

The Treatment of Generalized Anxiety Disorder (GAD) with Psychotherapy

Cognitive Behavioral Therapy (CBT)

- The quality of the therapeutic relationship between therapist and patient is a strong predictor of treatment success.
 - Encourage patients to find a therapist who they can trust and who works with them in a collaborative manner, even if it means switching therapists.
- Refer patients with GAD to a therapist who offers CBT. CBT has high-quality evidence for treatment of GAD. It is the first-line psychotherapeutic intervention for GAD recommended by multiple international clinical practice guidelines.¹⁻⁴
 - When choosing a therapist, consider their years of experience providing CBT and if they list any professional certifications in CBT.
- Not all "talk therapy" is CBT. CBT is structured and goal-driven to reduce symptoms and improve functional status. It often involves homework for the patient.
- About 50% of patients in clinical trials of CBT had symptoms improve to the point that they no longer met criteria for GAD.² Weekly CBT sessions could elicit beneficial effects within 4-6 weeks.²

If CBT is not an option or is ineffective:

- Refer to a different type of psychotherapy
 - Other forms of evidence-based psychotherapy have evidence of effectiveness for GAD.²
- Currently, there are not enough qualified mental health providers in Oregon to meet the need. Providers and patients may consider other treatment options while they await their first appointment, though these options are not an alternative to a therapist:
 - Consider using a mental health app. [OneMindPsyberGuide](#) is a searchable database of mental health apps that have been reviewed for their research base, transparency and credibility.
 - Lifestyle modifications (e.g., less caffeine, more exercise, relaxation activities).
 - Psychoeducation and self-help
 - Peer support services
 - Patient preferred cultural and spiritual resources and practices
 - Promotion of sleep health
 - Medication

References:

1. Katzman MA, Bleau P, Blier P, Chokka P, Kjernisted K, Van Ameringen M, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. BMC Psychiatry. 2014;14 Suppl 1:S1.
2. Andrews G, Bell C, Boyce P, Gale C, Lampe L, Marwat O, et al. Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. Australian & New Zealand Journal of Psychiatry. 2018;52(12):1109-72.
3. Bandelow B, Allgulander C, Baldwin DS, Costa D, Denys D, Dilbaz N, et al. World Federation of Societies of Biological Psychiatry (WFSBP) guidelines for treatment of anxiety, obsessive-compulsive and posttraumatic stress disorders - Version 3. Part I: Anxiety disorders. World J Biol Psychiatry. 2022:1-39.
4. Generalised anxiety disorder and panic disorder in adults: management (Clinical guideline, 26 Jan 2011). National Institute for Health and Care Excellence (NICE). Available at: www.nice.org.uk/guidance/cg113. Accessed 19 Sep 2022.

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