before age 20, and a history of childhood fears and social inhibition may be present. The incidence of GAD is increased in first-degree relatives of patients with the diagnosis; family studies also indicate that GAD and panic disorder segregate independently. Over 80% of patients with GAD also suffer from major depression, dysthymia, or social phobia. Comorbid substance abuse is common in these patients, particularly alcohol and/or sedative/hypnotic abuse. Patients with GAD readily admit to worrying excessively over minor matters, with life-disrupting effects; unlike in panic disorder, complaints of symptoms such as shortness of breath, palpitations, and tachycardia are relatively rare.

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The person finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months): (1) restlessness or feeling keyed up or on edge; (2) being easily fatigued; (3) difficulty concentrating or mind going blank; (4) irritability; (5) muscle tension; (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).
- D. The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a panic attack (as in panic disorder), being embarrassed in public (as in social phobia), being contaminated (as in obsessive-compulsive disorder), being away from home or close relatives (as in separation anxiety disorder), gaining weight (as in anorexia nervosa), having multiple physical complaints (as in somatization disorder), or having a serious illness (as in hypochondriasis), and the anxiety and worry do not occur exclusively during posttraumatic stress disorder.
- E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The disturbance is not due to the direct physiologic effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a mood disorder, a psychotic disorder, or a pervasive developmental disorder.

Panic *attacks* may occur in any anxiety disorder, usually in response to a specific situation tied to the main characteristic of the disorder. For example, a person with a phobia of snakes may panic when encountering a snake. However, these situational panic attacks differ from the spontaneous, unprovoked ones that define a person's problem as panic *disorder*.

Panic attacks are common, occurring in more than one third of adults each year. Women are 2 to 3 times more likely than men to have panic attacks and panic disorder. Most people recover from panic attacks without treatment; a few develop panic disorder. Panic disorder is present in 2% of the population during any 12-month period. Panic disorder usually begins in late adolescence or early adulthood.

A panic attack involves the sudden appearance of at least four of the following symptoms:

- Chest pain or discomfort
- Choking
- Dizziness, unsteadiness, or faintness
- Fear of dying
- Fear of "going crazy" or of losing control
- Feelings of unreality, strangeness, or detachment from the environment
- Flashes or chills
- Nausea, stomachache, or diarrhea
- Numbness or tingling sensations
- Palpitations or accelerated heart rate
- Shortness of breath or sense of being smothered
- Sweating
- Trembling or shaking.

Symptoms peak within 10 minutes and usually dissipate within minutes, leaving little for a doctor to observe except the person's fear of another terrifying attack. Since panic attacks sometimes are unexpected or occur for no apparent reason, especially when people experience them as part of panic disorder, people who have them frequently anticipate and worry about another attack--a condition called anticipatory anxiety--and try to avoid places where they have previously panicked.

Because symptoms of a panic attack involve many vital organs, people often worry that they have a dangerous medical problem involving the heart, lungs, or brain and seek help from a doctor or hospital emergency department. However, the correct diagnosis may not be made, leading to the additional worry that the medical problem is going untreated. Although panic attacks are uncomfortable--at times extremely so--they are not dangerous.

**Table 1. Panic Attack Symptoms**

Pounding heart, Chest pains Lightheadedness or dizziness Nausea or stomach problems Flushes or chills, sweating Shortness of breath or a feeling of smothering or choking Tingling or numbness Shaking or trembling Feelings of unreality Terror, fear of dying A feeling of being out of control or going crazy
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