

**Online Table A. Differential Diagnosis of Patients with Generalized Anxiety Disorder**

<p><b>Cardiopulmonary disease</b></p> <p>Angina pectoris          Cardiac arrhythmia          Cardiomyopathy          Congestive heart failure          Hyper- or hypotension          Mitral valve prolapse          Myocardial infarction          Recurrent pulmonary embolism</p> <p><b>Endocrine disorders</b></p> <p>Hypercortisolism (Cushing syndrome)          Hyperthyroidism (thyrotoxicosis)          Hypoglycemia          Hypoparathyroidism          Hypothyroidism          Pheochromocytoma</p>	<p><b>Metabolic conditions</b></p> <p>Acidosis          Electrolyte abnormalities          Pernicious anemia</p> <p><b>Neurologic disorders</b></p> <p>Encephalitis          Narcolepsy          Neoplasms          Parkinson disease          Seizure          Vestibular dysfunction          (labyrinthitis, Meniere disease)</p> <p><b>Nutritional deficiencies</b></p> <p>Folate          Pyridoxine          Vitamin B<sub>12</sub></p>	<p><b>Psychiatric disorders</b></p> <p>Adjustment disorders (with anxiety, with anxiety and depressed mood)          Depression          Other anxiety disorders (e.g., panic disorder, social anxiety disorder, substance-induced anxiety disorder, anxiety disorder caused by a general medical condition)</p> <p><b>Respiratory</b></p> <p>Asthma          Chronic obstructive pulmonary disease          Hypoxia          Pneumonia</p> <p><b>Other disorders</b></p> <p>Acute hyperventilation syndrome          Acute intermittent porphyria          Chronic fatigue syndrome          Wilson disease</p>
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**Online Table B. Anxiety-Inducing Medications and Substances**

<p><b>Medication/substance use</b></p> <p>Amphetamines          Anticholinergics          Beta-adrenergic agonists          Caffeine          Cannabis          Clonidine (Catapres)          Cocaine          Corticosteroids          Digoxin toxicity          Ephedrine and decongestants          Hallucinogens          Herbal medicine (e.g., ginseng)          Methylphenidate (Ritalin)          Neuroleptics          Reserpine          Selective serotonin reuptake inhibitors</p>	<p><b>Medication/substance use</b>  <i>(continued)</i></p> <p>Sympathomimetics          Theophylline toxicity          Thyroxine and levothyroxine</p> <p><b>Medication/substance withdrawal</b></p> <p>Alcohol          Anticholinergics          Anxiolytics (e.g., benzodiazepines)          Barbiturates          Beta blockers          Caffeine          Cocaine          Hypnotics          Nicotine          Opiates          Sedatives</p>
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### Online Table C. Psychological Strategies for Generalized Anxiety Disorder

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#### Education

Discuss GAD and symptoms often associated with the disorder. Inform patients that some worrying is common and that symptoms of stress are natural and not harmful; such information typically destigmatizes the problem. Provide patients with information on how thoughts, especially those denoting a challenge or threat, may precipitate anxiety and how changing these thoughts may change symptoms. Encourage patients to limit caffeine and nicotine use (these can exacerbate feelings of anxiety) and to refrain from self-medicating with alcohol, marijuana, and illicit drugs, or through compulsive activities that provide a temporary escape, such as overeating and shopping. Use education to reassure and empower the patient to take control of the problem.

#### Self-monitoring

Encourage patients to record their symptoms of anxiety, with situational factors and thoughts that may trigger feelings of anxiety. Instruct patients to practice self-monitoring between visits and to bring their log sheet back for physician review. It should be noted that self-monitoring alone will likely reduce worrying.

#### Self-calming strategies

Teach self-calming strategies. Such strategies include relaxation training (e.g., deep breathing, muscle relaxation), meditation, and stress management techniques.

#### Cognitive restructuring

Be aware that patients with GAD often have irrational thoughts (e.g., that unlikely events will occur, that something catastrophic will happen in the future). Thoroughly examine self-monitoring logs, and have a frank discussion about thoughts and behaviors related to patient anxiety and worry. Help patients to challenge unproductive thinking and to develop alternative, more realistic thinking patterns. Encourage patients to practice this strategy between sessions.

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*GAD = generalized anxiety disorder.*

*Information from Culpepper L. Generalized anxiety disorder in primary care: emerging issues in management and treatment. J Clin Psychiatry. 2002;63(suppl 8):35-42; Borkovec TD, et al. Psychotherapy for generalized anxiety disorder. J Clin Psychiatry. 2001;62(suppl 11):37-42; and Lang AJ. Treating generalized anxiety disorder with cognitive-behavioral therapy. J Clin Psychiatry. 2004;65(suppl 13):14-19.*