CONDITION

Generalized anxiety disorder

Generalized anxiety disorder causes persistent, hard-to-control worry that affects daily life.

WHAT IT IS
Persistent, excessive worry that is difficult to control

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Worry, restlessness, muscle tension, poor sleep

WHAT CAUSES IT
Combined biological, psychological, and life factors

HOW IT IS DIAGNOSED
Clinical assessment, symptom criteria, and exclusion of other causes

MAIN TREATMENT
Talking therapy, medication, and supportive lifestyle changes

CAN IT BE CURED?
Sometimes - symptoms may fully settle

IS IT AN EMERGENCY?
Sometimes - immediate danger or suicidal thoughts

LONG-TERM OUTLOOK
Often manageable, though symptoms may return

Overview

Generalized anxiety disorder, often called GAD, is a mental health condition involving ongoing and excessive worry. The worry may cover several parts of life, such as work, health, money, family, or everyday responsibilities.

Everyone feels anxious at times. With GAD, worry happens on most days for months, feels difficult to control, and causes distress or problems in daily life. You may know that your worry is greater than the situation calls for but still struggle to stop it.

GAD can also cause physical symptoms. Anxiety activates the body's stress response, which can lead to muscle tension, tiredness, stomach upset, a racing heartbeat, or poor sleep. These symptoms are real, even when medical tests do not find a physical disease causing them.

The condition can affect people differently. Some have constant background worry. Others have periods when symptoms become stronger, especially during stress or change. Effective treatments can reduce both mental and physical symptoms.

Symptoms

The main symptom is excessive worry about several areas of life. The focus may shift from one concern to another. Reassurance may provide only brief relief before another worry appears.

Common symptoms include:

For a diagnosis of GAD in adults, symptoms usually include excessive anxiety and worry occurring more days than not for at least six months. The worry must be difficult to control and linked to other symptoms or a meaningful effect on daily life.

Children and teenagers can also have GAD. Their worries may focus on school, performance, family safety, friendships, or making mistakes. They may seek repeated reassurance or avoid activities because of fear.

GAD does not usually cause sudden, brief attacks of intense fear as its main feature. Those episodes may be panic attacks, which can occur with GAD but are also linked to other anxiety conditions.

- Feeling nervous, tense, restless, or unable to relax
- Finding it hard to control worrying thoughts
- Expecting something bad to happen
- Trouble concentrating or feeling that your mind has gone blank
- Irritability
- Muscle tension, aches, jaw clenching, or headaches
- Tiredness, even after resting
- Difficulty falling asleep, staying asleep, or feeling refreshed
- Nausea, stomach discomfort, sweating, trembling, or a noticeable heartbeat

Causes and risk factors

There is no single known cause of GAD. It appears to develop through a combination of how the brain responds to possible threats, inherited tendencies, learned patterns of worry, and life

experiences.

Factors associated with a greater chance of developing GAD include:

Caffeine, stimulant drugs, some medicines, alcohol withdrawal, and certain health conditions can cause or worsen anxiety symptoms. An overactive thyroid, for example, may cause nervousness, tremor, sweating, and a fast heartbeat. These causes are different from GAD but may need to be checked during assessment.

Having a risk factor does not mean that you will develop the condition. GAD can also occur without a clear trigger or family history.

- Having close relatives with anxiety or related mental health conditions
- A temperament that is cautious or sensitive to uncertainty
- Long-lasting stress, conflict, illness, financial strain, or caring pressures
- Traumatic or difficult childhood or adult experiences
- Living with another anxiety condition, depression, or a long-term health problem

Diagnosis

There is no blood test, scan, or questionnaire that confirms GAD by itself. Diagnosis is based on a clinical assessment of your symptoms, how long they have lasted, and how they affect your life.

A healthcare professional may ask about:

A short questionnaire such as the GAD-7 may be used to measure symptoms and follow changes over time. Its score can support an assessment, but it cannot make the diagnosis on its own.

A physical examination or tests may be appropriate when symptoms could have another cause. The specific checks depend on your symptoms and medical history. For example, thyroid testing may be considered when there are signs of thyroid disease.

The assessment also considers other conditions that can resemble or occur alongside GAD. These include depression, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, attention problems, and anxiety caused by substances or medicines.

- What you worry about and how hard the worry is to control
- Physical symptoms, sleep, concentration, and mood
- Effects on work, education, relationships, or everyday activities

- Alcohol, caffeine, nicotine, medicines, and other drug use
- Previous mental health concerns and relevant family history
- Thoughts of self-harm or suicide

Treatment and management

Treatment depends on symptom severity, personal preferences, previous treatment, other health conditions, and access to care. Talking therapy and medication are the main options. Some people use one approach, while others use both.

Cognitive behavioural therapy, or CBT, is one of the best-studied talking therapies for GAD. It helps you notice patterns that keep worry going, test anxious predictions, tolerate uncertainty, and respond differently to feared situations. Treatment may be individual, group-based, guided online, or supported through structured self-help.

Applied relaxation teaches you to recognize early tension and deliberately relax your body. Other psychological approaches may also help, although the evidence and availability differ.

Antidepressant medicines are commonly used even when depression is not present. Selective serotonin reuptake inhibitors like sertraline or fluoxetine , known as SSRIs, and serotonin-noradrenaline reuptake inhibitors, or SNRIs, are frequent options. They alter signalling involving brain chemicals linked to anxiety and mood.

These medicines usually take time to work. Early side effects can include nausea, headache, sleep changes, restlessness, or sexual problems. Side effects and benefits differ between medicines and people. Antidepressants should not usually be stopped suddenly because withdrawal symptoms can occur; a planned, gradual reduction may be needed.

Other medicines may be considered in certain circumstances. Benzodiazepines like diazepam or lorazepam can reduce anxiety quickly, but they can cause sleepiness, tolerance, dependence, and withdrawal. They are generally reserved for short-term use in particular situations rather than routine long-term management.

Regular follow-up is important after starting or changing treatment. It allows symptoms, side effects, sleep, daily functioning, and any worsening distress to be reviewed.

Supportive habits do not replace treatment, but they may make symptoms easier to manage:

Medicines commonly used for this include alprazolam . Which one suits you, if any, is a decision for you and your doctor.

- Keep a regular sleep and waking schedule

- Reduce caffeine if it increases tension, shaking, or poor sleep
- Include physical activity that is suitable for your health
- Avoid relying on alcohol or non-prescribed drugs for relief
- Practise therapy skills consistently, including when anxiety is milder
- Break avoided tasks into smaller, manageable steps

Complications

Without effective support, GAD can interfere with work, education, relationships, sleep, and physical wellbeing. Avoiding situations that trigger anxiety may bring short-term relief but can make daily life more restricted over time.

Depression and other anxiety conditions often occur alongside GAD. Some people use alcohol, sedatives, or other drugs to cope, which can lead to further health and dependence problems.

Long-term tension and poor sleep may contribute to headaches, digestive symptoms, pain, and fatigue. Anxiety can also make an existing medical condition feel harder to manage.

Some people with severe anxiety experience hopelessness, self-harm, or suicidal thoughts. These symptoms need prompt help and should not be treated as an expected part of anxiety.

Prevention

There is no proven way to prevent every case of GAD. It reflects a mixture of biological tendencies and life experiences, many of which cannot be controlled.

Early support may reduce the effect of symptoms and help prevent avoidance from becoming more established. Learning ways to manage stress, protecting sleep, limiting substances that worsen anxiety, and seeking help when worry begins to affect daily life can all be useful.

These steps support mental health, but they do not guarantee that GAD will not develop or return.

Living with it and what to expect

GAD often changes over time. Symptoms may be steady, or they may come and go over months and years. Stress, uncertainty, illness, relationship difficulties, or major changes can cause a flare. At other times, symptoms may become mild or fully settle.

Treatment often takes practice and adjustment. Therapy skills may feel unfamiliar at first, and medication may require time before benefits are clear. A treatment that does not help enough can be reviewed rather than continued without a plan.

Recovery does not always mean never feeling anxious. Anxiety is a normal emotion. Improvement may mean that worry is less intense, takes up less time, causes fewer physical symptoms, and no longer controls important decisions.

Many people with GAD work, study, maintain relationships, and take part in family and community life. Some need treatment only during certain periods, while others benefit from longer-term care. Symptoms can return after improvement, but using previously learned skills and seeking support early may reduce their impact.

Routine follow-up is useful if symptoms remain troublesome, treatment causes side effects, or daily functioning is not improving. This is different from emergency care, which is needed for immediate safety concerns.

When to get medical help

Arrange a routine appointment if worry has lasted for weeks or months, feels difficult to control, or is affecting sleep, work, education, relationships, or daily tasks. It is also reasonable to seek help for ongoing physical symptoms that may be related to anxiety, especially if their cause is unclear.

Contact the professional managing your care promptly if symptoms become much worse after starting or changing medication, side effects are hard to manage, or you are considering stopping treatment. Do not stop regular medication suddenly unless urgent medical advice tells you to do so.

Seek urgent mental health or medical help if you:

Call your local emergency number or go to an emergency department if there is immediate danger. Chest pain, severe breathing difficulty, fainting, or new neurological symptoms also need urgent medical assessment rather than being assumed to be anxiety.

- Have thoughts of suicide or self-harm
- Feel unable to keep yourself or someone else safe
- Are extremely distressed, confused, or unable to care for basic needs
- Have severe symptoms after abruptly stopping alcohol, sedatives, or anxiety medicine

Common questions

Can generalized anxiety disorder go away?

Yes, symptoms can fully settle, but this cannot be promised. Some people have one extended period of difficulty, while others have symptoms that return during stressful times. Treatment can reduce symptoms and help you respond to future anxiety.

What is the difference between normal worry and GAD?

Normal worry usually relates to a specific problem and eases when the problem passes. GAD involves excessive worry across several areas, is hard to control, lasts for months, and interferes with daily life or causes ongoing distress.

Is GAD a chemical imbalance?

That description is too simple. Brain signalling is involved, but GAD is not explained by one chemical being too high or too low. Genes, stress responses, thought patterns, learning, and life experiences can all contribute.

Can GAD cause physical symptoms?

Yes. It can cause muscle tension, headaches, fatigue, stomach upset, sweating, shaking, sleep problems, and a noticeable heartbeat. New, severe, or unusual symptoms still need appropriate medical assessment because anxiety is not the only possible cause.

Do I have to take medication for GAD?

Not always. Talking therapy may be used on its own, particularly when symptoms are mild to moderate or you prefer that approach. Medication may be considered when symptoms are more disruptive, therapy has not helped enough, or it is your preferred option.

How long does treatment take to work?

The timing depends on the treatment and your symptoms. Therapy usually requires repeated sessions and practice between them. Antidepressants often take several weeks to show a clear benefit. Progress is normally reviewed over time rather than judged after a single session or dose.

Sources

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