

**LIFTING THE CURTAIN: AN OPEN (AND  
SOMETIMES IRREVERENT) REFLECTION  
ON ANXIETY AND DEPRESSION**

**Will Jordan  
Assistant United States Attorney  
District of South Carolina**

## **I. INTRODUCTION**

### **a. Prevalence of depression, anxiety, and substance abuse in the legal profession**

I, like all of you, have been in substance abuse and mental health CLEs before. So, I know I'm supposed to start with statistics. But, I'm not going to do that. I'll explain why. I was playing golf with a friend recently. I'm not very good at golf, but on one hole, my tee shot found its way to the fairway. As I walked up to my golf ball, I asked my friend how many yards I had to the green. "Does it really matter?" he asked. It was a valid question. And it's a valid question when it comes to the prevalence of substance abuse and mental health issues in the legal profession. I think we're past the point of needing statistics. It's well known that substance abuse and mental health disorders are common in our society, and are even more prevalent in our profession. Let's move past the statistics.

### **b. Goals of presentation**

I have two goals for this presentation. First, I want to increase awareness. I want you to see another lawyer who struggles with anxiety and depression, so that if you find yourself in that boat one day (or you find yourself in that boat today), you might feel empowered to reach out and tell somebody that you need help. Second, I want to continue to decrease the stigma surrounding mental health. I believe we're moving in the right direction (as a society and as a profession), but there's still a stigma around mental illness. Some of those who struggle with mental illness feel a sense of shame surrounding it. As I've thought through sharing my own struggle with other lawyers, I've come to realize there are a lot of things in my life that I should rightly be ashamed of. (I saw the movie "Dude, Where's My Car?" in the theater, for example.) But I've realized that my struggles with anxiety and depression should not be a source of shame. They shouldn't be for you either.

## **II. UNIQUE CHALLENGE IN THE LEGAL PROFESSION**

### **a. Image is everything**

Struggles with mental health are not unique to the legal profession. But I do think there's a sense in which our profession steers us toward some of these feelings. And, of course, I'm talking about the Andre Agassi problem.

I grew up playing a lot of tennis in the nineties and Andre Agassi was my favorite tennis player. In those days, Agassi wore jean shorts with pink spandex under them; his mullet blowing in the wind. And sometime in the nineties, Agassi was in a series of television commercials for Cannon camera company. Agassi would be hitting tennis balls in the desert or on the streets of New York City, lights flashing and wind blowing. At the end of the commercials, he'd pull his sunglasses down, look into the camera, and say, "Image . . . is everything."

Of course, we live in a world where image is everything. Look at social media. But I think, in some ways, this “image is everything” world is magnified in our profession.

Consider those with whom you regularly interact in your professional life: clients, judges, mediators, opposing counsel, colleagues. In all these interactions, we feel a constant pressure to portray ourselves as the most competent, the most intelligent, the most capable. And weakness—whether it’s weakness in a case or personal weakness—is to be hidden or, at least, downplayed. We don’t want to expose our vulnerabilities.

In the Netflix series *The Crown*, there’s a scene in which Winston Churchill, played by John Lithgow, is sitting for a painting by artist Graham Sutherland. Sutherland finishes the painting and reveals it to Churchill and Churchill is not pleased. This exchange follows:

Sutherland: I accepted this commission because I admired you and I came through the experience admiring you even more.

Churchill: You make monsters of everyone you admire?

Sutherland: It’s not vindictive. It’s art. It’s not personal.

Churchill: Well, you are a lost soul. A narcissist without direction or certainty.

Sutherland: Please, sir. Don’t overreact. Give it time. I showed those sketches to your wife throughout the process. She remarked on how accurate they were.

Churchill: That is the whole point. It is not a reasonably truthful image of me!

Sutherland: It is, sir!

Churchill: It is not! It is cruel!

Sutherland: Age is cruel! If you see decay, it’s because there’s decay. If you see frailty, it’s because there’s frailty. I can’t be blamed for what is. And I refuse to hide and disguise what I see. If you’re engaged in a fight with something, then it’s not with me. It’s with your own blindness.

Each of us is a bit like Churchill. In this image is everything world in which weakness must be hidden, we swallow our feelings of anxiety or depression instead of giving voice to them. We internalize them and let them fester. We don’t deal with them, and they only get worse.

### **III. MY STORY**

#### **a. Early practice**

I started practicing law in 2007. I worked at a mid-sized firm in Greenville, South Carolina. I loved the people I was working with. I loved the firm. But I did not like practicing law. It was too stressful. I couldn't see how anyone could enjoy it. And it was so disappointing. I'd worked hard in law school. I'd done well in law school. I had a job at a good firm and, a year or so in, it was crushing me.

One of the manifestations of anxiety for me is that I tend to play the worst-case scenario game. That was the case in the early years of my law practice. An upcoming run-of-the-mill motion hearing would consume me for weeks. I'd play it out in my head, convincing myself that the worst possible outcome was the most likely. A counselor I know refers to this as feeding the alligator - letting your mind go to the worst possible outcome and replaying that movie over and over.

I just could not enjoy the practice of law. I was struggling to enjoy my life that included the practice of law in it. I considered a career change, but I felt trapped.

Ultimately, I decided I owed it to myself to try to find some contentment in the career I'd spent so much time, effort, and money pursuing. I decided on a fresh start, and took a job at a different firm in a different city. I was in a different practice area, which suited me better. And, again, I loved the firm. I loved the people I was working with. But, before long, I found myself right back in the same situation. I was overwhelmed. I was consumed by everything that could potentially go wrong in every case I handled.

And I started noticing some things about myself. I'd go through periods of exhaustion. I'd get easily frustrated or short-tempered at home. I wouldn't have the energy or motivation to do anything outside of work. I'd go through periods of just feeling numb to the world.

At the time, I believed this was just part of being a lawyer.

#### **b. Recognizing anxiety and depression**

The realization that I was dealing with something more than a stressful job in a stressful world came one Saturday afternoon at home. I had become increasingly frustrated with myself. I was frustrated that I was easily irritated at home; that I was short with my wife and kids. I was frustrated with this feeling that my job and the rest of the world outside of my home were getting the best parts of me and that my family was getting the stale leftovers. I could go out into the world and I could mask these feelings, but the mask would only hold up for so long. At home, the mask would come off. And, too often, I didn't like the person I was at home. And one day that frustration and disappointment lead me to say to my wife: "Sometimes I think you and the kids would be better off without me." And as soon as those words came out of my mouth, I realized I was dealing

with something more than a by-product of working in a profession that can, at times, be stressful.

### **c. The black dog**

Over the years, I've tried to find meaningful and helpful ways to articulate what anxiety and depression feel like (for me at least). It isn't easy to do. Going back to Churchill, the British Prime Minister would—from time to time—experience periods of depression. I've read that Churchill referred to the depression that would show up in his life as “the Black Dog.” That's a helpful metaphor.

Imagine you wake up one morning and look out your bedroom window. There's a black dog sitting in your front yard. It isn't your dog. It isn't your neighbor's dog, so far as you know. It isn't a dog you've ever seen before. You tell your spouse about it and he or she asks what it looks like. “It's just a black dog,” you say. It's otherwise difficult to describe. You don't know where it came from. You don't know why it's in your yard. If you open the front door and walk out into the yard, it might run away. It might growl at you or even bite you. It might follow you back inside and make itself at home. When you get up tomorrow, it might be gone. It might be sitting there again. It's unpredictable.

That's my experience with anxiety and depression. They're hard to describe. They're unpredictable. They come and go as they please. Though they feel like they should be, they often are not tied to experiences.

### **d. Dealing with anxiety and depression**

Having recognized I was experiencing anxiety and depression, I figured there must be a solution—a magic bullet—and I set out to find it. Surely I could change my diet, or cut out alcohol, or adopt a specific exercise regime that would bring relief. Maybe cold showers or meditation. I tried it all and, sadly, found no magic bullet.

So, I called a friend who had been open about his own struggle with depression. Over coffee, I shared what I had been experiencing. Though my proclivity for worst-case scenario thinking had me concerned my friend would hear “depressed” and think “suicidal,” my friend didn't overreact. He listened to me, expressed his sympathy, and encouraged me to schedule an appointment with my doctor.

My doctor, likewise, didn't overreact. He explained the chemistry of the brain and suggested I try medication. He prescribed Lexapro. I was hesitant to fill the prescription. I didn't want the medication to change my personality; to make me artificially happy or “checked out.” I was worried about the side effects. And, as I explained to my friend, I didn't know if I wanted to take this medication for the rest of my life. “You don't want to feel the way you're feeling right now for the rest of your life,” my friend responded.

I filled the prescription, and over the course of a few weeks, it helped. It didn't change my personality. It wasn't a magic bullet. Stressful things were still stressful. Life still

brought about a wide range of emotions. But the medication made me feel more like myself.

I also started seeing a therapist. I was, to put it mildly, a therapy skeptic. I struggled to see how setting aside an hour a week to talk about my anxiety and depression would help to quell those struggles. I wondered if it might make them worse. Like the medication, while not a magic bullet, therapy brought relief.

#### IV. MY ADVICE

The best advice I can offer is illustrated by a scene in the comedy classic, *Tommy Boy*. Tommy Callahan, played by Chris Farley, is going to meet with Ray Zalinsky, played by Dan Aykroyd, in an attempt to convince Zalinsky not to shut down the auto parts factory owned by Tommy's family. Nervous about the meeting, Tommy rubs an air freshener from the taxicab all over himself. Tommy gets in the elevator and notices Zalinsky standing next to him. This exchange follows:

Zalinsky: Went a little heavy on the pine tree perfume there, kid?

Tommy: Sir, it's a taxicab air freshener.

Zalinsky: Good, you've pinpointed it. Step two is washing it out.

Be open to considering whether anxiety or depression are issues in your life—or in the lives of your friends, co-workers, or family members—that warrant your attention. If they are, while you won't find a magic bullet (let me know if you do), there are steps you can take that will bring relief. Go see your doctor. Meet with a therapist. Talk to a friend. There is a path forward.

#### V. RESOURCES

- a. National Institute of Mental Health Depression Brochure
- b. National Institute of Mental Health Anxiety Brochure
- c. National Alliance on Mental Illness (<https://www.nami.org/home>)
- d. National Suicide Prevention Lifeline (<https://suicidepreventionlifeline.org/>)
- e. Substance Abuse and Mental Health Services Administration (<https://www.samhsa.gov/>)
- f. "What Does the Metaphor 'Black Dog' Mean Concerning Depression?," (<https://www.betterhelp.com/advice/depression/understanding-the-metaphorical-black-dog-depression-and-how-it-works/>)

## **VI. CONTACTS**

- a.** Suicide and Crisis Lifeline – 988
- b.** ABA Directory of Lawyer Assistance Programs  
([https://www.americanbar.org/groups/lawyer\\_assistance/resources/lap\\_programs\\_by\\_state/](https://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state/))

# Depression





# What is depression?

Everyone feels sad or low sometimes, but these feelings usually pass with a little time. Depression (also called major depressive disorder or clinical depression) is different. It can cause severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. It is an illness that can affect anyone—regardless of age, race, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.

Depression may occur with other mental disorders and other illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse, and vice versa. Sometimes medications taken for these illnesses cause side effects that contribute to depression symptoms.

## What are the different types of depression?

Two common forms of depression are:

- **Major depression**, which includes symptoms of depression most of the time for at least 2 weeks that typically interfere with one's ability to work, sleep, study, and eat.
- **Persistent depressive disorder** (dysthymia), which often includes less severe symptoms of depression that last much longer, typically for at least 2 years.

Other forms of depression include:

- **Perinatal depression**, which occurs when a woman experiences major depression during pregnancy or after delivery (postpartum depression). For more information, visit [www.nimh.nih.gov/perinataldepression](http://www.nimh.nih.gov/perinataldepression).
- **Seasonal affective disorder**, which comes and goes with the seasons, typically starting in late fall and early winter and going away during spring and summer. For more information, visit [www.nimh.nih.gov/SAD](http://www.nimh.nih.gov/SAD).
- **Depression with symptoms of psychosis**, which is a severe form of depression where a person experiences psychosis symptoms, such as delusions (disturbing, false fixed beliefs) or hallucinations (hearing or seeing things that others do not see or hear). For more information about psychosis, visit [www.nimh.nih.gov/psychosis](http://www.nimh.nih.gov/psychosis).

Individuals diagnosed with bipolar disorder (formerly called manic depression or manic-depressive illness) also experience depression. For more information about this mood disorder, visit [www.nimh.nih.gov/bipolardisorder](http://www.nimh.nih.gov/bipolardisorder).



# What are the signs and symptoms of depression?

---

Common symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies or activities
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early morning awakening, or oversleeping
- Changes in appetite or unplanned weight changes
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and that do not ease even with treatment
- **Suicide attempts or thoughts of death or suicide**

**If you or someone you know is in immediate distress or is thinking about hurting themselves**, call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

## How is depression diagnosed?

---

To be diagnosed with depression, an individual must have five depression symptoms every day, nearly all day, for at least 2 weeks. One of the symptoms must be a depressed mood or a loss of interest or pleasure in almost all activities. Children and adolescents may be irritable rather than sad.

If you think you may have depression, talk to your health care provider. Primary care providers routinely diagnose and treat depression and refer individuals to mental health professionals, such as psychologists or psychiatrists.

During the visit, your provider may ask when your symptoms began, how long they last, how often they occur, and if they keep you from going out or doing your usual activities. It may help to make some notes about your symptoms before your visit. Certain medications and some medical conditions, such as viruses or a thyroid disorder, can cause the same depression symptoms. Your provider can rule out these possibilities by doing a physical exam, interview, and lab tests.

Find tips to help prepare for and get the most out of your visit at [www.nimh.nih.gov/talkingtips](http://www.nimh.nih.gov/talkingtips). For additional resources, visit the Agency for Healthcare Research and Quality website at [www.ahrq.gov/questions](http://www.ahrq.gov/questions).

## Does depression look the same in everyone?

---

Depression can affect people differently, depending on their age.

**Children** with depression may be anxious, cranky, pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.

**Older children and teens** with depression may get into trouble at school, sulk, be easily frustrated, feel restless, or have low self-esteem. They also may have other disorders, such as anxiety and eating disorders, attention-deficit hyperactivity disorder, or substance use disorder. Older children and teens are more likely to experience excessive sleepiness (called hypersomnia) and increased appetite (called hyperphagia). In adolescence, females begin to experience depression more often than males, likely due to the biological, life cycle, and hormonal factors unique to women.

**Younger adults** with depression are more likely to be irritable, complain of weight gain and hypersomnia, and have a negative view of life and the future. They often have other disorders, such as generalized anxiety disorder, social phobia, panic disorder, and substance use disorders.

**Middle-aged adults** with depression may have more depressive episodes, decreased libido, middle-of-the-night insomnia, or early morning awakening. They also may more frequently report having gastrointestinal symptoms such as diarrhea or constipation.

**Older adults** with depression commonly experience sadness or grief or may have other less obvious symptoms. They may report a lack of emotions rather than a depressed mood. Older adults also are more likely to have other medical conditions or pain that may cause or contribute to depression. In severe cases, memory and thinking problems (called pseudodementia) may be prominent.

## How is depression treated?

---

Depression treatment typically involves medication, psychotherapy, or both. If these treatments do not reduce symptoms, brain stimulation therapy may be another treatment option. In milder cases of depression, treatment might begin with psychotherapy alone, and medication added if the individual continues to experience symptoms. For moderate or severe depression, many mental health professionals recommend a combination of medication and therapy at the start of treatment.

Choosing the right treatment plan should be based on a person's individual needs and medical situation under a provider's care. It may take some trial and error to find the treatment that works best for you. You can learn more about the different types of treatment, including psychotherapy, medication, and brain stimulation therapies, at [www.nimh.nih.gov/depression](http://www.nimh.nih.gov/depression). For information on finding a mental health professional and questions to ask when considering therapy, visit [www.nimh.nih.gov/psychotherapies](http://www.nimh.nih.gov/psychotherapies).

## Medications

Antidepressants are medications commonly used to treat depression. They take time to work—usually 4 to 8 weeks—and symptoms such as problems with sleep, appetite, or concentration often improve before mood lifts. It is important to give medication a chance before deciding whether or not it works.

**Please Note:** Some individuals—especially children, teenagers, and young adults—may experience an increase in suicidal thoughts or behavior when taking antidepressants, particularly in the first few weeks after starting or when the dose is changed. All patients taking antidepressants should be watched closely, especially during the first few weeks of treatment.

Information about medications changes frequently. Visit the U.S. Food and Drug Administration (FDA) website at [www.fda.gov/drugsatfda](http://www.fda.gov/drugsatfda) for the latest warnings, patient medication guides, and newly approved medications.

Treatment-resistant depression occurs when a person doesn't get better after trying at least two antidepressants. Esketamine is a newer FDA-approved medication for treatment-resistant depression delivered as a nasal spray in a doctor's office, clinic, or hospital. It often acts rapidly—typically within a couple of hours—to relieve depression symptoms. Individuals usually continue to take an oral antidepressant to maintain the improvement in depression.

Another option for treatment-resistant depression is to add a different type of medication that may make an antidepressant more effective, such as an antipsychotic or anticonvulsant medication or bupropion, an antidepressant that works differently from most.

Medications prescribed by your health care provider for depression can have side effects, but these may lessen over time. Talk to your provider about any side effects that you have. Do not stop taking medications without the help of a health care provider. If you abruptly stop taking your medicine, you may experience severe withdrawal symptoms.

FDA has not approved any natural products for depression. While research is ongoing, some people find natural products, including vitamin D and the herbal dietary supplement St. John's wort, to help depression. Do not use St. John's wort or other dietary supplements for depression before talking to your provider. For more information, visit the National Center for Complementary and Integrative Health website at [www.nccih.nih.gov](http://www.nccih.nih.gov).

## Psychotherapy

Psychotherapy (also called "talk therapy" or "counseling") teaches individuals with depression new ways of thinking and behaving and helps with changing habits that contribute to depression. Most psychotherapy occurs with a licensed, trained mental health professional in one-on-one sessions or with other individuals in a group setting. Two effective psychotherapies to treat depression include cognitive behavioral

therapy (CBT) and interpersonal therapy (IPT). The use of older forms of psychotherapy, such as dynamic therapy, for a limited time also may help some people with depression.

With CBT, people learn to challenge and change unhelpful thinking patterns and behavior to improve their depressive and anxious feelings. Recent advances in CBT include introducing mindfulness principles and the development of specialized forms of therapy targeting particular symptoms, such as insomnia.

IPT focuses on interpersonal and life events that impact mood and vice versa. The goal of IPT is to help people improve their communication skills within relationships, establish social support networks, and develop realistic expectations to help them deal with crises or other issues that may be contributing to or worsening their depression.

## Brain Stimulation Therapy

Brain stimulation therapy, which involves activating or inhibiting the brain directly with electricity or magnetic waves, is another option for some people when other depression treatments have not been effective.

The most common forms of brain stimulation therapy include electroconvulsive therapy and repetitive transcranial magnetic stimulation. Other brain stimulation therapies are newer and, in some cases, still experimental. You can learn more about these therapies at [www.nimh.nih.gov/braintherapies](http://www.nimh.nih.gov/braintherapies).

## How can I find help?

---

The Substance Abuse and Mental Health Services Administration provides the Behavioral Health Treatment Services Locator, an online tool for finding mental health treatment and support groups in your area, available at <https://findtreatment.samhsa.gov>. For additional resources, visit [www.nimh.nih.gov/findhelp](http://www.nimh.nih.gov/findhelp).



## How can I take care of myself?

---

Once you begin treatment, you should gradually start to feel better. Go easy on yourself during this time. Try to do things you used to enjoy. Even if you don't feel like doing them, they can improve your mood. Other things that may help:

- Try to get some physical activity. Just 30 minutes a day of walking can boost mood.
- Try to maintain a regular bedtime and wake-up time.
- Eat regular, healthy meals.
- Do what you can as you can. Decide what must get done and what can wait.
- Try to connect with other people, and talk with people you trust about how you are feeling.
- Postpone important life decisions until you feel better.
- Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.

## How can I help a loved one who is depressed?

---

If someone you know has depression, help them see a health care provider or mental health professional. You also can:

- Offer support, understanding, patience, and encouragement.
- Invite them out for walks, outings, and other activities.
- Help them stick to their treatment plan, such as setting reminders to take prescribed medications.
- Make sure they have transportation to therapy appointments.
- Remind them that, with time and treatment, the depression will lift.

Take comments about suicide seriously, and report them to your loved one's health care provider or therapist. **If they are in immediate distress or thinking about hurting themselves, call 911 for emergency services or go to the nearest hospital emergency room.**

## Where can I find clinical trials for depression?

---

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so others may receive better help in the future.

Researchers at the National Institute of Mental Health (NIMH) and around the country conduct many studies with patients and healthy volunteers. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit [www.nimh.nih.gov/clinicaltrials](http://www.nimh.nih.gov/clinicaltrials).

## Reprints

---

This publication is in the public domain and may be reproduced or copied without permission from NIMH. Citation of NIMH as a source is appreciated. To learn more about using NIMH publications, please contact the NIMH Information Resource Center at 1-866-615-6464, email [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov), or refer to our reprint guidelines at [www.nimh.nih.gov/reprints](http://www.nimh.nih.gov/reprints).

## For More Information

---

NIMH website

[www.nimh.nih.gov](http://www.nimh.nih.gov)

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

[www.clinicaltrials.gov](http://www.clinicaltrials.gov)

<https://salud.nih.gov/investigacion-clinica> (en español)

### National Institute of Mental Health

Office of Science Policy, Planning, and Communications

Science Writing, Press, and Dissemination Branch

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or

Toll-free: 1-866-615-6464

TTY: 301-443-8431 or

TTY Toll-free: 1-866-415-8051

Fax: 301-443-4279

Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)

Website: [www.nimh.nih.gov](http://www.nimh.nih.gov)



National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
NIH Publication No. 21-MH-8079  
Revised 2021

# Generalized Anxiety Disorder:

# When Worry Gets Out of Control



**National Institute  
of Mental Health**



# WHAT IS GAD?

Occasional anxiety is a normal part of life. You might worry about things like health, money, or family problems. But people with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them. People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

The good news is that GAD is treatable. Call your doctor to talk about your symptoms so that you can feel better.



# What are the signs and symptoms of GAD?

GAD develops slowly. It often starts during the teen years or young adulthood. People with GAD may:

- Worry very much about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel easily tired or tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable or feel “on edge”
- Sweat a lot, feel light-headed or out of breath
- Have to go to the bathroom a lot

Children and teens with GAD often worry excessively about:

- Their performance, such as in school or in sports
- Catastrophes, such as earthquakes or war



Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms that make it hard to function and that interfere with daily life.

Symptoms may get better or worse at different times, and they are often worse during times of stress, such as with a physical illness, during exams at school, or during a family or relationship conflict.

# What causes GAD?

GAD sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors play a role.

# How is GAD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

GAD is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

## Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating GAD. CBT teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious and worried. For more information on psychotherapy, visit <http://www.nimh.nih.gov/psychotherapies>.

## Medication

Doctors may also prescribe medication to help treat GAD. Your doctor will work with you to find the best medication and dose for you. Different types of medication can be effective in GAD:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Other serotonergic medication
- Benzodiazepines

Doctors commonly use SSRIs and SNRIs to treat depression, but they are also helpful for the symptoms of GAD. They may take several weeks to start working. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Buspirone is another serotonergic medication that can be helpful in GAD. Buspirone needs to be taken continuously for several weeks for it to be fully effective.

Benzodiazepines, which are sedative medications, can also be used to manage severe forms of GAD. These medications are powerfully effective in rapidly decreasing anxiety, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit <http://www.nimh.nih.gov/medications>. Visit the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

## What is it like to have GAD?

*"I was worried all the time and felt nervous. My family told me that there were no signs of problems, but I still felt upset. I dreaded going to work because I couldn't keep my mind focused. I was having trouble falling asleep at night and was irritated at my family all the time.*

*I saw my doctor and explained my constant worries. My doctor sent me to someone who knows about GAD. Now I am working with a counselor to cope better with my anxiety. I had to work hard, but I feel better. I'm glad I made that first call to my doctor."*

# Where can I find more information?

To learn more about generalized anxiety disorder, visit:

## **MedlinePlus (National Library of Medicine)**

<http://medlineplus.gov>

(En Español: <http://medlineplus.gov/spanish>)

For information on clinical trials, visit:

## **ClinicalTrials.gov**

<http://www.clinicaltrials.gov>

(En Español: <http://salud.nih.gov/investigacion-clinica/>)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website (<http://www.nimh.nih.gov>).

## **National Institute of Mental Health (NIMH)**

Office of Science Policy, Planning,

and Communications

Science Writing, Press,

and Dissemination Branch

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or

1-866-615-NIMH (6464) toll-free

TTY: 301-443-8431 or

1-866-415-8051 toll free

Fax: 301-443-4279

Email: [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov)

Website: <http://www.nimh.nih.gov>



National Institute  
of Mental Health

U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 19-MH-8090

Revised 2016