Introduction

Generalized Anxiety Disorder: Why Are We Failing Our Patients?

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Generalized anxiety disorder (GAD) is associated with considerable distress as well as substantial social and functional impairment comparable to or exceeding the level of disability arising from chronic somatic illnesses.[1] This supplement examines the current status of knowledge in GAD and explores mechanisms to bring about optimal outcomes. Most randomized, controlled clinical studies that evaluate treatment efficacy do not assess social and occupational function beyond symptomatic improvement. About 50% to 60% of patients respond to antidepressants,[2] but only about one third of patients with depression or anxiety achieve remission (i.e., functional normality indistinguishable from that of individuals without illness).[2,3] In GAD, nearly twice as many patients achieve partial remission as those who achieve full remission,[4] indicating the persistence of residual symptoms in many who respond to treatment. The presence of subsyndromal symptoms is associated with higher relapse rates and consequently increased use of health care modalities. My article provides an overview of the individual and social burden of GAD, building on the importance of modifying treatment approaches and goals to dissolve the burden of GAD. A proposal to adopt a staging system for illnesses like GAD is presented that provides a conceptual basis for moving from response to remission and ultimately recovery and wellness.

Until recently, treatment efficacy has been based on a treatment response, defined as a > 50% improvement from baseline in Hamilton Rating Scale for Anxiety (HAM-A) score. There is growing consensus that, as in depression, the treatment goal for anxiety disorders should be remission. Recently, Ballenger[5] recommended clinical guidelines for treating GAD to remission, specifying a higher expectation for symptom improvement (i.e., ≥ 70%) based on psychometric scales and social/functional measures. In this supplement, Ballenger summarizes the clinical utility of current pharmacotherapeutic agents used in the treatment of GAD.

Most patients with GAD have coexisting mood or anxiety disorders, which increase the risk of illness severity and chronicity; these patients take longer to achieve full remission than those with "pure" GAD. Certain antidepressants that are efficacious in GAD are also effective in alleviating symptoms of coexisting somatic or psychiatric disorders. For example, venlafaxine extended release (XR), a serotonin-norepinephrine reuptake inhibitor, is the first agent to be indicated for both depression and GAD. Compared with tricyclic antidepressants and selective serotonin reuptake inhibitors, venlafaxine has resulted in superior outcomes in expected symptom-free days and overall cost-effectiveness.[6] The efficacy data from short- and long-term studies of venlafaxine XR in GAD, as they relate to remission, are summarized in this supplement by Sheehan.

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In line with the integral role of social and functional improvement in achieving remission, the article by Trivedi highlights the importance of sensitizing clinicians and patients to the aspects of remission that impact quality of life. Validated measures that assess social function and could be used to evaluate patients with GAD are discussed.

The concluding article by Pollack supplies a strategy for optimizing pharmacotherapeutic treatment of GAD, setting remission as the treatment goal. An aggressive approach to initial treatment should be taken by selecting an agent with robust efficacy, thereby increasing the chances of facilitating remission. Agents that have a dual mechanism of action have demonstrated robust efficacy.[7,8] For partial remitters, adequate dosing and duration of treatment are key management strategies; agents with a dose-response effect are recommended before resorting to switching or augmentation strategies.

The availability of newer generation antidepressants with at least equivalent efficacy to traditional agents but with superior tolerability provides more treatment options. The unmet need in the management of GAD is related to underrecognition and undertreatment of this disorder. To ease the burden of GAD, a paradigm shift is necessary, which includes a more aggressive approach to recognizing this anxiety disorder and setting remission as the treatment goal. The measure of our success will be the capacity of our patients with GAD to live their lives to their fullest potential.

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