Introduction

Focus on Generalized Anxiety Disorder

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The sixth meeting of the International Consensus Group on Depression and Anxiety, held in Cape Town, South Africa, in March 2000, took as its subject generalized anxiety disorder (GAD), which is the most common anxiety disorder presenting in primary care. Although this prevalent disorder is a major public health problem with debilitating personal and economic consequences, it remains a relatively poorly understood condition.

Our objective, as in earlier meetings, was to review what is known in the field and identify areas that require further research. GAD is a chronic, prevalent, and disabling disorder that is characterized by chronic generalized worry. It has a high prevalence rate in primary care compared with the general population, which suggests that GAD patients are high users of primary care resources. Affected patients are typically aged 35 to 45 years or older and often suffer from GAD for 5 to 10 years before diagnosis. Marked social and work-related dysfunction is a characteristic of GAD and is associated with significant economic burden. Although GAD is a psychiatric disorder, the majority of patients present with somatic symptoms, e.g., muscle pain, headache, insomnia, and fatigue. These complaints can mask the underlying psychiatric condition and may be a contributory factor to the increased use of medical resources. As do other anxiety disorders, GAD has a high level of comorbidity with physical illness, such as diabetes, cancer, and other psychiatric disorders, particularly depression. This comorbidity with physical illness can further exacerbate the disability and dysfunction of the patient and worsen his or her prognosis.

Improving the knowledge, recognition, and treatment of GAD is key to reducing the burden of the disorder to the individual and society. By bringing a group of experts together, we were able to consolidate our views on the neurobiology, etiology, and course of the disorder. We explored evidence that suggests the dysfunction of γ-aminobutyric acid/benzodiazepine, serotonergic, and noradrenergic neurotransmitter systems is involved and considered current biological models of GAD. We also addressed the recent changes in the diagnostic criteria for GAD and assessed the effect of these changes on the research into the disorder and on its diagnosis, differential diagnosis, and treatment. Additionally, we considered the recent therapeutic advances that have stimulated a change in treatment approaches. Traditionally, benzodiazepines (and occasionally neuroleptics) have been used as treatments; however, a growing body of evidence supports the use of antidepressants in GAD as first-line treatment. Our review of available data also supports the use of cognitive-behavioral treatment as a psychotherapeutic treatment option for GAD.

As with the other supplements for this meeting series, you will find the review papers that were presented at our closed meeting and transcripts of the discussions that were stimulated by these presentations. These data will allow you to follow our deliberations and judge how we formed our consensus statement on GAD.