

Generalized Anxiety Disorder

A plain-English guide for you and your family

WHAT IS HAPPENING

When your brain is healthy, chemical messengers like serotonin (steadies mood), norepinephrine (keeps you alert and focused), and GABA (the main calming signal) work together to keep your thoughts, feelings, and actions balanced. The prefrontal cortex—the front part of your brain that thinks things through and pumps the brakes on big feelings—works with the amygdala, your brain's alarm center that flags danger. Normally, when a threat passes, the prefrontal cortex tells the amygdala to stand down. But in Generalized Anxiety Disorder, the levels of serotonin, norepinephrine, and GABA drop too low, so the prefrontal cortex loses its grip and the amygdala stays fired up all the time. That constant alarm floods your body with stress signals—your muscles tighten, your heart races, your stomach twists, sleep breaks apart, and you feel exhausted and irritable. None of this is random or made up. Every symptom makes sense when you see that your body is stuck in emergency mode even though there's no real emergency. And here's the key: biology is only part of the story. Chronic stress from money trouble, loneliness, trauma, or unsafe housing turns the volume up on the same broken circuit and makes it much harder to heal. You have to treat both the brain chemistry and the life stressors feeding it, or the cycle just keeps running.

What you might feel

- Worrying most days for at least 6 months that's hard to stop or control
- Feeling restless, wound-up, or on edge
- Getting tired easily or feeling worn out
- Trouble concentrating or mind going blank
- Being irritable or on a short fuse
- Muscle tension, aches, or jaw clenching
- Trouble falling asleep, staying asleep, or restless sleep
- Physical symptoms like fast heartbeat, sweating, shaking, or upset stomach that happen often
- Thoughts of harming yourself or that life isn't worth living

- Sudden, intense panic attacks with chest pain, feeling like you can't breathe, or fear of dying

Call the doctor right away if...

- Any thought of harming yourself or ending your life—get help right away.
- New chest pain, trouble breathing, or feeling like you might pass out during anxiety (could be a heart or lung problem, not just anxiety).
- Sudden confusion, slurred speech, or weakness on one side of the body (could be a stroke, not anxiety).
- Can't eat, drink, or sleep for days because of the anxiety, or losing dangerous amounts of weight.
- Using alcohol or drugs daily to cope with the worry or calm down.

What the care team will do

- Screen for suicidal thoughts and self-harm risk using a standard tool like the Columbia Suicide Severity Rating Scale at every visit.
- Teach the patient to recognize physical symptoms of anxiety—racing heart, sweating, shaking—so they can use calming techniques early instead of letting worry build.
- Provide written instructions on how to take the prescribed SSRI or SNRI every day at the same time, and explain it takes four to six weeks to feel the full benefit.
- Connect the patient with a therapist trained in cognitive-behavioral therapy and schedule the first appointment before they leave.
- Ask about alcohol, benzodiazepine use, and other substances at every visit; educate that mixing these with prescribed anxiety medicines can cause dangerous sedation or breathing problems.
- Teach one quick calming technique like box breathing—breathe in for four counts, hold four counts, breathe out four counts, hold four counts—and have the patient practice it with you.
- Review caffeine intake and suggest limiting coffee, energy drinks, and soda to one serving daily or switching to decaf.
- Schedule follow-up in two to four weeks to check medication side effects, dose adjustments, and worsening symptoms; give the patient a 24-hour crisis number to call if symptoms become unbearable.

Medicines you may be given — and why

Sertraline (Zoloft), Escitalopram (Lexapro), or other SSRI

SSRIs boost serotonin (a brain messenger that steadies mood and calms worry) by blocking the pump that sucks it back up, so more serotonin stays in the gap between brain cells and keeps working longer.

Venlafaxine (Effexor) or Duloxetine (Cymbalta)

SNRIs boost both serotonin (steadies mood and worry) and norepinephrine (sharpens focus and energy) by blocking the pumps that pull them back, so both messengers stay active longer in the brain.

Buspirone (BuSpar)

Buspirone fine-tunes serotonin signals by gently turning down the brain's worry circuits without causing sedation or dependence, so you feel calmer without feeling foggy.

Pregabalin (Lyrica)

Pregabalin blocks overactive calcium channels on nerve endings, so nerves release less glutamate (the brain's main 'go' signal), which turns down the volume on racing, anxious brain activity.

Hydroxyzine (Vistaril, Atarax)

Hydroxyzine blocks histamine (a wake-up signal) in the brain, which calms the body's physical anxiety symptoms—racing heart, jitters—and makes you drowsy, so it works fast for short-term relief.

Lorazepam (Ativan), Alprazolam (Xanax), Clonazepam (Klonopin), or other benzodiazepine

Benzodiazepines boost GABA (the brain's main calming signal) by making GABA receptors more sensitive, so the brain's brakes work harder and anxious, racing thoughts slow down fast—but only for a short time.

Where this information comes from

- American Psychiatric Association (APA) DSM-5-TR 2022
- U.S. Preventive Services Task Force (USPSTF) Anxiety Screening 2023
- Cochrane systematic reviews on anxiety treatment
- American Academy of Family Physicians (AAFP) anxiety guideline

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