Patient information from the BMJ Group

Anxiety

In this section

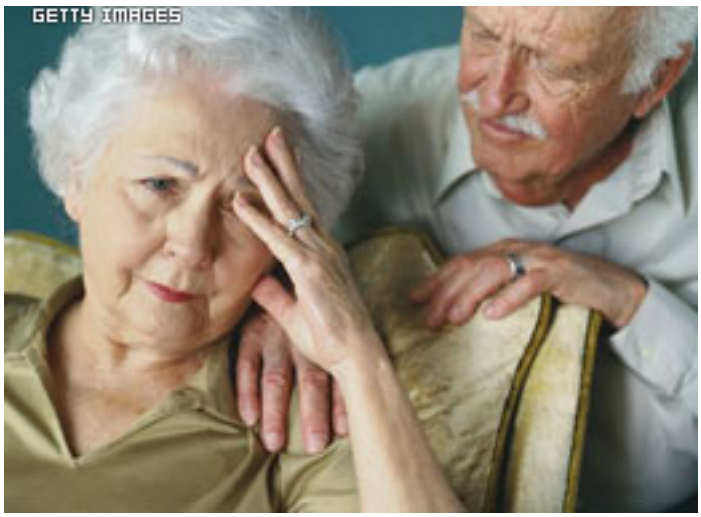
Anxiety

Everyone gets anxious from time to time. But if you worry so much that it stops you getting on with life, you may have an illness called generalised anxiety disorder. We are calling it anxiety disorder for short.

We've brought together the best research about anxiety disorder and weighed up the evidence about how to treat it. You can use our information to talk to your doctor and decide which treatments are best for you.

What is anxiety disorder?

Everyone gets anxious from time to time. But if you worry so much that it interferes with your life, your anxiety may have become an illness. Doctors call this illness generalised anxiety disorder. We're calling it anxiety disorder for short. We've looked at treatments for adults and for children and teenagers.



If anxiety is stopping you enjoying life, you can get treatment.

Many people who have anxiety disorder don't realise it. They just think they are born worriers. [1] Or they may think they have a physical illness. This is because anxiety disorder can give you symptoms such as headaches or palpitations (when you can feel your heart beating too fast). [2]

If you have anxiety disorder you can get help. There isn't a cure for this condition, but there are good treatments that can help you control your anxiety, and not have anxiety controlling you. [2]

Key points for people with anxiety disorder

- Anxiety disorder is a real illness, and it can be treated.
- If you have it you can't stop worrying, usually about ordinary, everyday things.
- Anxiety disorder is quite common, but many people don't realise they have it. Doctors find it hard to recognise too.
- There's no cure for anxiety disorder, but treatment should help you control your worrying.
- There are two kinds of treatments that work: talking treatments (also called psychotherapy) and drug treatments.
- The best kind of talking treatment is called cognitive behaviour therapy.
- Anxiety disorder can happen to children and teenagers, as well as adults.

There are some useful questions you can ask yourself if you think you may have problems with anxiety. To read more, see Test yourself for anxiety disorder .

When worry becomes an illness

Anxiety is a normal human emotion. We all worry at times about things like money, our families, or our jobs. But some people get more anxious than others.

Anxiety becomes an illness when you worry so much that it interferes with your life. You can't stop worrying even though you try. You probably worry over lots of different things, like work or school, your family, or your health. Your worry is out of proportion, and it makes you feel ill and tired. [1] [2] [3]

Doctors say you have an anxiety disorder if you worry too much on most days for at least six months. Your anxiety may make it hard for you to live life normally. You might find it difficult to get a job, go to university, or make friends.

Researchers don't really know what happens in your brain when you have anxiety disorder. X-rays or blood tests can't show what's wrong. But that doesn't mean that what you're going through isn't real.

Anxiety and other mental health problems

If you have anxiety disorder, it's likely that you've already had another mental health problem, such as depression. Many people with anxiety disorder have another mental illness at some point in their lives. [4]

Some of these other mental health problems are similar to anxiety disorder. See Other types of anxiety disorder to find out about these conditions.

Sometimes these illnesses lead to problems with alcohol or drug abuse. [3] [5] If you have problems with alcohol or drugs, tell your doctor and get some help.

Anxiety disorder: why me?

Your doctor won't be able to tell you why you have anxiety disorder. We don't know exactly what causes it, but scientists believe that many things may play a part. They are studying how we are affected by our genes, stressful experiences, everyday worries, and unhappiness in childhood. They're also looking at the balance of chemicals in the brain. All these things seem to affect how much you worry and how anxious you are. [7] [8] [9] To learn more, see More about the causes of anxiety disorder .

Studies show that some things can increase your risk of getting get anxiety disorder. You may be more at risk if you:

- Lose a parent when you are very young [2]
- Experience stressful events, such as the death of someone close, divorce, or the loss of a job [2]
- Have been through a traumatic experience, such as rape
- Have more than the usual number of constant daily hassles to cope with, such as car repairs, household tasks, or missed appointments, and find these more stressful than other people [7]
- Get bullied [9]
- Live through a disaster, such as a flood, hurricane, or plane crash [8]
- Are a woman (women are twice as likely as men to have anxiety disorder). [1] [4] [10] [11]

Your chances of having anxiety disorder may also be higher if you are:

- Unemployed [1]

- A housewife (about a quarter of women with anxiety disorder don't have a job outside the home) [10]
- Separated, divorced, or widowed. [1]

However, we don't know whether any of these things actually lead to anxiety disorder, or whether having anxiety disorder just makes you more likely to fall into some of these groups. It's possible, for example, that people with an anxiety disorder find it hard to get or keep a job. Or they might find relationships difficult, and so are more likely to separate or divorce.

What are the symptoms of anxiety disorder?

If you have anxiety disorder, the main symptom is that you worry all the time. This worry stops you doing what you want and can make your life miserable. Doctors call this illness generalised anxiety disorder. We'll call it anxiety disorder for short.

There are differences between normal, everyday worrying and the sort of worrying that happens with anxiety disorder. In anxiety disorder: [1] [2] [3]

- You worry too much
- Your worries have bothered you most days for the last six months
- You worry about lots of things at once, even when there is no particular reason to worry
- You can't stop or even control your worrying, however hard you try.

Worrying too much in this way can stop you getting on with your life and daily activities. Perhaps you're too anxious to drive, or you worry about getting lost if you do. Maybe you don't apply for a job because you don't think you're good enough to get it. Or you won't go out because you're afraid something might happen to your home.

Other symptoms

If you have anxiety disorder, you will also have at least three of these other symptoms. [3]

- You're restless and can't relax. You often feel keyed up or on edge.
- You get tired easily. You get worn out by a short trip to the shops. Or you feel like sleeping all the time, even when you have just got up.
- You can't concentrate. Your mind keeps going blank. You have trouble staying focused on what you are doing.

- You're irritable. Everyone gets grumpy sometimes, but some people with anxiety disorder feel cranky most of the time.
- Your muscles are tense. This can make you shaky. Your hands may tremble so much that you spill your coffee or can't write clearly. You may also get aches and pains in your muscles.
- You sleep badly. You have trouble falling asleep or staying asleep. Or if you do sleep, your sleep is restless and doesn't make you feel refreshed.

Physical symptoms

Anxiety disorder can cause physical symptoms. These symptoms can be very frightening, and people with anxiety disorder often think they have a physical illness. You may see several doctors and have many tests to try to find out what's wrong.

About half the people with anxiety disorder have been to see a doctor who specialises in heart problems. [14]

Here are some of the physical symptoms people get: [3]

- Cold, clammy hands
- Dry mouth
- Sweating
- Nausea
- Diarrhoea
- Palpitations (your heart beats faster than normal)
- Shortness of breath.

These symptoms all happen because of the way your autonomic nervous system is working. This network of nerves controls automatic activities in your body, such as your heart rate and breathing. For example, it makes your skin produce sweat in hot weather, your heart beat faster when you run, and your mouth release saliva when you chew food.

If you are very anxious, your autonomic nervous system works 'overtime'. This can lead to symptoms such as sweating too much, palpitations, or a dry mouth.

Anxiety can also cause other physical symptoms that don't seem to be related to the autonomic nervous system. For example, you may have:

- Headaches

- Pains in your chest
- Pains in your joints.

These aches and pains are real, but doctors can't find physical causes for them. Doctors call these **psychosomatic symptoms**. It means your body is translating your feelings into physical pain. We don't know why some people with anxiety disorder have these symptoms while others don't.

There are some useful questions you can ask yourself if you think you may have problems with anxiety. To read more, see Test yourself for anxiety disorder .

How do doctors diagnose anxiety disorder?

If you think you may have anxiety disorder, you should see your GP. He or she will need to ask you questions to see how anxious you are and how much you worry.

It's normal to worry, so your GP will need to find out whether you are worrying more than you should. Here are the sorts of questions your GP will ask to find out whether you have anxiety disorder. [3]

- Are you worried and anxious about lots of things?
- Is your worry out of proportion?
- How long have you been worrying like this? (Doctors may diagnose anxiety disorder if your worrying has gone on for at least six months).
- Do you find it difficult to control your worrying?
- Does worry interfere with your life?

You doctor will also ask whether you've had any of these symptoms and, if so, how often.

- Feeling restless.
- Becoming tired easily.
- Finding it hard to concentrate or your mind going blank.
- Being irritable.
- Tension in your muscles.
- Finding it hard to fall asleep or not sleeping well.

Your doctor may also ask about your general health, whether you are taking any medicines, and what's going on in your life. Your doctor may want to talk to your family and partner too. He or she may want to ask about your medical history or do a physical examination to rule out any medical problems.

It can be hard to talk about yourself in this way. Try to give your answers in your own words and in your own time.

Some doctors also use questionnaires to measure your symptoms. To read more about these tests, see Symptom rating scales .

There are some useful questions you can ask yourself if you think you may have problems with anxiety. To read more, see Test yourself for anxiety disorder .

Anxiety disorder can be hard to spot

Doctors often don't diagnose anxiety disorder straight away. Many patients end up seeing several doctors, over many months or years, before they find out they have anxiety disorder and start having treatment. There are several reasons for this.

- Many people with anxiety disorder don't talk to a doctor about it because they just think of themselves as natural worriers. You may assume you were born that way and that there's nothing a doctor can do about anxiety. Only about half the people with anxiety disorder see a doctor about it. [1] [2]

- Some of the symptoms of anxiety disorder are similar to the symptoms of other mental health problems, such as depression or panic attacks . So a doctor may think a patient has one of these other disorders. And many people with anxiety disorder also have other mental health disorders, so a doctor may diagnose another problem without realising that you also have anxiety disorder. [5] [10] [23]

- Anxiety disorder often causes real aches and pains, so a doctor may look only for a physical cause and overlook the possibility of a mental health problem. So, the doctor may think that the physical symptoms are a sign of heart disease or another physical illness. [2] [10] [29]

Some of the physical diseases that share symptoms with anxiety disorder can be very serious. So your doctor will want to be certain that you don't have any of these disorders. Depending on your symptoms, your GP may give you blood tests or other medical tests to rule out the possibility of heart disease, thyroid disease, or other illnesses.

Discussing the options

If your GP does decide you have anxiety disorder, he or she should discuss with you all the options for treatment. You and your GP should also agree on a plan for your treatment that includes how long it will probably take to work and how often you will see a health professional. Your GP may also be able to tell you about any self-help groups, both national and local, that can offer you support.

Most people with anxiety disorder can be treated by their GP. But if your treatment is not working, you may be referred to a health care professional who specialises in mental health. [18] To learn more see How anxiety disorder is treated .

How common is anxiety disorder?

It's hard to know how common anxiety disorder is. That's partly because many people who have it don't see a doctor. And those who do see a doctor may not get the right diagnosis.

Doctors call this illness generalised anxiety disorder. We're calling it anxiety disorder for short.

We don't know if anxiety disorder is becoming more common or less common. Older studies looking at anxiety disorder used different definitions for the disorder, so it's hard to compare their results with recent studies.

This is what we know about how many people have anxiety disorder.

- At any one time, between 1 and 5 in 100 adults have anxiety disorder. [4] [11]
- About 6 in 100 adults get anxiety disorder at some time in their life. [11]
- Many people with anxiety disorder suffer in silence. Only about a half of people with anxiety disorder ever go to a doctor for it. [1]
- Many people with anxiety disorder have another mental illness at the same time. Often, that other illness is depression, phobia, or panic disorder. [4] See Other types of anxiety disorder to learn more.
- Women are about twice as likely as men to have anxiety disorder. [4] [11] [1]
- Anxiety disorder is less common in older people. [11]
- In one study, just under 1 in 100 UK children aged 5 to 16 had symptoms of anxiety disorder. [15]

What treatments work for anxiety disorder?

Everyone gets anxious from time to time. But if you worry so much that it interferes with your life, your anxiety may have become an illness. Doctors call this illness generalised anxiety disorder. We're calling it anxiety disorder for short.

There are several good treatments for anxiety disorder, but there are no quick fixes and no cures.

Key points about treating anxiety disorder

- A talking treatment called cognitive behaviour therapy can work well for anxiety disorder, for adults, teenagers, and children.
- Drug treatments (including some antidepressants and a drug called buspirone) can also help.
- We don't know which works best: cognitive behaviour therapy or drug treatment. Different treatments suit different people.
- Your doctor may recommend a combination of cognitive behaviour therapy and drugs.
- A talking treatment called applied relaxation also works well.
- All drug treatments have side effects. You should discuss them with your doctor.

To learn more about how you may be treated, see How anxiety disorder is treated .

How anxiety disorder is treated

If you've got anxiety disorder, you won't usually need to go to hospital. You'll be cared for mainly by your GP. You may also be referred to another GP in your practice who specialises in treating anxiety disorder, or to a hospital doctor. [18]

We can't say exactly how you'll be treated. But we can give you some idea about the way anxiety disorder is treated in general. [18]

You and your doctor should decide together on the best way to treat your anxiety disorder. And you should be given all the information you need to understand the different types of treatment that your doctor may suggest.

As a first step, you may be offered some of these.

- Your GP may provide support and advice about how you can help yourself (self-help). For example, your GP may recommend working from a book or a computer program for about five to 14 weeks. Self-help typically involves little contact with a health care professional. However, you may meet with, or talk on the phone with, a health care professional for a short time every week or fortnight.
- Your doctor may recommend attending a course with other people to learn about the symptoms of anxiety and how to manage them. You may meet every week for about six weeks.

- If your anxiety is very bad, your doctor may prescribe a benzodiazepine drug for a short time to help you relax and feel less worried. But you should only use this drug for two to four weeks. To learn more, see Benzodiazepines .

If the treatments above don't help, you may be offered one or both of these.

- Psychological treatment. This can be cognitive behaviour therapy or applied relaxation . Both involve weekly meetings with a health care professional for about three to four months.

- Drug treatment. You'll first be offered a type of antidepressant drug called a selective serotonin reuptake inhibitor (SSRI for short). Two examples are sertraline (brand name Lustral) and paroxetine (brand name Seroxat). If the first SSRI doesn't help you, your doctor may prescribe a different one or another type of antidepressant called a serotonin noradrenaline reuptake inhibitor (SNRI). Two examples are venlafaxine (Efexor) and duloxetine (Cymbalta). If antidepressants don't work for you, you may be offered a different type of medication called pregabalin .

If you don't seem to be getting better despite these treatments, your GP should refer you to a specialist. You may also be referred to a specialist if your symptoms are severe (for example, if you're at risk of self-harm or suicide), or you have other problems, such as drug or alcohol misuse.

While you are being treated for anxiety disorder, you should see a doctor regularly, to check how you are getting on. If a medicine is working, you should carry on taking it for at least a year, as this can help you stay well.

Which treatments work best? We've looked at the best research and given a rating for each treatment according to how well it works.

For help in deciding which treatment is best for you, see How to make the best decisions about treatment.

Treatment Group 1

Treatments for anxiety disorder

Treatments that work

- Cognitive behaviour therapy : This is a form of talking treatment. It can teach you how to recognise and control unhelpful or negative thoughts and replace them with good thoughts. More...

Treatments that are likely to work

- Antidepressants : These drugs are usually used to treat depression. Some antidepressants can also help people with anxiety. These drugs (with their brand names) include imipramine, paroxetine (Seroxat), and venlafaxine (Efexor). More...

- Applied relaxation : This psychological treatment teaches you how to relax. More...
- Buspirone : This drug can reduce feelings of anxiety. It is usually only used for a short period. More...
- Hydroxyzine : Your doctor may prescribe this drug if your anxiety gets very bad. Its brand names are Atarax and Ucerax. More...
- Pregabalin : This medicine was originally used to treat epilepsy. but it can also help to reduce feelings of anxiety. The brand name is Lyrica. More...

Treatments that work, but whose harms may outweigh the benefits

- Benzodiazepines : These drugs, sometimes called tranquillisers, make you calmer. They can be used for a short period if your anxiety gets very bad. Examples are alprazolam (Xanax) and diazepam. More...
- Antipsychotic drugs : This group of drugs is normally used to treat serious mental health problems. One antipsychotic drug, called trifluoperazine, has also been used for anxiety disorder. The brand name is Stelazine. More...

Treatments that need further study

- Abecarnil : This drug is a type of tranquilliser. It's not available in the UK. More...

Other treatments

We haven't looked at the research on these treatments in the same detail we have for the other treatments we cover. To read more, see Our method. But we wanted to cover these treatments because you may be interested in them.

- Beta-blockers : These drugs may ease the physical symptoms of anxiety disorder, including sweating, trembling, flushing, and palpitations. There are many different beta-blockers. More...

What will happen to me?

There's no cure for anxiety disorder, and it rarely goes away on its own. Your symptoms may come and go, but if left untreated they could disrupt your life for years.

Doctors call this illness generalised anxiety disorder. We're calling it anxiety disorder for short.

Sometimes it's difficult to ask for help. You may not feel that you're ill. Or you may be afraid of being told you have a mental health problem.

But getting treatment can make a difference. There are good treatments to help you control your worries and let you get on with your life. If you think you have anxiety disorder, the most important step you can take is to get professional help. [16]

If you don't get treatment, the feelings of anxiety may take over your life. The illness means you may find it hard to get a job, make friends, go to university, or even do everyday things such as the shopping. And anxiety disorder can lead to other problems. Some people try to stop their anxiety by drinking heavily or by taking illegal drugs. [17]

Where can I get help?

You should start by going to see your doctor. GPs today are able to treat this kind of illness. But there are other specialists who are also trained to help people with anxiety disorder. So your GP may refer you to a:

- Psychiatrist
- Psychologist
- Counsellor
- Psychotherapist .

What kind of help?

Whether you are treated by your GP or a specialist they will try to:

- Help you worry less about fewer things
- Stop worry disrupting your work, school, or family life
- Help you enjoy life more
- Keep side effects of any treatments to a minimum.

You may have a talking treatment (psychotherapy) or be treated with drugs. Doctors often recommend both.

Your doctor will help you find the treatment that works best for you. [18] The choice may depend on:

- How much your anxiety has upset your life
- Other mental health problems you may have, such as depression or a phobia
- Addiction problems you may have, such as alcoholism or drug abuse

- Mental health problems you may have had in the past and how they were treated
- The type of treatment you would prefer. For example, you may not want drug treatment because you are worried about side effects, and opt for a talking treatment instead. Or you may prefer treatment with drugs as it does not involve as much time and effort on your part.

When will I feel better?

You'll probably never get rid of your worries completely. But treatment should help you control them so that they don't take over your life. Doctors call this remission. It means that although your disorder is not cured, your life is no longer full of worry. And your other symptoms (such as headaches or problems sleeping) are under control.

Treatment takes time to work. After eight to 12 weeks, you should be worrying less. After about a year, you should be getting your life back. This could mean going out more, starting to look for a job, or coping better with your family. Eventually, treatment helps many people control their feelings of anxiety. But only a few people find that their symptoms go completely. [1]

Research shows that a quarter of people with anxiety disorder are in remission two years after they see a doctor about it. [19] After five years, about 4 in 10 people are in remission. [19] And about half the people with anxiety disorder are in 'partial remission' after five years. [20] This means that some of their symptoms have gone.

But there is a risk that your symptoms will come back. One study shows that about 25 in 100 people who are in remission will get symptoms again. [20] About 40 in 100 people in partial remission find that their symptoms come back. [20]

Children and young people may be more likely to get rid of their anxiety disorder altogether, with treatment. In one study, almost 8 in 10 children no longer had anxiety disorder after treatment with a talking therapy called cognitive behaviour therapy. [21]

It may take longer to feel better if you have depression or another mental health problem, such as a different sort of anxiety disorder. If you have both anxiety disorder and depression, the treatments don't work as well as they do for people who only have anxiety disorder. [5] [22]

If you stop having treatment, the intense feelings of anxiety may come back. In one study, more than a quarter of patients got their old anxiety problems back five years after treatment. [13]

We don't know how long you should continue having treatment. And we don't know what sorts of things can make your symptoms come back.

Anxiety disorder can last a long time. Treatment can help to control it, but it doesn't always work. No one can know whether treatment will work for you. We don't know why

some people get better and others don't. But we do know that treatment gives you the best chance of leading a happier and more active life. [2]

How will I know I'm getting better?

Everyone is different. Only you will know how you feel and whether the treatment is working. There are no scientific tests to see whether you're recovering from anxiety disorder.

However, some doctors use questionnaires called symptom rating scales to measure how you are doing. Most doctors would say that the treatment is working if it reduces your scores on the symptom scales by about half. [23]

For some of these scales, the doctor rates your progress. For others, you do. Your scores show how you feel. In general, the higher your score, the worse your illness. Over time, a series of tests can show whether your treatment is working. Researchers often use these scales in studies to see whether treatments work.

Questions to ask your doctor

If you've been diagnosed with anxiety disorder, you may want to ask your doctor some of these questions.

- What exactly does my diagnosis mean?
- Why do I have anxiety disorder?
- Can my anxiety be treated?
- What are my options for treatment?
- Will any of these treatments make me better?
- What can treatment do for me?
- Will I get side effects from my treatment?
- How long will it take before I feel better?
- Will I need treatment for the rest of my life?
- Can I have cognitive behaviour therapy instead of drugs?
- Will I get addicted to my medicine?
- Is there anything I can do to help myself?
- I've had these feelings for a very long time. Does this mean I'll always have them?

- What will happen if I don't get treatment?
- What kind of health professional is best qualified to help me?

Treatments:

Cognitive behaviour therapy

In this section

This information is for people who have anxiety disorder. It tells you about cognitive behaviour therapy, a treatment used for mental health problems, including anxiety disorder. It is based on the best and most up-to-date research.

Does it work?

Yes. Cognitive behaviour therapy seems to be one of the best forms of psychotherapy (or talking treatment) for adults with anxiety disorder. This therapy also works well for children and teenagers with this disorder.

We don't know whether cognitive behaviour therapy works better than treatment with drugs.

If you have cognitive behaviour therapy, you'll talk to a therapist about your anxiety.

What is it?

There are many different types of talking therapy . Most involve discussing your problems with a specially trained therapist.

Cognitive behaviour therapy is based on the idea that your anxiety happens because you have negative thoughts about yourself and the world. During a course of cognitive behaviour therapy, you learn how to replace negative thoughts with positive thoughts. [32] [33] [2] You may have this therapy one-to-one with a therapist, or in a group.

To read about what's involved, see More about cognitive behaviour therapy .

Your therapist could be a psychologist , a psychiatrist , a psychiatric nurse , or a psychotherapist .

You should have between 12 and 15 weekly sessions, each lasting one hour. [18] Cognitive behaviour therapy is not an easy option. You may find it quite upsetting to talk to someone about why you have anxiety disorder.

Your doctor may recommend that you have cognitive behaviour therapy and drug treatment at the same time. But we don't know whether this works better than having only cognitive behaviour therapy or only drugs. Some people may have cognitive therapy in a group.

How can it help?

Cognitive behaviour therapy can help improve symptoms in people with anxiety. [30] [49] [50] [51] [52] Some studies found that it works well for more than half of people with anxiety disorder. [30] [49]

Getting better could mean feeling calmer, worrying about fewer things, or simply being able to answer the telephone again. It could also mean sleeping better, not having headaches, or having more energy.

We know that cognitive behaviour therapy helps in the short term, but we don't know how well it works in the long term. Most of the studies we found lasted less than a year. However, one small study showed that people who took part in 14 group cognitive behaviour therapy sessions were still less anxious two years later. [53]

Cognitive behaviour therapy works better than some other psychological treatments such as anxiety management training or non-directive counselling. [30] It seems to be as good as, or better than, a type of therapy called psychodynamic psychotherapy. [54]

Applied relaxation may work just as well as cognitive behaviour therapy. [55] [56] [57] But we need more studies to be certain.

Studies of children and teenagers with anxiety disorders found cognitive behaviour therapy works better than no treatment. [58] [59] [60] Cognitive behaviour therapy also seems to work better than getting extra support. [61]

In one study, almost half the children who had cognitive behaviour therapy were better after treatment. [62] In another study, almost 8 in 10 children got rid of anxiety disorder during treatment. [21]

Some children have cognitive behaviour therapy alone, and some have it with other members of their family or in a group. We're not sure which works best. [63] [64] [65]

How does it work?

Researchers think that anxiety disorder is linked to the way we think about ourselves and the world. If we can change the way we think, then we can control our anxiety. Changing the way we think can also help us change the way we behave, so that we can do the things we need and want to do. [2]

Cognitive behaviour therapy is supposed to be a short, practical treatment. One important goal is to teach you ways to handle anxiety. Then, if your problems come back, you should be able to treat yourself and keep your symptoms under control.

Can it be harmful?

We found no reports of people being harmed by cognitive behaviour therapy.

How good is the research on cognitive behaviour therapy?

There's good research to show that cognitive behaviour therapy is likely to work for anxiety disorder. We found several large summaries of the research (called systematic reviews) on cognitive behaviour therapy. [30] [49] [50] [56] [51] [52] They found that:

- Cognitive behaviour therapy helped with symptoms of anxiety within about four weeks to 12 weeks
- It worked better than staying on a waiting list, or having another type of therapy (anxiety management, relaxation therapy, or non-directive psychotherapy).

We also found a few other studies (randomised controlled trials) that weren't included in the summaries. [57] [55] [66] They also found that cognitive behaviour therapy can help the symptoms of anxiety.

Some of the extra studies found that applied relaxation worked as well as cognitive behaviour therapy. [57] [55] But these studies were small, so their findings may not be very reliable.

Studies also show that cognitive behaviour therapy can help children and teenagers with anxiety. [58] [59] [60]

Antidepressants

In this section

This information is for people who have anxiety disorder. It tells you about antidepressants, a treatment used for anxiety disorder. It is based on the best and most up-to-date research.

Do they work?

Yes. If you have anxiety disorder, some antidepressants can help. But they have side effects and some of these can be serious. And there are many things we don't know about antidepressants. We don't know:

- Which antidepressants work best
- Whether antidepressants work better than talking treatments, such as cognitive behaviour therapy
- Whether antidepressants work better than a drug called buspirone
- How likely it is that your symptoms will come back when you stop treatment.

Some types of antidepressant also work for children and teenagers with anxiety disorder. But antidepressants have been linked to serious side effects in children and teenagers. Doctors are advised to be cautious about prescribing antidepressants for those under 18.

What are they?

Antidepressants were originally used to treat people with depression. Doctors noticed that these drugs also seemed to lessen feelings of anxiety. We now know that some antidepressants help people with anxiety disorder.

There are many antidepressants. The antidepressants (and their brand names) that are generally used to treat anxiety disorder are:

- imipramine
- paroxetine (Seroxat)
- escitalopram (Cipralex)
- sertraline (Lustral)
- venlafaxine (Efexor)

- duloxetine (Cymbalta).

Another antidepressant that reduces anxiety is called opipramol, but it isn't available in the UK.

Antidepressants are divided into groups, depending on their chemical makeup and how they work. All antidepressants increase the amounts of chemicals in your brain called neurotransmitters. Neurotransmitters help carry messages between brain cells.

- Imipramine and opipramol are from a group called **tricyclic antidepressants**. Tricyclic antidepressants affect several different neurotransmitters.

- Paroxetine, sertraline, and escitalopram belong to a group of drugs called **selective serotonin reuptake inhibitors (SSRIs)**. These drugs are similar to tricyclic antidepressants, but affect only one neurotransmitter called serotonin .

- Venlafaxine and duloxetine are from a group called **serotonin noradrenaline reuptake inhibitors (SNRIs)**. These drugs increase levels of two neurotransmitters called serotonin and noradrenaline .

To learn more, see How antidepressants work .

Which antidepressant should I take?

Your doctor will help you choose the antidepressant that suits you best. Even if you have side effects, don't stop taking your medicine suddenly unless your doctor tells you to. If you stop taking one of these drugs suddenly, you may get withdrawal symptoms , including nausea, dizziness, and a return of your anxiety.

Guidelines for doctors say that if you and your doctor decide on antidepressants you should be prescribed an SSRI (such as sertraline). [18] If the SSRI doesn't help, your doctor may decide to try another SSRI, or a SNRI (such as venlafaxine). If antidepressants don't work for you, you may be offered a different type of medication called pregabalin .

How can they help?

Antidepressants help to control the symptoms of anxiety. [67] [68] These drugs can:

- Make you feel less anxious, less tense, and less fearful

- Help you sleep better

- Help you feel happier

- Relieve physical symptoms of anxiety, such as palpitations

- Help you feel more comfortable around people.

We don't know whether some antidepressants are better than others, as not enough research has been done. Studies so far suggest that all antidepressants seem to work about as well as each other. [67] [69] [70] [71]

'Working well' means different things in different studies. In some studies, 'working well' meant halving your score on the Hamilton Anxiety Scale . **Symptom rating scales** like this are a way of measuring symptoms of anxiety. In other research, 'working well' meant improving your score on six different symptom rating scales . So we can't use these studies to directly compare the effects of these drugs.

If you take antidepressants, you'll probably have to wait at least three weeks before you feel any better. [35]

We don't know how long the effects of antidepressants last. We need more studies to see how these drugs work for anxiety over a long time.

You should see your doctor every two to four weeks for the first three months you're taking an antidepressant, so you can decide if it is helping you. If you are not better in 12 weeks' time, you and your doctor should discuss other options. [18]

Even if you feel better, your doctor will probably recommend continuing to take your medicine for at least a year. [18]

Most of the antidepressants tested for anxiety disorder in children and teenagers are SSRIs, including sertraline, fluoxetine, and fluvoxamine. In studies, all of them worked better than a dummy (placebo) treatment to reduce anxiety symptoms. [67] [72]

Overall, antidepressants don't work any better than a group of drugs called benzodiazepines . But antidepressants and benzodiazepines help different symptoms. Antidepressants are good for treating tension, irritability, or worry. Benzodiazepines are better for treating physical symptoms, such as headaches and palpitations (when you can feel your heart beating faster than normal). Also, benzodiazepines have more serious side effects than antidepressants.

How do they work?

Antidepressants alter the amounts of chemicals called neurotransmitters in your brain. These chemicals carry messages between brain cells. To learn more, see Your brain's chemical messengers .

Scientists aren't really sure why this should help reduce symptoms of anxiety or depression, because they don't yet know enough about how the brain works. But they do know that anxiety and depression seem to be linked to the levels of these chemicals in the brain, and antidepressants seem to help improve this.

To learn more, see How antidepressants work .

Can they be harmful?

All antidepressants have side effects. They affect many different parts of the brain, not just the part that causes anxiety. Antidepressants also change the levels of chemicals in other parts of the body. The side effects vary from one drug to another. Here are some of the more common side effects for each type of drug.

- Tricyclic antidepressants such as imipramine can give you a dry mouth and blurred vision, and make you drowsy, confused, or constipated. [67] [35] They are dangerous if you take too high a dose.

- SSRIs such as paroxetine, sertraline, and escitalopram seem slightly less likely to cause side effects. But they may make you feel sick, or give you an upset stomach, or diarrhoea. And you may gain weight, lose weight, or have sexual problems if you take SSRIs. [73] [74] Some people also feel drowsy, get headaches or have difficulty sleeping. [69] [75]

- SNRIs such as venlafaxine and duloxetine may make you feel sick, and give you a dry mouth, constipation, or wind. [67] You may also feel drowsy and have sexual problems (such as erection problems or not being able to have an orgasm). [69] [76] [77]

To learn more, see Side effects of antidepressants .

Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. [78]

The risk of suicidal thoughts is highest if you're under 18. [78] Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. [78] But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. [78] But doctors are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. [79] If you, or your child, have thoughts about self-harm, you should speak to your doctor straight away.

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to hospital straight away. You might also find it helpful to tell

a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. [79]

How good is the research on antidepressants?

The research on antidepressants for anxiety disorder is reasonably good. But there are many things we still don't know.

- We don't know which type of treatment is better: antidepressants or talking treatments such as cognitive behaviour therapy .
- We don't know which antidepressants work best.
- We don't know how long you should take antidepressants.
- We don't know how likely your symptoms are to return after you stop taking antidepressants.

Here are the studies we found.

Comparing antidepressants with a dummy treatment

Antidepressants worked better than a dummy treatment used for comparison (a placebo). [67]

One big summary of the research (called a systematic review) found that imipramine, paroxetine, and venlafaxine all worked better than a placebo drug. Further good-quality studies showed escitalopram, opipramol, paroxetine, sertraline, duloxetine, and venlafaxine also worked better than a placebo. [69] [80] [81] [74] [82] [83] [84] [85] [86] [87] [88]

Another review of studies found that antidepressants can also help children and teenagers with anxiety disorder. Most studies looked at antidepressants called **selective serotonin reuptake inhibitors (SSRIs)**. These include sertraline, fluoxetine, and fluvoxamine. [72] However, antidepressants can cause side effects, and doctors are advised to use them with caution in young people, as they may increase the risk of suicidal thoughts.

Comparing antidepressants with each other

We don't know whether some antidepressants are better than others, as not enough research has been done. Studies so far suggest that all antidepressants seem to work about as well as each other. [67] [69] [70] [71] For example:

- One study of 56 people suggested that imipramine and paroxetine work equally well. [67] Nearly all people taking either of the drugs felt better after eight weeks.

- Another study of 55 people showed paroxetine and sertraline work equally well. [70]

Comparing antidepressants with a tranquilliser

We found three good studies that compared antidepressants with benzodiazepines , a group of tranquilliser drugs that includes a drug called diazepam. All of them found that antidepressants don't work significantly better. [81] [35] [41]

Comparing antidepressants with buspirone

We found only one study that compared an antidepressant with a drug called buspirone .

- The study compared venlafaxine with buspirone and involved 365 people.
- Both drugs worked better than a placebo, but neither drug was clearly better. This could mean they work about the same. Or it could mean that the study wasn't big enough to tell us for certain which drug is best. [89]

Applied relaxation

In this section

This information is for people who have anxiety disorder. It tells you about applied relaxation, a treatment used for anxiety disorder. It is based on the best and most up-to-date research.

Does it work?

Yes, probably. Having applied relaxation should help you feel less anxious. It seems to work as well as cognitive behaviour therapy to reduce symptoms of anxiety. Applied relaxation is a kind of talking treatment (or psychotherapy). But we don't know if it works for children. We didn't find any research to see whether it can help children or not.

What is it?

If you have anxiety disorder, you may never be truly relaxed. You may not even realise that you've lost the ability to relax. Applied relaxation is a way of teaching you how to release the tension in your body and relax your muscles. This helps to calm your mind. It doesn't involve taking any drugs. [33] [2]

Most people having this treatment have weekly sessions with a therapist over 12 to 15 weeks. Week by week the therapist teaches you to relax your body and your mind. You

also learn how to relax in difficult situations instead of getting stressed or avoiding them. For example, if you dread letting your children get the bus to school, you could learn how to use relaxation techniques each morning as you get them ready.

Applied relaxation is also called relaxation training. Like all training, it can be hard work. You have to practise between sessions. Treatment usually starts with exercises to relax your muscles. In some exercises, you relax groups of muscles, such as in your shoulders and neck. In other exercises, you relax your whole body. When your body relaxes, your mind also seems to relax or calm down. [2]

You'll need a quiet spot and time to yourself to practise your exercises. By the end of the course you should have learned how to:

- Recognise tension and what causes it
- Relax your whole body
- Relax different parts of your body
- Relax in everyday situations
- Relax in stressful situations
- Relax quickly when you need to.

How can it help?

Applied relaxation may work as well as cognitive behaviour therapy in improving the symptoms of anxiety. Studies suggest that about the same proportion of people feel better with either treatment. [56] [57] [55]

But 'feeling better' can mean different things in different studies. In some studies, it can mean that the therapist thought the patient had improved. In other studies, it can mean the patients got better scores on symptom rating scales . These are tests used to measure symptoms.

In one study, 1 in 5 people who learned applied relaxation were completely better two years after their treatment. [57] So were about 1 in 7 people who had cognitive behaviour therapy.

How does it work?

Researchers don't know enough about the effects of relaxation to say exactly how applied relaxation helps reduce the symptoms of anxiety disorder. We do know that when you relax: [2]

- Your body stops releasing chemicals that make your heart race and your body tense up
- You breathe more slowly
- You sweat less
- Your muscles relax.

Can it be harmful?

We found no reports of side effects from applied relaxation.

How good is the research on applied relaxation?

There is some good research on applied relaxation to treat anxiety disorder.

We found a summary of the research (a systematic review) that included five good-quality studies (randomised controlled trials) comparing applied relaxation with cognitive behaviour therapy. [56] We also found two other studies not included in the review. [57] [55]

Together, these studies suggest applied relaxation seems to help the symptoms of anxiety as much as cognitive behaviour therapy. But we still need more research to know for certain.

Buspirone

In this section

This information is for people who have anxiety disorder. It tells you about buspirone, a treatment used for anxiety disorder. It is based on the best and most up-to-date research.

Does it work?

Yes, probably. If you have anxiety disorder, a drug called buspirone could help you. But we don't know whether buspirone works any better than other helpful drugs, such as antidepressants, benzodiazepines, or hydroxyzine. We also don't know whether buspirone works as well as cognitive behaviour therapy, a talking treatment. Buspirone can have side effects.

We don't know if it works for children and teenagers with anxiety disorder. There hasn't been any good-quality research.

What is it?

Buspirone is a drug that can reduce feelings of anxiety. It's one of a group of drugs called **anxiolytic drugs**.

You take it as a tablet. Your doctor will probably recommend a low dose to start with, working up to a higher dose over a few weeks.

Buspirone takes longer to work than some other drugs used to treat anxiety disorder. You need to take buspirone for at least six weeks for it to work. We don't know how long you should keep taking buspirone after that. You and your doctor should decide how well buspirone works for you and whether you should keep taking it.

Your doctor may recommend that you take buspirone and also have cognitive behaviour therapy. But we don't know whether this combination works better than only taking buspirone or only having cognitive behaviour therapy.

How can it help?

Buspirone can help in several ways: [30] [90]

- It can help symptoms such as feelings of anxiety, tension, and fear.
- It can help you sleep better.
- It can make you feel happier.
- It may improve physical symptoms of anxiety, such as palpitations (when you can feel your heart beating faster than usual).

In the studies we looked at, about half of the people who took buspirone felt better or much better. [30] [89] But about a third of the people who were given a dummy treatment (a placebo) for comparison felt better.

If you're thinking about taking buspirone, bear in mind that:

- Buspirone may not work as well if you have recently taken drugs called benzodiazepines, such as alprazolam (brand name Xanax) [91]
- We don't know how long you should keep taking buspirone [30]
- Buspirone seems to work as well as the benzodiazepine drug diazepam, the antidepressant venlafaxine, and another drug used to treat anxiety disorder called hydroxyzine . [89] [92] But there hasn't been enough research to be sure.

How does it work?

We're not certain. Like many other drugs, it affects chemicals in your brain called neurotransmitters. These chemicals carry messages between brain cells.

Buspirone mimics a neurotransmitter called serotonin, which has an important effect on your mood. Serotonin works on many different cells in your brain. Buspirone works on the same cells, but less powerfully.

Scientists don't know why this should make you feel less anxious, because they don't know enough about how the brain works. All they know is that influencing the activity of serotonin seems to help. [77]

Can it be harmful?

Buspirone can have side effects. The most common side effects are feeling sick or dizzy. Here's a list of side effects from a study that compared buspirone with a dummy treatment (placebo). The list shows what proportion of people in each treatment group said they had each side effect. [92]

Side effect	People taking buspirone	People taking a placebo
Nausea	34%	13%
Dizziness	64%	12%
Sleepiness	19%	7%

Also, more than 1 in 10 people taking buspirone said that they had headaches, indigestion, or diarrhoea. But about the same proportion of people who took a placebo also said they had these symptoms. When a side effect shows up equally often in people taking a drug and people taking a placebo, that means that the drug probably didn't cause the side effect.

You're unlikely to get addicted to buspirone, according to the studies done so far. Getting addicted to a drug means you can't stop taking it without getting unpleasant withdrawal symptoms.

How good is the research on buspirone?

There is reasonably good evidence that buspirone can help people with anxiety disorder. We found two summaries (called systematic reviews) of many studies that compared buspirone with a dummy treatment (a placebo). [30] [93] More than half of the people taking buspirone got much better or very much better during the studies while only a third of those taking a placebo got better. One other study found similar results. [89]

We're less sure how buspirone compares with other drug treatments such as benzodiazepines, antidepressants, or hydroxyzine.

Comparing buspirone with benzodiazepines

We found only one study involving 240 people that compared buspirone with the type of drugs called benzodiazepines. [92] This study found that the two treatments work equally well. However, we can't be certain as the study was fairly small.

Comparing buspirone with antidepressants

We found only one study that compared buspirone with the antidepressant venlafaxine. [89] It found that both worked equally well to help ease the symptoms of anxiety in some patients. [89] We found no studies that compared buspirone with other common antidepressants.

Comparing buspirone with hydroxyzine

A review of studies found one small study (163 people) that compared buspirone with hydroxyzine . It found that there were no differences between the two treatments. [94] The results of this study could mean that these drugs work equally well, or it could mean that there weren't enough people taking part for a difference between the treatments to show up.

Hydroxyzine

In this section

This information is for people who have anxiety disorder. It tells you about hydroxyzine, a treatment used for anxiety disorder. It is based on the best and most up-to-date research.

Does it work?

Yes, probably. Studies suggest hydroxyzine works better than a dummy treatment used for comparison (a placebo). Hydroxyzine also seems to work about as well as buspirone and benzodiazepines , two other drug treatments for anxiety disorder. But there isn't enough good research to be certain. We didn't find any good-quality studies to say if it works or not for children and teenagers.

What is it?

Hydroxyzine belongs to a group of drugs called antihistamines. These drugs make you feel calm and may make you feel sleepy. Doctors sometimes give hydroxyzine to people who are nervous before having surgery. [77] Your doctor may offer you an antihistamine if your anxiety suddenly gets a good deal worse. Antihistamines are normally only prescribed for a few weeks.

You can take hydroxyzine as a tablet or a liquid. Brand names for hydroxyzine are Atarax and Ucerax.

If you take hydroxyzine, you should feel the calming effects within a few hours of the first dose. Higher doses make you sleepier than lower doses.

How can it help?

Studies suggest that hydroxyzine improves people's symptoms.[94] Researchers measure symptoms using symptom rating scales . They look for improvements in a long list of symptoms including worry, tension, fear, and depression. They also look for overall improvements in how you feel.

Hydroxyzine seems to work about as well as two other treatments for anxiety disorder - buspirone and a benzodiazepine called bromazepam.[94] But we need more studies to be certain.

How does it work?

Hydroxyzine is an antihistamine, which means it blocks the effects of a chemical called **histamine**. Blocking the effect of histamine in your brain makes you feel calm.

Hydroxyzine works in a similar way to benzodiazepines. Doctors know that benzodiazepines help people with anxiety disorder, so they think that hydroxyzine might also work as a treatment for anxiety disorder.

Can it be harmful?

Hydroxyzine can cause side effects, including headaches and drowsiness.[94]

If you take a drug that makes you sleepy, you're more likely to have an accident. If you're feeling drowsy, do not drive or operate any machinery.

How good is the research on hydroxyzine?

The research on hydroxyzine is reasonably good. We found a summary of the research (a systematic review) that included five good-quality studies (randomised controlled trials).[94]

The summary found that people who took hydroxyzine were more likely to have their symptoms improve than people taking a dummy treatment (a placebo). The summary also found that hydroxyzine seemed to work as well as two other treatments for anxiety disorder - buspirone and a benzodiazepine called bromazepam. However, we need more research to know for certain.

Pregabalin

In this section

This information is for people who have anxiety disorder. It tells you about pregabalin, a treatment used for anxiety disorder. It is based on the best and most up-to-date research.

Does it work?

Probably. Taking pregabalin can help you feel less anxious after about four weeks. It may work as well as or better than drugs called benzodiazepines , such as lorazepam and alprazolam, to reduce feelings of anxiety. There haven't been any good-quality studies to see if it works in children or teenagers.

What is it?

Pregabalin is a drug treatment that was originally used to treat epilepsy . It is also used to treat neuropathic pain (pain that comes from nerve damage rather than from injury). The brand name for pregabalin is Lyrica.

Pregabalin comes as tablets that you take two or tree times a day. You might build up your dose gradually over a few weeks.

How can it help?

Pregabalin can help reduce your symptoms of anxiety. [95] [96] [97] [98] [88]

Pregabalin seems to work as well as benzodiazepines, another group of drugs often used to treat anxiety. [95] [96] To learn more, see Benzodiazepines .

How does it work?

Scientists aren't sure how pregabalin works to reduce anxiety. In epilepsy, pregabalin helps to calm down the electrical signals in the brain by copying the action of a brain chemical called GABA. In effect, GABA is a calming chemical that helps to balance the firing of signals in the brain. People with epilepsy have very erratic electrical activity in their brain. By calming down these electrical signals, pregabalin helps to prevent seizures (fits). But we don't yet know if this is also how pregabalin helps people feel less anxious.

Can it be harmful?

Self-harm and suicide

There is a very small risk that taking pregabalin might make you more likely to think about suicide or harming yourself. [78] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on pregabalin?

There is some good evidence that pregabalin helps people with anxiety. Four good-quality studies (randomised controlled trials) have looked at the effects of pregabalin in people with anxiety. [99] [100] [88] [98]

All the studies found that pregabalin worked better than a dummy treatment (a placebo) to help reduce people's anxiety.

One study also found that pregabalin worked as well as the benzodiazepine lorazepam. [99] Another found that pregabalin worked better than the benzodiazepine alprazolam. [100]

Benzodiazepines

In this section

This information is for people who have anxiety disorder. It tells you about benzodiazepines, a treatment used for anxiety disorder. It is based on the best and most up-to-date research.

Do they work?

Yes. If you are feeling very anxious, benzodiazepines can make you less worried and more relaxed. They can also help some patients sleep better. They work faster than other treatments for anxiety, but they can have serious side effects. You may feel sleepy or doped up. You may have trouble remembering things or concentrating.

If you stop taking benzodiazepines suddenly, your symptoms may come back worse than before. And if you take benzodiazepines for more than a few weeks you can get addicted to them.

If you're pregnant or breastfeeding, benzodiazepines can harm your baby.

We don't know if benzodiazepines can be helpful for children or teenagers. There hasn't been enough good research to find out. [72]

What are they?

Benzodiazepines are a type of **tranquilliser**. This means they calm down some of the thought processes in your brain.

Your doctor may prescribe these drugs if something happens that suddenly makes your anxiety a lot worse. This is because benzodiazepines can make you feel better quickly.

Benzodiazepines make you feel calmer, but they can also make you feel sleepy and sluggish. Some benzodiazepines are good for treating anxiety, and others are good for helping you sleep. Most benzodiazepines do a bit of both. In high doses, they can also help your muscles relax. [77]

There are many different benzodiazepines. We have listed the benzodiazepines that can help people with anxiety disorder.

- Diazepam: You can take this as a tablet or a liquid. It may just be called diazepam, or it may have a brand name, such as Tensium, Rimapam, or Dialar. You may hear it called Valium. This is its brand name in the US.
- Alprazolam: The brand name for this drug is Xanax.
- Lorazepam: This may just be called lorazepam, or it may have the brand name Ativan.
- Bromazepam: This drug isn't available in the UK.
- Mexazolam: This drug isn't available in the UK.

Some people with anxiety disorder take another benzodiazepine called clonazepam (Rivotril). But there hasn't been any good research on this drug as a treatment for anxiety disorder.

All these drugs come as tablets. Benzodiazepines generally work faster than other drug treatments for anxiety disorder, usually within a week. Your doctor will probably suggest that you take benzodiazepines only for two weeks to four weeks. [18]

Some benzodiazepines last longer than others. If you take diazepam or alprazolam, the effect will last only a few hours. So you have to take them several times a day.

You shouldn't stop taking benzodiazepines suddenly, especially if you have been taking them for a long time. Talk to your doctor if you want to stop taking benzodiazepines. If you need to stop taking benzodiazepines, you should gradually reduce your dose until it's safe to stop completely. [18]

Benzodiazepines can be addictive if you take them for more than a few weeks. It can then be hard to stop taking them. This is why you shouldn't take them for more than two to four weeks. [18]

How can they help?

Benzodiazepines can help in several ways. [30] [35] [101]

- Benzodiazepines can help symptoms such as worrying too much, feeling tense, or feeling afraid.

- More than two-thirds of people with anxiety disorder feel better a week or two after starting to take benzodiazepines.
- Benzodiazepines can also improve physical symptoms, such as chest pain, palpitations (when you can feel your heart beating faster than normal), headaches, and sore muscles.

However, there is still much we don't know about these drugs.

- We don't know which benzodiazepines work best. There seems to be little difference between diazepam, lorazepam, alprazolam, and bromazepam. [102] [103]
- We know that a short course of benzodiazepines works, but we don't know much about long-term treatment. Most studies of benzodiazepines lasted less than 12 weeks.
- Benzodiazepines work faster than other types of drugs used to treat anxiety disorder (such as antidepressants or buspirone). But it's hard to say whether benzodiazepines work any better. Benzodiazepines are as good as two antidepressants (imipramine and opipramol) at improving some symptoms. [35] [81]
- Benzodiazepines also work as well as some other drugs used to treat anxiety called buspirone , hydroxyzine , and abecarnil . [92] [104] [94]
- We don't know how benzodiazepines compare with talking treatments for anxiety, such as cognitive behaviour therapy . There have only been a couple of studies, and they have been small. [105]

How do they work?

Benzodiazepines change the way a chemical called gamma-aminobutyric acid (GABA) works in your brain. GABA stops some cells in your brain communicating with each other, slowing down your brain. Benzodiazepines help GABA work harder, slowing down your brain even more. As a result, you feel calmer. Benzodiazepines also help you sleep.

To learn more, see Your brain's chemical messengers .

Can they be harmful?

Yes. Benzodiazepines can have serious drawbacks. Here are some of the most common side effects.

- Feeling sleepy: This is the most common side effect of benzodiazepines. About two-thirds of the people who take diazepam say it makes them drowsy. This may be a minor inconvenience, or it could mean you find it impossible to carry out your normal activities. You certainly shouldn't try to drive or operate machinery. [106] This

drowsiness could stop you getting the full benefit from psychological treatments (such as cognitive behaviour therapy).

- Problems with memory: Benzodiazepines can make your memory worse. You may find it harder to remember things such as shopping lists and appointments. Your memory may not return to normal until a few weeks after you stop treatment. [107]

- Dizziness: About 1 in 3 people say benzodiazepines make them dizzy. [30]

- Getting addicted (dependency): When you become addicted to a drug, you feel a strong need to keep taking it, and you can't stop taking it without getting unpleasant symptoms. (This is known as going through **withdrawal**.) With benzodiazepines, withdrawal symptoms may include feeling agitated or irritated, being unable to sleep, and losing your appetite. Some people get seizures or twitching muscles. [77]

- Rebound anxiety: This means that your anxiety can return quickly when you stop taking the drug. You may feel worse than before. Up to one-third of people taking benzodiazepines have this problem. [108]

- Accidents: Taking benzodiazepines increases your risk of having an accident. You may be twice as likely to have a traffic accident. [109]

If you take a benzodiazepine while you're pregnant, the drug will get into your baby's body. So your baby may get addicted. There is also a risk that your baby will be malformed if you take benzodiazepines during the first three months of pregnancy. And if you breastfeed your baby while you are taking a benzodiazepine, your baby can get the drug through your breast milk. We don't know what the exact risks to babies are, but we do know what symptoms you might see. If you took benzodiazepines while you were pregnant or breastfeeding, your baby may:

- Go limp

- Get very cold

- Have trouble breathing

- Spend too much time asleep to eat a healthy amount.

If your baby has any of these symptoms, get medical help straight away. In general, it's important to tell your doctor if you're pregnant or breastfeeding before you take any drug. [110]

How good is the research on benzodiazepines?

There's quite a lot of evidence showing that some benzodiazepines can help people with anxiety disorder. Two large summaries (called systematic reviews) of 17 studies back this up. [30] [111] So does another, later study. [112] These studies looked at four benzodiazepines: alprazolam, bromazepam, diazepam, and lorazepam. Bromazepam isn't available in the UK.

One summary and the extra study found that about two-thirds of the people who take a benzodiazepine for two weeks to nine weeks have improved symptoms of anxiety. [30] [112]

But we don't know how long you can safely take benzodiazepines. We found one review of eight studies that looked at long-term treatment with benzodiazepines, but the studies weren't good enough to tell us anything useful. [113]

We also don't know if benzodiazepines can be helpful for children or teenagers with anxiety disorder. There hasn't been enough good research to find out. [72]

Which benzodiazepine works best?

There hasn't been much research comparing different benzodiazepines. We found only two small studies. [102] [103] But the studies may have been too small to show a difference, and they included drugs that are no longer available in the UK.

How do benzodiazepines compare with other drugs used to treat anxiety?

One study found that the benzodiazepine called diazepam works as well as a drug called abecarnil . [112] And another study showed that diazepam seems to work as well as a drug called buspirone . [92]

One review of studies suggested that benzodiazepines seem to work as well as a drug called hydroxyzine . [94]

Benzodiazepines may work as well as antidepressants , but we're not sure. Out of three studies that compared these drugs, two found that antidepressants (opipramol and imipramine) worked just as well as benzodiazepines over eight weeks. [35] [81] But the third study found that imipramine and paroxetine worked better than a benzodiazepine over eight weeks. [41] (Doctors usually recommend that you take benzodiazepines for only two weeks to four weeks.)

How do benzodiazepines compare with talking treatments for anxiety?

One summary of the research found two studies comparing a benzodiazepine called lorazepam with cognitive behaviour therapy . The studies suggested that people's symptoms may improve more with cognitive behaviour therapy than with lorazepam. But

they were too small to provide reliable results, as they included only 61 people in total. [105]

Antipsychotic drugs

In this section

This information is for people who have anxiety disorder. It tells you about antipsychotic drugs, a treatment sometimes used for anxiety disorder. It is based on the best and most up-to-date research.

Do they work?

Some types of antipsychotic drug may help reduce your anxiety. But they do have side effects, and these can be serious. Most studies have looked at antipsychotic drugs called trifluoperazine (brand name Stelazine) and quetiapine (Seroquel). We don't know if other types of antipsychotic drugs can help.

We also don't know what happens if you take these drug long term for anxiety, as most of the studies have lasted only a month or two. Antipsychotic drugs can damage your nervous system if you take them for a long time.

What are they?

Antipsychotic drugs are normally used to treat people with a serious mental illness called **psychosis**. Psychosis includes disorders such as schizophrenia. It is a different type of illness to anxiety disorder. But two of the drugs used to treat psychosis, trifluoperazine and quetiapine, can have a calming effect that may help people with anxiety disorder.

You will only be offered antipsychotic drugs if your anxiety gets very bad or if other treatments are not working. Doctors usually only try them as a last resort, because of the risk of side effects. These drugs can work faster than some of the other drugs used to treat anxiety disorder. You should start to feel better within a week or two.

If you take these drugs for a long time, you may get serious side effects. You should talk to your doctor about the risks if you want to take the drug long term.

There are many other types of antipsychotic drugs. But we don't know if they can help. There hasn't been enough good-quality research to say if they help anxiety or not. [114]

How can they help?

Antipsychotic drugs may: [115] [116] [117]

- Lessen feelings of anxiety and tension

- Help you feel less afraid
- Help you sleep better
- Make you feel less miserable
- Help physical symptoms of anxiety such as palpitations (when you can feel your heart beating faster than normal).

How do they work?

Antipsychotic drugs work by altering chemicals in your brain called neurotransmitters. These chemicals help carry messages between brain cells. Antipsychotic drugs act on a neurotransmitter called **dopamine**. Dopamine helps control your muscle movements, thoughts, and emotions. Antipsychotic drugs seem to lessen the effects of dopamine. Researchers don't really know why this helps reduce symptoms of anxiety.

Can they be harmful?

Yes. Damping down the effects of dopamine can cause side effects. And antipsychotic drugs affect other chemicals in the brain. This also causes side effects. The side effects from antipsychotic drugs are common and can be serious. [115] [116] [117] This is why doctors only prescribe these drugs for anxiety if other treatments haven't helped.

More serious side effects include:

- Muscle and movement problems: Some people get stiff or shaking muscles, or unusual movements of their face. These problems are less common with quetiapine, which is a newer type of antipsychotic drug.
- High blood sugar or diabetes, and weight gain. Your doctor will want to keep an eye on your weight and do blood tests from time to time
- Depressed mood and poor concentration.

You may also get less serious side effects, such as drowsiness, a dry mouth, dizziness and constipation.

How good is the research on antipsychotic drugs?

There's very little research on anti-psychotic drugs as a treatment for anxiety disorder.

We found two summaries of the research (called systematic reviews). The first review looked at older types of antipsychotic drugs for anxiety disorder. [116]

It included one good-quality study (called a randomised controlled trial), but it's quite old. [115] It was published in 1986 and involved 415 people who took either trifluoperazine

or a dummy treatment (a placebo). The study looked at how trifluoperazine helped with the symptoms of anxiety, such as fear, tension, sleeping problems, palpitations, and buzzing in the ears. At the end of the study the patients in the group taking trifluoperazine were more likely to see their symptoms improve. But the group taking trifluoperazine also had more side effects. More than 40 in 100 said they felt drowsy and 17 in 100 had side effects affecting their muscles.

The summary also looked at antipsychotic drugs called flupenthixol and chlorprothixine. Studies of these drugs showed they worked no better than a dummy (placebo) drug. But one study was quite small and the other lasted only two weeks, so it's hard to know if they are reliable. [116]

The second summary looked at the research on newer antipsychotic drugs. Nearly all of the studies focused on quetiapine, finding that the drug helped with the symptoms of anxiety. But many people had side effects. [117]

Abecarnil

In this section

This information is for people who have anxiety disorder. It tells you about abecarnil, a treatment sometimes used for anxiety disorder. It is based on the best and most up-to-date research.

Does it work?

We don't know. There hasn't been enough research on this treatment.

What is it?

Abecarnil is one of a group of drugs called **anxiolytics**. It's a relatively new drug. It isn't available in the UK. Abecarnil is similar to a group of drugs called benzodiazepines but it has fewer side effects. [104] It comes as a tablet and starts working after about a week.

How can it help?

Researchers aren't sure whether abecarnil can help with anxiety disorder. One very small study found that low doses of abecarnil can help reduce feelings of anxiety. [118] But we need more research to say for certain whether this treatment can help. We didn't find any research looking at whether it works in children or teenagers.

How does it work?

Scientists think that anxiety is caused by chemicals in the brain called neurotransmitters that help brain cells communicate. Abecarnil affects one of these chemicals, called gamma-aminobutyric acid (GABA).

Most neurotransmitters carry messages between brain cells, but GABA stops messages being transmitted and slows down the brain. Abecarnil seems to make GABA work harder, slowing down cells in every part of your brain. The idea is that when activity in your brain slows down, you feel calmer.

To learn more, see Your brain's chemical messengers .

Can it be harmful?

Abecarnil has some side effects. But it has fewer side effects than benzodiazepines. [118]

The most common side effect is drowsiness. Higher doses of abecarnil are more likely to make you feel drowsy than lower doses. Even with the lowest doses used in studies, nearly 1 in 3 people said abecarnil made them drowsy.

Another side effect is loss of balance. This happened in 6 percent of people taking low doses of abecarnil.

How good is the research on abecarnil?

There hasn't been very much research done on abecarnil. More and longer studies need to be done to say whether this drug can help people with anxiety disorder.

There's very little evidence that abecarnil can help people with anxiety disorder. We found two good-quality studies (called randomised controlled trials) that looked at whether abecarnil helped people with anxiety disorder. [118] Both studies compared abecarnil to a dummy treatment (a placebo) and involved 439 people in total. In one study, the people who took abecarnil felt better than those who took a placebo, but in the other study the people who took abecarnil were no more likely to feel better than those who took a placebo. [118] [104]

There hasn't been any research on the long-term effects of abecarnil.

Beta-blockers

In this section

This information is for people who have anxiety disorder. It tells you about beta-blockers, a treatment sometimes used for anxiety disorder.

Do they work?

We haven't looked at the evidence for this treatment in the same detail as other treatments. (For more information, see Our Method). But we've included some information because you may be interested.

What are they?

Beta-blockers are probably better known as treatments for angina and high blood pressure. But some doctors think that they may help with the symptoms of anxiety. This is because they block the chemicals that cause some of the symptoms of anxiety, such as sweating and palpitations (when you can feel your heart beating faster than normal).

Your doctor may suggest that you take beta-blockers to ease these symptoms. Some common beta-blockers, along with their brand names, include:

- acebutolol (Sectral)
- atenolol (Tenormin)
- betaxolol
- bisoprolol (Cardicor, Emcor)
- metoprolol (Lopresor)
- nadolol (Corgard)
- propranolol (Inderal, Half-Inderal LA, Inderal-LA, Angilol).

All of them come as tablets. Some you take once a day, others twice or three times a day.

What we know

There haven't been any studies of beta-blockers for anxiety disorder, so researchers don't know whether these drugs can help relieve symptoms such as palpitations, sweating, or a dry mouth. Beta-blockers are used as a treatment for anxiety disorder because doctors have noticed that beta-blockers seemed to work for some patients.

Are there any risks?

We don't know if these drugs cause side effects when given as a treatment for anxiety because no studies have looked at these drugs in people with anxiety. But beta-blockers have been used to treat many other conditions. These are the side effects that were found in those studies.

- Beta-blockers lower your blood pressure. This can make you dizzy if you stand up too fast. You may also get more tired than usual. If your blood pressure gets very low, you may faint. Your doctor will help you avoid these problems by choosing the right dose of beta-blocker for you.

- If you have a long-term breathing problem, such as asthma or bronchitis, beta-blockers can be dangerous. This is because beta-blockers can cause extra breathing problems. If you have a breathing problem, talk to your doctor about the options.

- Some men have difficulty getting an erection when they take beta-blockers. This problem can usually be avoided by choosing a newer kind of beta-blocker or taking a lower dose.

- If you have diabetes, beta-blockers may stop your body from getting signs of low blood sugar (hypoglycaemia), such as a rapid heart rate.

Further informations:

Test yourself for anxiety disorder

This is a simple test you can use if you think you may have anxiety disorder.

Doctors call this illness generalised anxiety disorder. We're calling it anxiety disorder for short.

Do any of these statements describe how you have felt in the last six months?

- I never stop worrying about things.
- I have headaches and other aches and pains for no reason.
- I am often tense and have trouble relaxing.
- I have trouble concentrating on one thing.
- I get irritable or impatient.
- I have a lot of trouble falling asleep or staying asleep.
- I often sweat and have hot flushes.
- When I get worried, I sometimes get a lump in my throat or feel like I need to be sick.

If you have several of these problems, you may have anxiety disorder. You should talk to your GP. You may find it helpful to print this list and take a copy with you.

Other types of anxiety disorder

We use the term anxiety disorder to mean a particular illness where you constantly worry. (Doctors call this generalised anxiety disorder. We're calling it anxiety disorder for short.) But some other conditions have similar symptoms. [6] If you have anxiety disorder, you may also have one of these other conditions.

Panic attacks

During a panic attack you feel intense fear, as if something awful is about to happen. You begin to sweat and shake. You may have trouble breathing or feel your heart race. Panic attacks build up for about 10 minutes, then get better in the next hour or so.

Panic attacks happen suddenly, without warning. Some people have them occasionally. Other people get them every day. You may have several panic attacks in a day, then none for a month. If you get repeated panic attacks, doctors call it **panic disorder**.

To learn more, see our articles on Panic attacks .

Phobia

If you have a phobia, it means you are extremely frightened of something. It could be a certain object or a situation. You get a panic attack when you encounter the thing you fear, and you'll do anything to avoid it. This can make it hard for you to lead a normal life. Here are some things that people are afraid of:

- Public places and crowds. This is called **agoraphobia**. It's sometimes called fear of open spaces. If you have agoraphobia, you may find yourself avoiding going to shops, restaurants, or parks because you're worried that you'll have a panic attack in public. Some people with agoraphobia are afraid to leave their home.
- Small, closed-in spaces, such as lifts and underground trains. This is called **claustrophobia**
- Other people. This is called **social phobia**. It could mean you're frightened of talking to people at a party or at work. Or you may be afraid of using public toilets or meeting strangers. If you have social phobia, you feel exposed and unprotected. You may feel that others are constantly criticising you.
- Other things that some people are afraid of include flying or heights. Other people fear needles, blood, or going to the dentist. And others are afraid of animals such as spiders or snakes.

Obsessive-compulsive disorder

This disorder has two main symptoms. **Obsessions** are disturbing thoughts or images that keep coming into your mind, without you wanting them to, and getting in the way of everything else. **Compulsions** are an intense need to do certain things over and over to relieve the unpleasant thoughts and worries. These constant thoughts and actions can make your life miserable.

For example, some people with obsessive-compulsive disorder have an irrational focus on dirt or germs. You may worry constantly about keeping clean. And you may wash your hands or clean the same surfaces over and over again. Or you may find yourself checking and rechecking door locks, repeatedly counting items, rearranging objects to make them exactly 'right', and worrying about terrible things that might happen if you aren't careful enough. You might find yourself repeating the same actions for hours each day.

Post-traumatic stress disorder

You can get this condition after you see or live through a terrible event, such as a traffic accident, a natural disaster, a war, a violent crime, or the loss of someone close. The symptoms often start within a few months of the event, but they sometimes don't begin until years afterwards.

People with post-traumatic stress disorder may be anxious much of the time. Symptoms also include flashbacks of the trauma, bad dreams, and upsetting memories. You go to great lengths to avoid any reminder of what happened, because that can trigger the symptoms. You may be irritable and get angry easily, and you may have difficulty trusting other people. You may even get physical symptoms such as stomach pains, chest pains, or headaches. All these symptoms can make it harder for you to get on with your life.

To learn more, see our articles on Post-traumatic stress disorder .

More about the causes of anxiety disorder

No one knows why some people get anxiety disorder, but researchers are studying several different things that may be linked to this illness.

Problems in childhood

Scientists think that, to become a healthy adult, a young child needs to feel secure and confident while growing up. That sense of security and confidence depends a lot on the attitude of the child's parents. Some scientists think that if your parents were unable to express warmth towards you when you were young, or if they were overprotective, you may become anxious and unsure of yourself. This may lead to anxiety disorder later in life. [12]

Stressful experiences

If you've been through a very stressful or unpleasant experience, you may be more likely to get anxiety disorder. A big stressful event can make it three times more likely that you'll get anxiety disorder. [12]

The types of stressful events that may cause anxiety disorder include the early death of a parent, very bad marital problems or family relationships, and traumatic experiences such as rape.

Chemicals in your brain

Your brain contains many chemicals, called neurotransmitters, which carry messages between brain cells. The amounts of different chemicals in your brain can affect your mood and your thinking. People with anxiety disorder may have too much or too little of some of these chemicals. [13]

This doesn't necessarily mean that a certain mix of chemicals in your brain causes anxiety disorder. It may be that other things, such as stress, upset the balance of chemicals, and this in turn affects your feelings, making you more anxious.

To learn more, see Your brain's chemical messengers.

Hormones

Hormones are chemicals that carry messages around your body in your bloodstream. If you have anxiety disorder, your body may produce more or less of certain hormones. [5]

Your autonomic nervous system

Your autonomic nervous system is a network of nerves that control automatic processes in your body, such as your body temperature and how fast your heart beats. If you're anxious, this system may not work properly, giving you symptoms such as sweating and palpitations (when you feel your heart beating faster than normal). Some scientists think that the autonomic nervous system may work less well in people who have anxiety disorder. [13] [5]

Problems in certain parts of your brain

Feelings such as anxiety and fear come from certain areas of your brain. However, we don't know enough about these parts of the brain to be able to say what happens to them in anxiety disorder. [12]

Your brain's chemical messengers

Neurotransmitters are chemicals that help transfer messages around the nerve cells in your brain. There are many different neurotransmitters in your brain.

Scientists are looking closely at four neurotransmitters that might be important in anxiety disorder. You may come across these names when you read about treatments for anxiety disorder.

Doctors call this illness generalised anxiety disorder. We're calling it anxiety disorder for short.

GABA (gamma-aminobutyric acid)

This neurotransmitter slows down your brain and stops it working too fast. Some scientists think that GABA may not work properly in people with anxiety disorder. So the brain might work too fast and make feelings of anxiety seem worse. [13]

Noradrenaline

Noradrenaline (also called norepinephrine) keeps you alert and helps you respond to stress. If you have too much noradrenaline in your brain, it may change the way you respond to stress. [13]

Serotonin

Serotonin , also called 5-HT, is a neurotransmitter in the parts of your brain that are important for learning, sleeping, and your mood. But researchers don't know how serotonin affects anxiety. [13]

Cholecystokinin

We don't know very much about this neurotransmitter, but we think it may have a role in anxiety disorder.

Symptom rating scales

If you have anxiety disorder, your doctor may use a list of questions or statements to measure your symptoms. Later, your doctor may use the same list to see if your treatment has helped. There are several different scales. Here are some of the scales mentioned in the research on anxiety disorder.

Hamilton Anxiety Scale

This scale lists 14 types of symptom. You and your doctor rate each symptom on a scale from 0 (meaning you don't have that symptom) to 4 (meaning you have it very badly).

The total score can range from 0 to 56. A total score of 18 or more means you should get treatment for anxiety disorder. The symptoms are: [24]

- Anxiety, including worry, insecurity, irritability, fear, dread, and panic
- Tension, including nervousness, muscle tension, and trembling
- Fears, such as fear of enclosed spaces or fear of open spaces, and avoidance of these situations
- Lack of sleep or poor sleep
- Poor concentration or trouble making decisions
- Depression, including sadness, gloom, and hopelessness
- Muscle pain or weakness
- Trouble hearing or tinnitus (ringing in the ears), poor vision or blurred vision, unusual sensations on your skin (such as prickling)
- Symptoms to do with your heart, such as palpitations (you feel your heart beating faster than normal) or feeling faint
- Trouble breathing
- Constipation, diarrhoea, nausea, or other problems with your digestive system
- Needing to urinate often; abnormal periods
- Nervous symptoms, such as sweating, dizziness, or a dry mouth
- Feeling anxious, nervous, or agitated while talking to your doctor.

State-Trait Anxiety Inventory

This test consists of two scales: the state anxiety scale and the trait anxiety scale. The state anxiety scale measures how anxious you feel at the moment. The trait anxiety scale measures how anxious you generally feel. For patients who may have anxiety disorder, doctors usually just use the trait scale, which looks at ongoing levels of anxiety. This scale measures your symptoms in four categories: [25] [26]

- Excessive worry
- Tension

- Low self-esteem (feeling that you are not good enough, or even worthless)
- Feeling demoralised (feeling that you can't be bothered to do anything because you won't do it well).

The four categories have a total of 20 symptoms. For each symptom you rate how you generally feel on a scale of 1 (almost never) to 4 (almost always). The total score can range from 20 to 80. A higher score means worse anxiety.

Beck Anxiety Inventory

For this scale, you describe how much you've been bothered in the past week by various symptoms. [27] You rate each of the 21 symptoms on a scale from 0 to 3 (the higher the number, the more you have been bothered by the symptom). The total score can go up to 63. A higher score means higher anxiety levels. Some of the symptoms are:

- Numbness
- Feeling hot
- Feeling wobbly
- Fearing the worst
- Losing control
- Fainting
- Sweating.

Penn State Worry Questionnaire

This scale measures how much you worry. [28] You score yourself from 1 to 5 on the following 16 statements. A rating of 1 means the statement does not describe you at all, and 5 means it describes you perfectly. Higher total scores mean higher anxiety levels.

- If I don't have enough time to do everything, I don't worry about it.
- My worries overwhelm me.
- I don't tend to worry about things.
- Many situations make me worry.
- I know I shouldn't worry about things, but I just can't help it.

- When I'm under pressure, I worry a lot.
- I'm always worrying about something.
- I find it easy to dismiss worrying thoughts.
- As soon as I finish one task, I start to worry about everything else I have to do.
- I never worry about anything.
- When there is nothing more I can do about something, I don't worry about it anymore.
- I've been a worrier all my life.
- I notice that I've been worrying about things.
- Once I start worrying I can't stop.
- I worry all the time.
- I worry about projects until they're finished.

Other psychological treatments

The research shows that cognitive behaviour therapy probably works better than other types of psychotherapy (talking treatments) for treating anxiety disorder. But some doctors recommend other kinds of psychotherapy. Here we discuss the most common types.

Anxiety management training

Anxiety management training teaches you how to cope with worry and tension. With help from a therapist, you:

- Find out why you are anxious
- Learn how to relax
- Learn ways of coping with your anxiety. For instance, by imagining a stressful situation, then quickly switching to a calmer, more reassuring thought (image switching)
- Learn and practise other simple techniques for coping with stress.

Anxiety management training can be part of cognitive behaviour therapy, or it can be used on its own. [30]

Analytical psychotherapy

Analytical psychotherapy is a talking treatment that tries to link what has happened in your past (particularly your childhood) with the problems you are having now. The idea is that if you can understand how your past has affected you, you will feel better about yourself.

Some therapists use analytical psychotherapy to help patients with anxiety disorder. But there's no evidence from studies that it works for this condition.

Analytical psychotherapy takes longer than cognitive behaviour therapy. It could take several years. It's an intense and personal kind of treatment, and you form a close relationship with your therapist. [31]

Applied relaxation

Applied relaxation is a method for learning to relax. A therapist teaches you how to ease tension in your muscles. The idea is that once your muscles are relaxed, your mind relaxes too. You'll need to practise applied relaxation at home at least once a day.

Relaxation techniques can be part of cognitive behaviour therapy. They can also be a treatment on their own. For more information, see Applied relaxation .

Non-directive counselling

In non-directive counselling, you talk about your problems with a counsellor . The counsellor listens to you talk about your problems and reflects what you say back to you, without actively making suggestions. The idea is that the counsellor helps you work out solutions for yourself.

More about cognitive behaviour therapy

There are several types of cognitive behaviour therapy. But in all of them you and your therapist try to change the way you think. The two of you do this together by: [2] [32] [33]

- Finding out which thoughts make you worried and ill. These are sometimes called automatic thoughts. For example, every time you want to drive you might think, "I could crash the car". Or every time the phone rings you might think, "Someone must have died"

- Working out what therapists call your rules for living. These are the general assumptions you make about life. You usually form these rules when you are young, and you may not even know you have them. Examples of unhealthy rules might be,

"To be happy I have to be perfect", "If I don't go out I can't get hurt", or, "I'm no good at anything"

- Getting rid of bad rules and thoughts so you can replace them with better ones. The first step is to list your bad thoughts and ask yourself whether they are true. For example, you might ask yourself, "Do I really have to be perfect to be happy?" or, "Am I really no good at anything?"

- Learning and practising ways to be more positive. For example, you might learn to change the thought, "My boss thinks I'm hopeless" to, "I must be good at my job. I've never been laid off, my colleagues like me, and I always meet my deadlines".

You and your therapist may also work on techniques to change the way you behave. This might mean you enrol in a higher education course instead of thinking that you couldn't complete it, talk to people instead of avoiding them, or go for a drive instead of staying at home.

Therapy that tries to change both the way you think and behave is called **cognitive behaviour therapy.**

Techniques for changing behaviour

There are many ways therapists can help you change your behaviour. Your therapist will teach you the ones you need. Here are some examples.

- **Graded exposure**: This technique helps you learn to deal with tasks or situations that make you feel anxious. You take small steps at first and make changes slowly, one step at a time.

- **Relaxation training**: This helps you get through episodes of anxiety.

- **Assertiveness training**: This helps you gain confidence to do tasks that involve dealing with other people.

- **Target setting**: After setting goals you plan how, using small steps, you are going to reach those goals.

Each session with a therapist lasts about 50 minutes. At the start of each session, you and your therapist decide what you want to achieve. At the end, your therapist gives you homework. Your homework could be to:

- Practise relaxation

- Make a daily diary of your thoughts

- Do a simple task.

Homework is very important. It means your treatment carries on between sessions.

Helping yourself

Treatment doesn't end when you stop going to a therapist. Cognitive behaviour therapy is meant to teach you how to help yourself. Then, if old ways of thinking and behaving come back, you can be your own therapist. This is a good approach for people who want to help themselves get better.

A course of cognitive behaviour therapy typically lasts up to four months. It's important that you feel comfortable with your therapist. If you're unhappy with your therapist for any reason, talk to your GP. Your GP may be able to refer you to a different therapist.

It's also important to finish the treatment. More than 9 in 10 people finish their cognitive behaviour therapy. [33] [34]

How antidepressants work

Antidepressants work by increasing the amounts of chemicals in your brain called neurotransmitters . Neurotransmitters help carry messages between brain cells. To learn more, see Your brain's chemical messengers .

When a brain cell needs to send a message to other brain cells, it sends out neurotransmitters. These neurotransmitters travel to the neighbouring cells. When the message has been delivered, the neurotransmitters go back inside the cell that they came from. Different kinds of antidepressants change this process in different ways.

- **Tricyclic antidepressants** (TCAs), such as imipramine, stop some neurotransmitters going back into the brain cells they came from. This means that the neurotransmitters are left in the gap between brain cells, and so they keep delivering the messages for longer. Tricyclic antidepressants affect several different neurotransmitters.

- **Selective serotonin reuptake inhibitors** (SSRIs), such as paroxetine (Seroxat), work in the same way as tricyclic antidepressants. But they only affect a neurotransmitter called serotonin .

- Venlafaxine (Efexor) is a **serotonin noradrenaline reuptake inhibitor (SNRI)**. Drugs in this group work in the same way as tricyclic antidepressants. But they work only on two neurotransmitters: serotonin and noradrenaline (which is also called norepinephrine).

Side effects of antidepressants

All antidepressants cause side effects. The most common problems are sleepiness, a dry mouth, constipation, nausea, and sexual problems. These drugs can be dangerous to children. Elderly people are more likely to have a fall if they take antidepressants. And if you take too much of an antidepressant, you may damage your heart.

Different drugs have different risks. Here we've looked at three different types of antidepressants (imipramine, venlafaxine and paroxetine) and summarised the side effects that people had in studies.

Imipramine

The table below shows the percentages of people who had particular side effects while taking imipramine. Imipramine is a tricyclic antidepressant (TCA). [35]

Side effect	Percentage of people taking imipramine
Dry mouth	74%
Drowsiness	52%
Dizziness	38%
Constipation	29%
Confusion	14%

People taking a dummy treatment (a placebo) for comparison also had these side effects. But the people who took the drugs were more likely to get side effects than people who took the placebo. About a quarter of the people who took a placebo said their tablets made them drowsy.

Drowsiness may wear off a little after you've been taking the drug for a while. The other side effects probably won't, however.

Taking too much of a tricyclic antidepressant, such as imipramine, can seriously damage your heart. If you take too many tablets by mistake, call for help immediately. You may need urgent treatment in hospital.

Imipramine is particularly dangerous for children. Children who accidentally swallow these tablets have a 1 in 44 risk of dying from poisoning. [36] Keep all medicines in a locked cabinet, out of the reach of children.

If you're over 80, you're more likely to have a fall if you take imipramine. [37]

Venlafaxine

Venlafaxine (Efexor) is a serotonin noradrenaline reuptake inhibitor (SNRI). Of the people who took venlafaxine in studies: [38]

- About two-thirds had sexual problems, such as erection problems or difficulty having an orgasm [39]
- About half felt sick
- About a third had trouble sleeping
- Just under a third had a dry mouth
- About a quarter felt tired
- About a quarter felt dizzy
- About 1 in 10 didn't feel like eating.

Venlafaxine's side effects are usually mild. They often get milder or disappear after the first couple of weeks of treatment. Unfortunately, the problems with sex don't improve with time. About 1 in 7 people stop taking venlafaxine because of side effects. [40]

Paroxetine

Paroxetine (Seroxat) is a selective serotonin reuptake inhibitor (SSRI). About 4 in 10 people taking paroxetine said the drug made them feel sick. In one survey, more than two-thirds of people said it affected how much they enjoyed having sex. [39] [41]

If you're over 65, paroxetine and other SSRIs may lower the amount of salt in your blood. Very low levels of salt may cause seizures. Your doctor may recommend that you take another type of antidepressant. If you take paroxetine, your doctor may check the level of salt in your blood for a few weeks. [42] [43]

If you're over 80, taking an SSRI may increase your risk of falling. [37]

If you take too many tablets, SSRIs are not as bad for you as tricyclic antidepressants (such as imipramine). But you should still get medical help if you think you've taken too many.

What if I'm pregnant?

There isn't much research on taking antidepressants if you're pregnant. Depending on the antidepressant, doctors are advised to avoid prescribing them to pregnant women, or to use them with care if the benefits are likely to outweigh the risks. [44] This is because of concerns that drugs taken during pregnancy might harm the baby.

- If you take antidepressants late in your pregnancy, your baby may get withdrawal symptoms soon after birth.

- In one study, some mothers who took fluoxetine late in their pregnancy had smaller babies. [45]

One study looked at over 3,500 women who took antidepressants during the first three months of pregnancy. It found that women who took paroxetine (Seroxat) were more likely to have a baby with birth defects than women who took other antidepressants. The babies affected mainly had heart defects. [46]

Earlier studies haven't shown a higher risk of birth defects from paroxetine or other selective serotonin reuptake inhibitors (SSRIs). [46]

If you're pregnant or hope to get pregnant, discuss your options with your doctor. You may prefer to try a psychological treatment, such as cognitive behaviour therapy .

Can I get addicted to antidepressants?

Researchers don't think you can get addicted to antidepressants. But they disagree about how hard it is to stop taking them. In one study, 60 in 100 people taking paroxetine had withdrawal symptoms when they stopped taking it. [47]

In the UK, the government's Committee on Safety of Medicines (CSM) says: [48]

- All SSRIs may cause withdrawal symptoms on stopping or reducing treatment
- Paroxetine and venlafaxine seem to cause withdrawal symptoms more often than other SSRIs
- Some withdrawal symptoms are severe
- The most common withdrawal symptoms are dizziness, numbness and tingling, stomach upset (particularly nausea and vomiting), headache, sweating, anxiety, and sleep disturbances
- Doctors and patients need to be more aware of the risk of withdrawal symptoms associated with SSRIs. You might get fewer of these symptoms if you reduce the dose of SSRI you take gradually over a period of several weeks. Your doctor will advise you how to do this.

Talk to your doctor if you want to stop taking an antidepressant. And never stop your treatment suddenly.

Glossary:

palpitations
A palpitation is when you feel like your heart is beating very fast.

psychotherapy

Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

genes

Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

neurotransmitters

Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

hormones

Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

autonomic nervous system

Your nervous system includes your brain, your spinal cord and your nerves. Your autonomic nervous system is the part of your nervous system that controls the things that happen in your body without you thinking about them. It also senses what is going on in the outside world. And it allows you to react to things. For example, your autonomic nervous system makes your heart beat faster and stronger when you are frightened.

body temperature

Your body temperature is a measure of how warm you are. If you have a higher temperature than normal, it can mean that your body has an infection or you have a fever. Women also have a higher temperature at the time of month when their ovaries release an egg (ovulation).

serotonin

Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

psychiatrist

A psychiatrist is a doctor who specialises in psychiatry. Psychiatry is the branch of medicine that covers mental, emotional or behavioural problems.

psychologist

A psychologist is trained to study the human mind and human behaviour. A clinical psychologist provides mental health care in hospitals, clinics, schools or to private patients.

counsellor

A counsellor is a professional who is trained to help people, usually with the emotional part of their illness. Counsellors talk to people about their illness. They also suggest ways that people can make changes for the better.

psychotherapist

A psychotherapist is a health professional who treats mental disorders by talking with their patients, rather than by prescribing medicines. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

phobia

If you have a phobia of something, you are much more afraid of it than would be expected. You could have a phobia about things (such as dogs) or activities (such as going out in public). Phobias can make you feel panicky. They can also make your heart race or give you an upset stomach.

remission

Remission is when the symptoms of an illness get better, or go away completely for a period of time.

depression

Depression is a mental illness in which your mood is low and you feel sad most of the time. It can range from a mild illness through to a severe one in which you lose interest in life and may be suicidal.

noradrenaline

Noradrenaline is a neurotransmitter, which is a chemical that helps to send information between nerve cells. It is similar to adrenaline. Your body produces adrenaline when you're in stressful situations, which increases your blood pressure and heart rate.

placebo

A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

seizure

A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

withdrawal symptoms

Withdrawal symptoms are when you get unpleasant physical or mental symptoms because you stopped taking a drug you were physically dependent on. Your can become physically dependent on a drug if it alters the level of certain chemicals in your body. This makes your body produce less of those chemicals or change how it responds to them. Also, some drugs work in a similar way to chemicals that naturally occur in your body. This may mean your body stops making its natural versions. If either of those things happens, your body will need the drug to function normally and you will feel or become ill if you suddenly stop taking the drug. You can get withdrawal symptoms from some prescription medicines, as well as some illegal drugs.

psychiatric nurse

A psychiatric nurse is a nurse who specialises in helping people who have mental health problems.

systematic reviews

A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

Epilepsy

Epilepsy is a condition that affects your brain. If you have epilepsy, the normal electrical activity in your brain gets disturbed from time to time. This leads to seizures (also called fits).

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

cognitive behaviour therapy

Cognitive behaviour therapy (CBT) is a type of talking treatment (psychotherapy). It is based on the idea that the negative thoughts and beliefs people have play an important role in how they feel and how they act. CBT helps people identify, look at and change unwanted thoughts, feelings and behaviours.

angina

Angina is the name that doctors use for a pain in your chest that you get when your heart muscle isn't getting enough oxygen.

high blood pressure

Your blood pressure is considered to be high when it is above the accepted normal range. The usual limit for normal blood pressure is 140/90. If either the first (systolic) number is above 140 or the lower (diastolic) number is above 90, a person is considered to have high blood pressure. Doctors sometimes call high blood pressure 'hypertension'.

blood pressure

Blood pressure is the amount of force that's exerted by your blood on to your blood vessels. You can think of it like the water pressure in your home: the more pressure you have, the faster and more forcefully the water flows out of the shower. Blood pressure is measured in millimetres of mercury (written as mm Hg). When your blood pressure is taken, the measurement is given as two numbers, for example 120/80 mm Hg. The first, higher, number is called the systolic pressure, and the second, lower, number is the diastolic pressure. The systolic number is the highest pressure that occurs while your heart is pushing blood into your arteries. The diastolic number is the lowest pressure that happens when your heart is relaxing and is not pushing your blood.

asthma

Asthma is a disease of the lungs. It makes you wheeze, cough and feel short of breath. Asthma attacks are caused by inflammation and narrowing of your airways, which makes it hard for air to pass in and out of your lungs.

bronchitis

Bronchitis is inflammation of one or both of the major airways (called bronchi) that lead in and out of your lungs.

Sources for the information on this leaflet:

1. Ninan PT.Dissolving the burden of generalized anxiety disorder.Journal of Clinical Psychiatry. 2001; 62 (supplement 19): S5-S10.

2. Andrews G, Creamer M, Crino R, et al.The treatment of anxiety disorders: clinician guides and patient manuals.2nd edition. Cambridge University Press, Cambridge, UK; 2002.

3. American Psychiatric Association.Diagnostic and statistical manual of mental disorders, 5th edition, (DSM-5).American Psychiatric Publishing, Washington, DC; 2013.

4. Alonso J, Lépine JP.Overview of key data from the European study of the epidemiology of mental disorders.Journal of Clinical Psychiatry. 2007; 68: 3-9.

5. Hoehn-Saric R, Noyes R.The anxiety disorders.1st edition. Cambridge University Press, Cambridge, UK; 1998.

6. Davies T, Craig TKJ.ABC of mental health.1st edition. BMJ Books, London, UK; 1998.

7. Brantley PJ, Mehan DJ Jr, Ames SC, et al.Minor stressors and generalized anxiety disorder among low-income patients attending primary care clinics.Journal of Nervous and Mental Disease. 1999; 187: 435-440.

8. Brown ES, Fulton MK, Wilkeson A, et al.The psychiatric sequelae of civilian trauma.Comprehensive Psychiatry. 2000; 41: 19-23.

9. Hawker DS, Boulton MJ.Twenty years' research on peer victimization and psychosocial maladjustment: a meta-analytic review of cross-sectional studies.Journal of Child Psychology and Psychiatry and Allied Disciplines. 2000; 41: 441-455.

10. Wittchen HU, Hoyer J.Generalized anxiety disorder: nature and course.Journal of Clinical Psychiatry. 2001; 62 (supplement 11): S15-S19.

11. Oakley-Browne M, Wells E, Scott K.Te rau hinengaro: the New Zealand mental health survey.September 2006. Available at http://www.health.govt.nz/publication/te-rau-hinengaro-new-zealand-mental-health-survey (accessed on 2 April 2014).

12. Spiegel DA, Barlow DH.Generalized anxiety disorders.In: Gelder MG, Lopez-Ibor JJ, Andreasen NC (editors). New Oxford textbook of psychiatry. 1st edition. Oxford University Press, Oxford, UK; 2000.

13. Hidalgo RB, Davidson JR.Generalized anxiety disorder: an important clinical concern.Medical Clinics of North America. 2001; 85: 691-710.

14. Schweizer E, Rickels K.The long-term management of generalized anxiety disorder: issues and dilemmas.Journal of Clinical Psychiatry. 1996; 57 (supplement 7): 9-12.

15. Greer H, McGinnity A, Meltzer H, et al.Mental health of children and young people in Great Britain, 2004.Available at http://www.erpho.org.uk/viewResource.aspx?id=12868 (accessed on 2 April 2014).

16. Kessler RC, McGonagle KA, Zhao S, et al.Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the national comorbidity survey.Archives of General Psychiatry. 1992; 51: 8-19.

17. Blair DT, Ramones VA.The undertreatment of anxiety: overcoming the confusion and stigma.Journal of Psychosocial Nursing and Mental Health Services. 1996; 34: 9-18.

18. National Institute for Health and Care Excellence.Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults.January 2011. Clinical guideline CG113. Available at http://www.nice.org.uk/CG113 (accessed on 2 April 2014).

19. Kessler RC, Wittchen HU.Patterns and correlates of generalised anxiety disorder in community samples.Journal of Clinical Psychiatry. 2002; 63 (supplement 8): 4-10.

20. Yonkers KA, Dyck IR, Warshaw M, et al.Factors predicting the clinical course of generalised anxiety disorder.British Journal of Psychiatry. 2000; 176: 544-549.

21. Lyneham HJ, Rapee RM.Evaluation of therapist-supported parent-implemented CBT for anxiety disorders in rural children. Behaviour Research And Therapy. 2006; 44: 1287-1300.

22. Emmanuel J, Simmonds S, Tyrer P.Systematic review of the outcome of anxiety and depressive disorders.British Journal of Psychiatry Supplement. 1998; 34: 35-41.

23. Barbee JG.Mixed symptoms and syndromes of anxiety and depression: diagnostic, prognostic, and etiologic issues.Annals of Clinical Psychiatry. 1998; 10: 15-29.

24. Hamilton A.Diagnosis and rating of anxiety.British Journal of Psychiatry. 1969; Special Publication 3: 76-79.

25. Speilberger CD, Gorsuch RL, Lushene R, et al.Manual for the state-trait anxiety inventory.1st edition. Consulting Psychiatry Press, Palo Alto, U.S.A.; 1983.

26. Fisher PL, Durham RC.Recovery rates in generalized anxiety disorder following psychological therapy: an analysis of clinically significant change in the STAI-T across outcome studies since 1990.Psychological Medicine. 1999; 29: 1425-1434.

27. Beck TA, Steer RA.Beck anxiety inventory (BAI) manual.Pearson Assessment, Oxford, UK; 1990.

28. Meyer TJ, Miller ML, Metzger RL, et al.Development and validation of the Penn State worry questionnaire.Behaviour Research and Therapy. 1990; 28: 487-495.

29. Baughan DM.Barriers to diagnosing anxiety disorders in family practice.American Family Physician. 1995; 52: 447-450.

30. Gould RA, Otto MW, Pollack MH, et al.Cognitive behavioural and pharmacological treatment of generalised anxiety disorder: a preliminary meta-analysis.Behaviour Research and Therapy. 1997; 28: 285-305.

31. Paykel ES.Handbook of affective disorders.2nd edition. Churchill Livingstone, Edinburgh, UK; 1992.

32. Kaplan HI, Sadock BJ.Concise textbook of clinical psychiatry.1st edition. Lippincott, Williams and Wilkins. Baltimore, USA; 1996.

33. Ost L, Breitholtz E.Applied relaxation vs. cognitive therapy in the treatment of generalized anxiety disorder.Behaviour Research and Therapy. 2000; 38: 777-790.

34. Durham RC, Fisher PL, Trevling LR, et al.One year follow-up of cognitive therapy, analytic psychotherapy and anxiety management training for generalised anxiety disorder: symptom change, medication usage and attitudes to treatment.Behavioural and Cognitive Psychotherapy. 1999; 27: 19-35.

35. Rickels K, Downing R, Schweizer E, et al.Antidepressants for the treatment of generalised anxiety disorder: a placebo-controlled comparison of imipramine, trazodone and diazepam.Archives of General Psychiatry. 1993; 50: 884-895.

36. Pearn J, Nixon J, Ansford A, et al.Accidental poisoning in childhood: five year urban population study with 15 year analysis of fatality.BMJ. 1984; 288: 44-46.

37. Thapa PB, Gideon P, Cost TW, et al.Antidepressants and the risk of falls among nursing home residents.New England Journal of Medicine. 1998; 339: 875-882.

38. Rickels K, Plooack MH, Sheehan D, et al.Efficacy of extended-release venlafaxine in nondepressed outpatients with generalized anxiety disorder.American Journal of Psychiatry. 2000; 157: 968-974.

39. Montejo AL, Llorca G, Izquierdo JA, et al.Incidence of sexual dysfunction associated with antidepressant agents: a prospective multicenter study of 1022 outpatients.Journal of Clinical Psychiatry. 2001; 62: 10-21.

40. Kapczinski F, Schmitt R, Lima MS.Antidepressants for generalised anxiety disorder (Cochrane review).In: The Cochrane Library. Update Software, Oxford, UK.

41. Rocca P, Fonzo V, Scotta M, et al.Paroxetine efficacy in the treatment of generalized anxiety disorder.Acta Psychiatrica Scandinavica. 1997; 95: 444-450.

42. Dunner D, Kumar R.Paroxetine: a review of clinical experience.Pharmacopsychiatry. 1998; 31: 89-101.

43. Lui BA, Mitmann N, Knowles SR, et al.Hyponatremia and the syndrome of inappropriate secretion of antidiuretic hormone associated with the use of selective serotonin reuptake inhibitors: a review of spontaneous reports.Canadian Medical Association Journal. 1995; 155: 519-527.

44. British National Formulary.Antidepressants.Section 4.3. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at http://bnf.org (accessed on 2 April 2014).

45. Wisner KL, Gelenberg AJ, Leonard H, et al.Pharmacologic treatment of depression during pregnancy.Journal of the American Medical Association. 1999; 282: 1264-1269.

46. US Food and Drug Administration.Safety alert: Paxil (paroxetine HCL), Paxil CR controlled-release tablets.September 2005. Available at http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm152310.htm (accessed on 2 April 2014).

47. Rosenbaum JF, Fava M, Hoog SL, et al.Selective serotonin reuptake inhibitor discontinuation syndrome: a randomized clinical trial.Biological Psychiatry. 1998; 44: 77-87.

48. Medicines and Healthcare products Regulatory Agency.Report of the CSM expert working group on the safety of selective serotonin reuptake inhibitor antidepressants.December 2004. Available at http://www.mhra.gov.uk/home/groups/pl-p/documents/drugsafetymessage/con019472.pdf (accessed on 2 April 2014).

49. Westen D, Morrison K.A multidimensional meta-analysis of treatments for depression, panic, and generalized anxiety disorder: an empirical examination of the status of empirically supported therapies.Journal of Consulting & Clinical Psychology. 2001; 69: 875-899.

50. Covin R, Ouimet AJ, Seeds PM, et al.A meta-analysis of CBT for pathological worry among clients with GAD.Journal of Anxiety Disorders. 2008; 22: 108-116.

51. Hendriks GJ, Oude Voshaar RC, Keijsers GP, et al.Cognitive-behavioural therapy for late-life anxiety disorders: a systematic review and meta-analysis.Acta Psychiatrica Scandinavica. 2008; 117: 403-411.

52. Hofmann SG, Smits JA, et al.Cognitive-behavioral therapy for adult anxiety disorders: a meta-analysis of randomized placebo-controlled trials.Journal of Clinical Psychiatry. 2008; 69: 621-632.

53. Dugas MJ, Ladouceur R, Leger E, et al.Group cognitive-behavioral therapy for generalized anxiety disorder: treatment outcome and long-term follow-up.Journal of Consulting and Clinical Psychology. 2003; 71: 821-825.

54. Leichsenring F, Salzer S, Jaeger U, et al.Short-term psychodynamic psychotherapy and cognitive-behavioral therapy in generalized anxiety disorder: a randomized, controlled trial.American Journal of Psychiatry. 2009; 166: 875-881.

55. Dugas MJ, Brillon P, Savard P, et al.A randomized clinical trial of cognitive-behavioral therapy and applied relaxation for adults with generalized anxiety disorder.Behavior Therapy. 2010; 41: 46-58.

56. Hunot V, Churchill R, Silva de Lima M, et al.Psychological therapies for generalised anxiety disorder (Cochrane review).In: The Cochrane Library. Wiley, Chichester, UK.

57. Borkovec TD, Newman MG, Pincus AL, et al.A component analysis of cognitive-behavioral therapy for generalized anxiety disorder and the role of interpersonal problems.Journal of Consulting and Clinical Psychology. 2002; 70: 288-298.

58. Cartwright-Hatton S, Roberts C, Chitsabesan P, et al.Systematic review of the efficacy of cognitive behaviour therapies for childhood and adolescent anxiety disorders.British Journal of Clinical Psychology. 2004; 43: 421-436.

59. James AC, James G, Cowdrey FA, et al.Cognitive behavioural therapy for anxiety disorders in children and adolescents (Cochrane review).In: The Cochrane Library. Wiley, Chichester, UK.

60. Richardson T, Stallard P, Velleman S.Computerised cognitive behavioural therapy for the prevention and treatment of depression and anxiety in children and adolescents: a systematic review.Clinical Child and Family Psychology Review. 2010; 13: 275-290.

61. Hudson JL, Rapee RM, Deveney C, et al.Cognitive-behavioral treatment versus an active control for children and adolescents with anxiety disorders: a randomized trial.Journal of the American Academy of Child and Adolescent Psychiatry. 2009; 48: 533-544.

62. Flannery-Schroeder EC, Kendall PC.Group and individual cognitive-behavioral treatments for youth with anxiety disorders: a randomized clinical trial.Cognitive Therapy and Research. 2000; 24: 251-278.

63. Kendall PC, Hudson JL, Gosch E, et al.Cognitive-behavioral therapy for anxiety disordered youth: a randomized clinical trial evaluating child and family modalities.Journal of Consulting & Clinical Psychology. 2008; 76: 282-297.

64. Silverman WK, Kurtines WM, Pina AA, et al.Directionality of change in youth anxiety treatment involving parents: an initial examination.Journal of Consulting and Clinical Psychology. 2009; 77: 474-485.

65. Liber JM, Van Widenfelt BM, Utens EMWJ, et al.No differences between group versus individual treatment of childhood anxiety disorders in a randomised clinical trial.Journal of Child Psychology and Psychiatry. 2008; 49: 886-893.

66. Stanley MA, Beck JG, Novy DM, et al.Cognitive-behavioral treatment of late-life generalized anxiety disorder.Journal of Consulting and Clinical Psychology. 2003; 71: 309-319.

67. Kapczinski F, Lima MS, Souza JS, et al.Antidepressants for generalized anxiety disorder (Cochrane review).In: The Cochrane Library. Update Software, Oxford, UK.

68. Donovan MR, Glue P, Kolluri S, et al.Comparative efficacy of antidepressants in preventing relapse in anxiety disorders - a meta-analysis.Journal of Affective Disorders. 2010; 123: 9-16.

69. Baldwin DS, Huusom AKT, Maehlum E.Escitalopram and paroxetine in the treatment of generalised anxiety disorder: randomised, placebo-controlled, double-blind study.British Journal of Psychiatry. 2006; 189: 264-272.

70. Ball SG, Kuhn A, Wall D, et al.Selective serotonin reuptake inhibitor treatment for generalized anxiety disorder: a double-blind prospective comparison between paroxetine and sertraline.Journal of Clinical Psychiatry. 2005; 66: 94-99.

71. Bielski R, Bose A.A double-blind comparison of escitalopram and paroxetine in the long-term treatment of generalized anxiety disorder.Annals of Clinical Psychiatry. 2005; 17: 85-89.

72. Ipser JC, Stein DJ, Hawkridge S, et al.Pharmacotherapy for anxiety disorders in children and adolescents (Cochrane review).In: The Cochrane Library. Wiley, Chichester, UK.

73. British National Formulary.Antidepressant drugs.Section 4.3. British Medical Association and the Royal Pharmaceutical Society of Great Britain. Also available at http://bnf.org (accessed on 2 April 2014).

74. Brawman-Mintzer O, Knapp RG, Rynn M, et al.Sertraline treatment for generalized anxiety disorder: a randomized, double-blind, placebo-controlled study.Journal of Clinical Psychiatry. 2006; 67: 874-881.

75. Davidson JR, Bose A, Korotzer A, et al.Escitalopram in the treatment of generalized anxiety disorder: double-blind, placebo controlled, flexible-dose study.Depress Anxiety. 2004; 19: 234-240.

76. Taylor M, Reide P.Mosby's crash course: pharmacology.1st edition. Mosby, London, UK; 2001.

77. Azzaro AJ, Ward HE.Drugs used in mood disorders.In: Craig CR, Stitzel RE (editors). Modern pharmacology with clinical applications. 5th edition. Little, Brown and Co., Boston, MA; 1997.

78. U.S. Food and Drug Administration.Suicidality and antiepileptic drugs.January 2008. Available at http://www.fda.gov/ohrms/dockets/ac/08/briefing/2008-4344b1_10_03_Trileptal%20Update.pdf (accessed on 2 April 2014).

79. Medicines and Healthcare Products Regulatory Agency.Implementation of warnings on suicidal thoughts and behaviour in antidepressants.February 2008. Available at http://www.mhra.gov.uk/NewsCentre/CON2033960 (accessed on 2 April 2014).

80. Allgulander C, Florea I, Huusom AK.Prevention of relapse in generalized anxiety disorder by escitalopram treatment.International Journal of Neuropsychopharmacology. 2006; 9: 495-505.

81. Moller HJ, Volz HP, Reimann IW, et al.Opipramol for the treatment of generalized anxiety disorder: a placebo-controlled trial including an alprazolam-treated group.Journal of Clinical Psychopharmacology. 2001; 21: 59-65.

82. Dahl AA, Raindran A, Allgulander C, et al.Sertraline in generalized anxiety disorder: efficacy in treating the psychic and somatic anxiety factors.Acta Psychiatrica Scandinavica. 2005; 111: 429-435.

83. Nimatoudis I, Zissis NP, Kogeorgos J, et al.Remission rates with venlafaxine extended release in Greek outpatients with generalized anxiety disorder: a double-blind, randomized, placebo controlled study.International Clinical Psychopharmacology. 2004; 19: 331-336.

84. Mancini M, Perna G, Rossi A, et al.Use of duloxetine in patients with an anxiety disorder, or with comorbid anxiety and major depressive disorder: a review of the literature.Expert Opinion on Pharmacotherapy. 2010; 11: 1167-1181.

85. Davidson JR, Wittchen HU, Llorca PM, et al.Duloxetine treatment for relapse prevention in adults with generalized anxiety disorder: A double-blind placebo-controlled trialEuropean Neuropsychopharmacology. 2008; 18: 673-681.

86. Bose A, Korotzer A, Gommoll C, et al.Randomized placebo-controlled trial of escitalopram and venlafaxine XR in the treatment of generalized anxiety disorder.Depression & Anxiety. 2008; 25: 854-861.

87. Lenze, E. J., Rollman, B. L., Shear, M. K., et al.Escitalopram for older adults with generalized anxiety disorder: a randomized controlled trial.Journal of the American Medical Association. 2009; 301: 295-303.

88. Montgomery SA, Tobias K, Zornberg GL, et al.Efficacy and safety of pregabalin in the treatment of generalized anxiety disorder: A 6-week, multicenter, randomized, double-blind, placebo-controlled comparison of pregabalin and venlafaxine.Journal of Clinical Psychiatry. 2006; 67: 771-782.

89. Davidson JR, DuPont RL, Hedges D, et al.Efficacy, safety and tolerability of venlafaxine extended release and buspirone in outpatients with generalised anxiety disorder.Journal of Clinical Psychiatry. 1999; 60: 528-535.

90. Mitte K, Noack P, Steil R, et al.A meta-analytic review of the efficacy of drug treatment in generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2005; 25: 141-150.

91. DeMartinis N, Rynn M, Rickels K, et al.Prior benzodiazepine use and buspirone response in the treatment of generalized anxiety disorder.Journal of Clinical Psychiatry. 2000; 61: 91-94.

92. Rickels K, Weisman K, Norstad N, et al.Buspirone and diazepam in anxiety: a controlled study.Journal of Clinical Psychiatry. 1982; 12: 81-86.

93. Mitte K, Noack P, Steil R, et al.A meta-analytic review of the efficacy of drug treatment in generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2005; 25: 141-150.

94. Guaiana G, Barbui C, Cipriani A, et al.Hydroxyzine for generalised anxiety disorder (Cochrane review).In: The Cochrane Library. Wiley, Chichester, UK.

95. Feltner DE, Crockatt JG, Dubovsky SJ, et al.A randomized double-blind, placebo-controlled, fixed-dose, multicenter study of pregabalin in patients with generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2003; 23: 240-249.

96. Rickels K, Pollack MH, Feltner DE, et al.Pregabalin for treatment of generalized anxiety disorder: a 4-week, multicenter, double-blind, placebo-controlled trial of pregabalin and alprazolam.Archives of General Psychiatry. 2005; 62: 1022-1030.

97. Tassone DM, Boyce E, Guyer J, et al.Pregabalin: a novel gamma-aminobutyric acid analogue in the treatment of neuropathic pain, partial-onset seizures, and anxiety disorders.Clinical Therapeutics. 2007; 29: 26-48.

98. Montgomery S, Chatamra K, Pauer L, et al.Efficacy and safety of pregabalin in elderly people with generalised anxiety disorder.British Journal of Psychiatry. 2008; 193: 389-394.

99. Feltner DE, Crockatt JG, Dubovsky SJ, et al.A randomized double-blind, placebo-controlled, fixed-dose, multicenter study of pregabalin in patients with generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2003; 23: 240-249.

100. Rickels K, Pollack MH, Feltner DE, et al.Pregabalin for treatment of generalized anxiety disorder: a 4-week, multicenter, double-blind, placebo-controlled trial of pregabalin and alprazolam.Archives of general psychiatry. 2005; 62: 1022-1030.

101. Mitte K, Noack P, Steil R, et al.A meta-analytic review of the efficacy of drug treatment in generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2005; 25: 141-150.

102. Figueira ML.Alprazolam SR in the treatment of generalised anxiety: a multicentre controlled study with bromazepam.Human Psychotherapy. 1999; 14: 171-177.

103. Vaz-Serra A, Figuerra L, Bessa-Peixoto A, et al.Mexazolam and alprazolam in the treatment of generalized anxiety disorder.Clinical Drug Investigation. 2001; 21: 257-263.

104. Rickels K, DeMartinis N, Aufdembrinke B.A double-blind, placebo controlled trial of abecarnil and diazepam in the treatment of patients with generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2000; 20: 12-18.

105. Bandelow B, Seidler-Brandler U, Becker A, et al.Meta-analysis of randomized controlled comparisons of psychopharmacological and psychological treatments for anxiety disorders.World Journal of Biological Psychiatry. 2007; 8: 175-187.

106. British National Formulary.Hypnotics and anxiolytics.Section 4.1. British Medical Association and Royal Pharmaceutical Society of Great Britain. Also available at http://www.bnf.org (accessed on 2 April 2014).

107. Kilic C, Curran HV, Noshirvani H, et al.Long-term effects of alprazolam on memory: a 3.5 year follow-up of agoraphobia/panic patients.Psychological Medicine. 1999; 29: 225-231.

108. Tyrer P.Current problems with the benzodiazepines.In: Wheatly D (editor). The anxiolytic jungle: where next? Wiley, Chichester, UK; 1990.

109. Thomas RE.Benzodiazepine use and motor vehicle accidents: systematic review of reported association.Canadian Family Physician. 1998; 44: 799-808.

110. Bernstein JG.Handbook of drug therapy in psychiatry.3rd edition. Mosby, St Louis, MO; 1995.

111. Mitte K, Noack P, Steil R, et al.A meta-analytic review of the efficacy of drug treatment in generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2005; 25: 141-150.

112. Rickels K, DeMartinis N, Aufdembrinke B.A double-blind, placebo controlled trial of abecarnil and diazepam in the treatment of patients with generalized anxiety disorder.Journal of Clinical Psychopharmacology. 2000; 20: 12-18.

113. Mahe V, Balogh A.Long-term pharmacological treatment of generalized anxiety disorder.International Clinical Psychopharmacology. 2000; 15: 99-105.

114. Ipser JC, Carey P, Dhansay Y, et al.Pharmacotherapy augmentation strategies in treatment-resistant anxiety disorders.In: The Cochrane Library Wiley, Chichester, UK.

115. Mendels J, Krajewski TF, Huffer V, et al.Effective short-term treatment of generalized anxiety with trifluoperazine.Journal of Clinical Psychiatry. 1986; 47: 170-174.

116. Gao K, Muzina D, Gajwani P, et al.Efficacy of typical and atypical antipsychotics for primary and comorbid anxiety symptoms or disorders: a review.Journal of Clinical Psychiatry. 2006; 67: 1327-1340.

117. Depping AM, Komossa K, Kissling W, et al.Second-generation antipsychotics for anxiety disorders (Cochrane review).In: The Cochrane Library. Chichester, UK: John Wiley & Sons, Ltd.

118. Ballenger JC, McDonald S, Noyes R Jr, et al.The first double-blind, placebo-controlled trial of a partial benzodiazepine agonist, abecarnil (ZK 112-119), in generalized anxiety disorder.Advances in Biochemical Psychopharmacology. 1992; 47: 431-447.

This information is aimed at a UK patient audience. This information however does not replace medical advice. If you have a medical problem please see your doctor. Please see our full Conditions of Use for this content. For more information about this condition and sources of the information contained in this leaflet please visit the Best Health website, http://besthealth.bmj.com . These leaflets are reviewed annually.

Last published: Apr 24, 2014