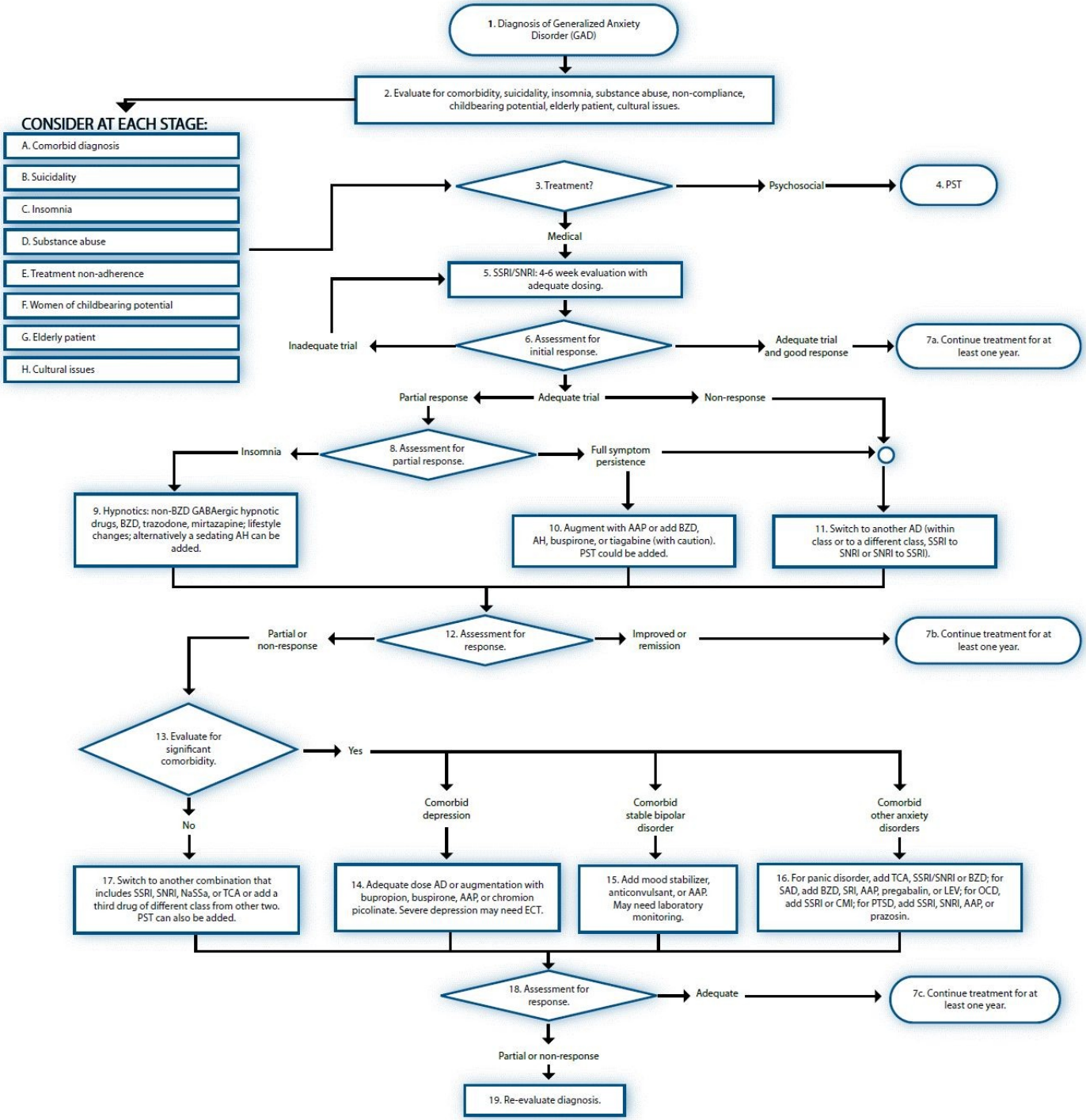
1. Diagnosis of Generalized Anxiety Disorder (GAD)
2. Evaluate for comorbidity, suicidality, insomnia, substance abuse, non-compliance, childbearing potential, elderly patient, cultural issues.
CONSIDER AT EACH STAGE:
A. Comorbid diagnosis
B. Suicidality
C. Insomnia
D. Substance abuse
E. Treatment non-adherence
F. Women of childbearing potential
G. Elderly patient
H. Cultural issues
3. Treatment?
Psychosocial
4. PST
Medical
5. SSRI/SNRI: 4-6 week evaluation with adequate dosing.
6. Assessment for initial response.
Inadequate trial
Adequate trial and good response
7a. Continue treatment for at least one year.
Adequate trial
Partial response
Non-response
8. Assessment for partial response.
Insomnia
Full symptom persistence
9. Hypnotics: non-BZD GABAergic hypnotic drugs, BZD, trazodone, mirtazapine; lifestyle changes; alternatively a sedating AH can be added.
10. Augment with AAP or add BZD, AH, buspirone, or tiagabine (with caution). PST could be added.
11. Switch to another AD (within class or to a different class, SSRI to SNRI or SNRI to SSRI).
12. Assessment for response.
Partial or non-response
Improved or remission
7b. Continue treatment for at least one year.
13. Evaluate for significant comorbidity.
Yes
No
Comorbid depression
Comorbid stable bipolar disorder
Comorbid other anxiety disorders
17. Switch to another combination that includes SSRI, SNRI, NaSSa, or TCA or add a third drug of different class from other two. PST can also be added.
14. Adequate dose AD or augmentation with bupropion, buspirone, AAP, or chromion picolinate. Severe depression may need ECT.
15. Add mood stabilizer, anticonvulsant, or AAP. May need laboratory monitoring.
16. For panic disorder, add TCA, SSRI/SNRI or BZD; for SAD, add BZD, SRI, AAP, pregabalin, or LEV; for OCD, add SSRI or CMI; for PTSD, add SSRI, SNRI, AAP, or prazosin.
18. Assessment for response.
Adequate
7c. Continue treatment for at least one year.
Partial or non-response
19. Re-evaluate diagnosis.