

## A study of 1 month clinical response in generalized anxiety disorder treatment

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**Objective** : *To investigate the changes of clinical response in patients with generalized anxiety disorder. Before and after treatment .*

**Setting** : *Department of Psychiatry, Faculty of Medicine, Chulalongkorn University.*

**Design** : *Prospective descriptive study.*

**Subjects** : *Out patients of General Psychiatric Clinic, Department of Psychiatry, King Chulalongkorn Memorial Hospital.*

**Method** : *Assessments of clinical response in 15 patients with generalized anxiety disorder by Hamilton Anxiety Rating Scale, before and a month after treatment.*

**Result** : *The investigation showed that there were statistically significant decrease in the score of Hamilton Anxiety Rating Scale after treatment ( $p < 0.01$ ).*

**Conclusion** : *The common symptoms of generalized anxiety disorder in this study decreased, especially insomnia, somatic sensory and gastrointestinal symptoms. The favorable responsive symptoms were autonomic nervous system hyperactivity, somatic sensory and insomnia. Monitoring of the score may improve the quality of the treatment .*

**Key words** : *Stress, Anxiety, Treatment, Generalized anxiety disorder, Hamilton Anxiety Rating - Scale, GAD, HARS.*

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# การศึกษาลักษณะอาการเปลี่ยนแปลงทางคลินิกของผู้ป่วยโรควิตกกังวลชนิด generalized anxiety disorder ก่อนและหลังได้รับการรักษาเป็นเวลา 1 เดือน. จุฬาลงกรณ์เวชสาร 2545 ก.ค; 46(7): 549 - 54

เดชา ตลิตอนันต์พงศ์. การศึกษาลักษณะอาการเปลี่ยนแปลงทางคลินิกของผู้ป่วยโรควิตกกังวลชนิด generalized anxiety disorder ก่อนและหลังได้รับการรักษาเป็นเวลา 1 เดือน. จุฬาลงกรณ์เวชสาร 2545 ก.ค; 46(7): 549 - 54

**วัตถุประสงค์ :** การวิจัยนี้เป็นการศึกษาลักษณะการเปลี่ยนแปลง อาการทางคลินิกของผู้ป่วยโรควิตกกังวลชนิด generalized anxiety disorder ก่อนและหลังได้รับการรักษา

**วิธีการศึกษา :** ศึกษาผู้ป่วยใหม่โรควิตกกังวล generalized anxiety disorder (GAD) ซึ่งมารับการรักษาที่ คลินิกผู้ป่วยนอก ฝ่ายจิตเวชศาสตร์ โรงพยาบาลจุฬาลงกรณ์ จำนวน 15 ราย โดยทดสอบค่าความวิตกกังวลตาม Hamilton Anxiety Rating Scale ก่อนการรักษา และทำการวัดความวิตกกังวลด้วยวิธีเดิม(Post-test) อีกครั้งใน 1 เดือนต่อมา

**ผลการศึกษา :** ผลการทดสอบ Hamilton Anxiety Rating Scale ลดลงอย่างมีนัยสำคัญทางสถิติ และผู้ป่วยทุกรายมีความวิตกกังวลลดลง หลังจากรักษา

**สรุปผลศึกษา :** ผู้ป่วยทุกรายมีผลการทดสอบ Hamilton Anxiety rating scale ลดลง ก่อนรักษา ผู้ป่วยมีอาการที่รบกวนมากที่สุดคือ อาการนอนไม่หลับ (insomnia) รองลงมาได้แก่ อาการทางระบบประสาทสัมผัส (somatic sensory), อาการทางเดินอาหาร (gastrointestinal) หลังจากรักษา อาการที่ลดลงมากที่สุด คือ อาการทางระบบประสาทอัตโนมัติ (autonomic symptoms), อาการทางระบบสัมผัส (somatic sensory) และอาการนอนไม่หลับ (insomnia) การใช้ผลคะแนนทดสอบและการติดตามผลคะแนน อาจช่วยในการเพิ่มประสิทธิภาพในการรักษาผู้ป่วยกลุ่มนี้

คำสำคัญ : โรควิตกกังวลชนิด generalized anxiety disorder (GAD) - จุฬาลงกรณ์

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Generalized anxiety disorder (GAD) is a psychiatric diagnosis. The patients excessively worry about two or more situations in life, accompanied by physiological symptoms of sufficient severity that satisfy the diagnostic criteria.<sup>(1)</sup> Preliminary evidence suggests that the pattern of chronically intense worry about life circumstances distinguishes GAD from other anxiety disorders. Nearly all GAD patients receive an additional diagnosis (comorbidity). Patterns of comorbidity indicate a high frequency of social phobia.<sup>(2)</sup> Hamilton Anxiety Rating Scale (HARS) is the most widely used semistructured scale of assessment of the outcome of the treatment outcome of anxiety. Interrater reliability coefficients for HARS have been previously reported. However, differences in the ways that clinicians assessed the severity of the symptom may reduce its reliability.<sup>(3)</sup> There are two ways for the treatments for GAD, namely: pharmacological and psychological approaches. Benzodiazepines have replaced most of the pharmacological agents in the management of anxiety.<sup>(4)</sup> However, since clinical experiences suggest that psychotherapy augments the efficacy and shortens the length of time used in pharmacotherapy, psychotherapeutic techniques, ranging from relatively simple stress management and problem-solving assistance to more complex cognitive and psychodynamic treatments, should be applied for almost every patient with GAD.<sup>(5)</sup>

## Material and Methods

### Patient Selection

Male and female outpatients who are older than 15 and fit in with the DSM-IV criteria<sup>(6)</sup> for GAD, but not other major depressive or psychotic disorders

and those whose symptomatic require treatment were invited to join the study.

### Method

The subjects were the new cases which had diagnosis as Generalized anxiety disorder during regular 2 months outpatient services. Patients were requested to have screening and baseline total scores accessed by Hamilton Rating Scale for Anxiety which was 13 to 29. The 15 patients underwent a 4-week treatment in which they were randomly treated by another therapist. All subjects received standard treatment comprise of pharmacological medications and psychosocial interventions in basis. The scales were completed as baseline and 4 weeks after the treatment. In general, the rating scores of Hamilton Rating Scale are, namely: 0=None; 1=Mild; 2=Moderate; 3= Severe; 4= Very Severe . The pre- and post-scores were compared, according to student *t*-test.

### Inclusion Criteria

1. Diagnosis Generalized anxiety disorder
2. Age more than 15 year
3. The Hamilton Rating Scale of anxiety scores 13 to 29

### Exclusion Criteria

1. The subjects who had more than one axis I Diagnosis (Dual diagnosis) such as Major depressive disorder or psychotic disorder
2. Severe Personality disorder
3. Anxiety disorder due to General medical condition
4. Not cooperative or loss follow up

## Results

In the study, 15 cases of GAD were treated at King Chulalongkorn Memorial Hospital (The characteristics of the selected subjects are summarized in Table 1). There were statistically improvements of clinical responses which showed in Hamilton Anxiety Rating Scale ( $p < 0.01$ ). The pre-score of 25.57 was compared with 16.92 of the post 1-month score (Table 2). In the sub-scale items of Hamilton Anxiety Rating Scale, the most disturbance presentation symptom was difficulty in sleep (insomnia). The other symptoms were disturbance in somatic sensory and gastrointestinal systems. The uncommon symptoms were, namely: genitourinary, fear and respiratory system. After one month of treatment, the most responsive symptoms were autonomic nervous system, somatic system and insomnia (Table 3).

**Table 1.** Characteristics of the studied population.

| Gender    | Number | Percent |
|-----------|--------|---------|
| Male      | 7      | 46      |
| Female    | 8      | 54      |
| Age group |        |         |
| 20 -30    | 1      | 6.7     |
| 31 - 40   | 7      | 47.7    |
| 41 - 50   | 5      | 33.3    |
| > 50      | 2      | 13.3    |
| Mean age  | 38.6   | years   |

**Table 2.** The result of Hamilton Anxiety Rating Scale.

| Patient ID | Before treatment | After treatment |
|------------|------------------|-----------------|
| 1          | 27               | 17              |
| 2          | 20               | 20              |
| 3          | 17               | 17              |
| 4          | 26               | 22              |
| 5          | 28               | 18              |
| 6          | 29               | 20              |
| 7          | 13               | 9               |
| 8          | 22               | 8               |
| 9          | 28               | 25              |
| 10         | 26               | 12              |
| 11         | 29               | 8               |
| 12         | 28               | 26              |
| 13         | 28               | 23              |
| 14         | 14               | 12              |
| 15         | 23               | 18              |
| Mean       | 25.57857         | 16.92857        |
| Sd         | 5.49             | 5.98            |

**Table 3.** The items score of Hamilton Anxiety Rating Scale, before and after 1 month of treatment.

| HAMA                      | Before | After |
|---------------------------|--------|-------|
| Anxious mood              | 1.93   | 1.4   |
| Tension                   | 2.07   | 1.47  |
| Fears                     | 0.71   | 0.4   |
| Insomnia                  | 2.43   | 1.4   |
| Intellectual (cognitive)  | 2.14   | 1.47  |
| Depressed mood            | 1.57   | 1.33  |
| Somatic ( muscular )      | 1.86   | 2.07  |
| Somatic ( sensory )       | 2.21   | 1.2   |
| Cardiovascular symptoms   | 1.79   | 1.13  |
| Respiratory symptoms      | 1.14   | 0.93  |
| Gastrointestinal symptoms | 2.21   | 1.33  |
| Genitourinary symptoms    | 0.57   | 0.67  |
| Autonomic symptoms        | 1.43   | 0.67  |
| Behavior at interview     | 1.93   | 1.53  |



## Discussion

The previous study suggested that Generalized Anxiety Disorder and its cardinal features (worry), were associated with lower cardiac vagal control and provided evidence for the utility of further exploration of the role of the activity of autonomic nervous system in GAD.<sup>(7)</sup> The central nervous system's hypervigilance and hyperarousal, as actual symptoms of GAD, lead to nocturnal insomnia, which in turn may cause a consequence of sleep pressure, not slept off diurnal tiredness.<sup>(8)</sup> The motor tension, clinically anxious individuals have elevated muscular tonus and reduced variability in frontal is activity during stressful tasks and presented an approach to EMG analysis that could be useful to distinguish unique features of anxiety as well as other emotional disorders.<sup>(9)</sup>

The study shows the trend of presentation symptoms patient complaint. Generally, a physician needs only few cardinal symptoms to diagnosis GAD, worry, motor tension and hyperactivity of the autonomic nervous system. The Hamilton Anxiety Rating Scale may reveal the uncommon symptom such as genitourinary, gastrointestinal and also the depressive symptoms in GAD patients. However this study had the limited sample size which may limit the accuracy of the statistic outcome.

GAD follows a chronic course with low rates of remission and moderate rates of relapse/recurrence following the remission. Retrospective studies suggest that the chronic pattern may last up to 20 years.<sup>(10)</sup>

The monitoring of the HARS may improve the quality of the treatment. As treatment for GAD becomes more common, prospective studies will identify the effect of the therapy on the course and the nature of

the disorder that leads to increased understanding of GAD and the development of effective strategies of treatment.

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