UNDERSTANDING YOUR DIAGNOSIS

Constant Worry

Also called Generalized Anxiety Disorder

Worry has become constant and hard to switch off - this is a real condition, and it gets better with treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 6 in 100 adults	Slowly, often by your 30s	Yes - most people improve	Millions of adults in the US

What this is

- This diagnosis means worry has been running most days for six months or longer, and you cannot talk yourself out of it.
- Worrying about real problems is normal. This is different: the worry is bigger than the problem and it does not shut off.
- It is not weakness and it is not something you brought on yourself. It is a health condition with treatments that work.
- Your body is stuck in alarm mode. That is why you feel tired, tense, and on edge even when nothing bad is happening.

What it can look and feel like

- You worry about many things at once - money, health, work, your family - and one worry hands off to the next one.
- Your jaw, neck, or shoulders stay tight, and you get headaches, an upset stomach, or aching muscles.
- You feel restless or keyed up, and small things make you snap at people you care about.
- You lie awake at night because your mind will not stop running through everything that could go wrong.
- You feel tired all day even after a full night in bed, and it is hard to concentrate or finish tasks.
- You put off decisions, over-prepare, make endless lists, or check on loved ones to be sure they are safe.
- You ask people for reassurance, and the relief lasts only a few minutes before the worry comes back.

What is happening in your brain and body

- Deep in your brain is an alarm center called the amygdala. With anxiety it fires too easily and too often.
- The thinking part of your brain at the front is supposed to calm that alarm down, but it has trouble doing that.
- Your body releases stress hormones such as adrenaline and cortisol, which tighten muscles and speed up your heart.
- Brain chemicals that help steady your mood and quiet the alarm - serotonin, norepinephrine, and GABA - are out of balance.
- Living in alarm mode wears the body down, which is why long-term worry is linked to stomach trouble and blood pressure problems.

What can make it more likely

- Anxiety runs in families. Roughly **a third** of the risk is inherited, so you may have been born more sensitive to stress.
- Stress that goes on and on - money trouble, caregiving, an unsafe home, a hard job - can tip that sensitivity into a disorder.
- Growing up with a lot of criticism, illness, or events you could not predict can teach a brain that danger is always close.
- Not being able to stand uncertainty is the engine of worry, and worry then feels like the thing that keeps you safe.

What to expect

- Anxiety tends to come in waves. It gets louder during stressful stretches and quieter in calm ones, and that is normal.
- Most people feel real relief within **6 to 12 weeks** of starting treatment, and smaller changes often show up sooner.
- The goal is not zero worry. It is worry that fits the situation, and a life that is no longer built around avoiding it.
- If worry returns later, it usually responds to the same tools that worked before, and often faster the second time.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy** is the strongest treatment. You meet with a therapist weekly, usually for about **12 to 16 sessions**.
- In cognitive behavioral therapy you learn to catch worry thoughts, test them against facts, and let uncertainty sit there.
- Your therapist may have you set a short daily worry time, so worry stops leaking into every hour of your day.
- Relaxation training and slow breathing teach your body to drop the muscle tension that keeps the alarm switched on.
- **Acceptance and commitment therapy** helps you stop wrestling with anxious thoughts and get back to what matters to you.

Medicines

- **Antidepressants** called SSRIs, such as escitalopram or sertraline, are the usual first choice and also calm anxiety.
- A related group called SNRIs, such as venlafaxine or duloxetine, works just as well when an SSRI is not the right fit.
- These take time. You may notice small changes in about two weeks and the full effect around **6 to 8 weeks**.
- Your prescriber decides the dose with you and raises it slowly. Early nausea, headache, or jitteriness usually fades.
- **Buspirone** is a steady option that is not habit-forming. Calming pills called benzodiazepines are for short-term use only.

Everyday things that help

- Sleep on a regular schedule. Short sleep makes the alarm system twitchy, and steady sleep is one of the fastest wins.
- Move your body most days. Brisk walking or other **aerobic exercise** three to five times a week measurably lowers worry.
- Cut back on caffeine, and do it gradually. Caffeine acts a lot like anxiety in the body, and quitting fast brings headaches.
- Alcohol quiets worry for an hour and then makes it worse the next day. It also blocks the learning therapy depends on.
- Tell one or two people what is going on. Guided self-help and online **CBT** programs help between appointments.

Get help right away if

- If you think about ending your life, call or text **988** in the US, or go to your nearest emergency room.
- Chest pain, trouble breathing, or a racing heart that will not settle should be checked in person, right away.
- Call your prescriber if a new medicine leaves you agitated, unable to sleep, or more anxious than before.

Questions to ask your care team

- *Is my worry coming from anxiety, or should we check my thyroid and other health causes first?*
- *Would you start with therapy, medicine, or both - and why that order for me?*
- *How long should I stay on this medicine, and how would we stop it safely later?*
- *What should I do on a day when the worry spikes and I cannot get anything done?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.