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MANAGEMENT OF ANXIETY DISORDERS: A REVIEW

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Abstract

Anxiety disorders with varieties including obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and generalized anxiety disorder (GAD), are among the most prevalent mental illnesses worldwide. There were only two medications approved by the FDA to treat anxiety from 2008 to 2024, indicating that there are limitations with current pharmacodynamic therapies, and certainly harms, delayed onset of effectiveness, and a lack innovation considering the high prevalence and impact on society. This review article also incorporates data from clinical guidelines, drug development from the pharmaceutical industry, and active research articles related to herbal therapies. This review discusses the very promising anxiolytic potential of herbs, as augmented by their low-cost and excellent safety profiles. It also discussed history of use of conventional herbal medicine and the we discussed therapeutic roles of benzodiazepines, SSRIs, SNRIs, and pipeline experimental drugs. There is much to be learned however, including the need for models of integrative therapy practices, standardized clinical trials, and an investigation of mechanisms. This review summary highlights the increased interest in practical strategies for individuals to manage anxiety, especially in applicable clinical and community health contexts where accessibility based on evidence, acceptance and safety of interventions are important factors.

Keywords: -Anxiety disorders, drugs treatment, Herbal medicine, research gap, Social Applicability.

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life, and feel happy and content. According to the National Institute of Mental Health, anxiety disorders are the most common mental health diagnoses in the United States. At any point in time, about 1 in 9 people have anxiety disorders. Anxiety disorders that develop or become exacerbated during college should be diagnosed and treated, in order to prevent the issues relating to this disorder from becoming chronic and persisting into later life [1].

SYMPTOMS OF ANXIETY DISORDERS

There are some symptoms of anxiety disorder discussed as [2]

Emotional sensations

Headache, nausea, vomiting, sweating, trembling, stomach pain, ulcers, diarrhea, tingling, weakness, body ache, feeling shortness of breath, hot flashes or chills, increased blood pressure and heart rate, etc

Physical sensations

Nervousness, worry, fear, irritability, insecurity, isolation from others, self-consciousness, desire to escape, feeling that one is going to die, etc.

These impairs cognitive processes (Thinking, decision-making ability, perceptions of the environment, learning, memory and concentration).

INTRODUCTION

Although general practitioners can manage anxiety disorders well, often they are under-diagnosed in primary care. The American Psychiatric Association (APA) and World Health Organization (WHO) have developed specific diagnostic guidelines for mental disorders in primary care settings. This report is intended as an additional resource and provides general practitioners with a brief and directive diagnostic guideline. This article outlines WFSBP Guidelines for anxiety Disorders, Obsessive-Compulsive Disorder (OCD), and Posttraumatic Stress Disorder in a brief and practical manner. But anxiety disorders are more intense, more frequent, and longer lasting than the stress that you experience when requirements to respond to environmental conditions lessen. This is one way in which an anxiety disorder differs from regular stress. An anxiety disorder can create a great deal of distress and can affect your ability to relax, enjoy

Etiology of anxiety Disorders

Table 1: Etiology of anxiety disorder

Social causes	Psychological causes	Biological causes
Unfavorable Life Events Insufficient social support Stress at work and a lack of social skills Shifting values Social standards in conflict Terrorism Natural disasters	Personality characteristics Low self-worth Dissonance in thought Negative feelings Conflicts between and/or within individuals Crises in development Perception of contextual elements	Heredity Unbalanced neurotransmitters Illness Medications Aspects of nutrition

Types of anxiety

Anxiety is a mental condition that can lead to considerable distress and interfere with everyday functioning. It is a collection of thoughts and feelings that reflect a variable and unpredictable reaction to life situations that might be a source of damage or harm. Anxiety have some followings types [3] such as :-

Panic Disorder

Panic disorder is characterized by frequent occurrences of unexpected and severe anxiety and fear. Physical symptoms that occur during a panic attack frequently include dizziness, lightheadedness, flushing or hot flashes, feelings of breathlessness, and a pounding heart. Panic attacks are often accompanied by pervasive feelings of disreality and fear of fainting, losing control, or death. Individuals with panic disorder avoid entering into public settings such as parties, classes, or social situations, because of fear of having a panic attack.

Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is characterized by an inability to stop continuously feeling uneasy and worrying, not only about major issues, but also about routine daily occurrences. Typical signs of the disorder may include a persistent feeling of restlessness or being tense or energized, inability to concentrating, headaches or tight muscles, irritability, and sleep issues. Individuals with GAD may have chronic, irrational anxiety related to believing something bad is going to happen. GAD affects approximately 5% of our population.

Phobias

A phobia is an extreme fear of some particular thing or situation, for example, fear of spiders, fear of flying, fear of enclosed spaces, fear of blood, fear of heights, fear of dogs, fear of thunderstorms, etc. Phobias cause a huge amount of anxiety that will often result in a person unnecessarily

restricting what they are able to do because of the risk of being exposed to whatever it is that they fear. Most phobias start in childhood.

Obsessive Compulsive Disorder

Obsessive Compulsive Disorder (OCD) is characterized by intrusive, disturbing thoughts, images, or urges. Examples of obsessive thinking include irrational fears of germs or dirt, unsettling thoughts of harming a loved one, or worries and uncertainties over whether you locked a door or turned an electrical device off. Compulsions are characterized by an irresistible urge to perform an act to avert or relieve the distress associated with the obsessive thought. Examples of compulsive behaviors include hand washing, counting, or needing to perform actions precisely, or in a certain order.

Post-Traumatic Stress Disorder

PTSD can develop after a traumatic event, for example, a terrible accident, physical or sexual assault, or combat during war. Symptoms can include intrusive, repeating images of the disturbing event, numbness and detachment, impatience, hyper vigilance, nightmares, or even other sleep-related difficulties, and may include avoidance and distress at reminders of the trauma. Some of these symptoms are common within weeks after a stressful event, but not everyone will develop PTSD after a traumatic event.

Social Anxiety Disorder

Social anxiety disorder is characterized by persistent and noticeable fear in social settings, or performance situations, when a person is around strangers and could be concerned about being judged by others. People tend to avoid these situations because of a fear of embarrassment. When the person cannot avoid the situation, they could experience physical symptoms of anxiety such as shaking, blushing, and nausea. Many individuals feel some amount of anxiety in social situations.

Separation Anxiety Disorder

A singular experiencing fear of abandonment has overpowering concern or tension when they are isolated from individuals they are connected to. The inclination is over the top for the individual's age, endures longer than typical (something like a month for youngsters and a half year for grown-ups), and disrupts day to day working. A person who is afraid of being abandoned might have bad dreams about being separated from the person they have most of the love, to be reluctant to go out at night and left the home or be extremely concerned about loose the person which have do more care about them.

Management of Anxiety disorder

Table 2: Recommended drug treatments for the main types of anxiety disorders [4]

	Post-traumatic stress disorder	Panic disorder	Generalized anxiety disorder	Obsessive compulsive disorder	Social anxiety disorder
Short-term treatment with benzodiazepines	Avoid benzodiazepines immediately after the trauma may interfere with the recovery process	Benzodiazepines • Alprazolam • Diazepam • Lorazepam • Clonazepam (NICE recommends avoiding benzodiazepines due to poor long-term outcomes)	Benzodiazepines • Alprazolam • Diazepam • Lorazepam (where possible 2-4 weeks only)	Avoid benzodiazepines have not been shown to be effective	Benzodiazepines • Clonazepam (2-4 weeks only)
First-line pharmacotherapy	SSRI • Paroxetine • Sertraline • Fluoxetine	SSRI • Citalopram • Escitalopram • Paroxetine • Fluoxetine • Sertraline • Fluvoxamine	SSRI • Sertraline • Citalopram • Escitalopram • Paroxetine	SSRI • Escitalopram • Fluoxetine • Fluvoxamine • Paroxetine • Sertraline • Citalopram	SSRI • Sertraline • Escitalopram • Paroxetine • Citalopram • Fluoxetine • Sertraline • Fluvoxamine
Other drug treatments with supporting evidence	• Venlafaxine • Mirtazapine • Phenelzine* • Augmenting the antidepressant with: olanzapine, risperidone or prazosin*	• Clomipramine • Imipramine • Venlafaxine • Lofepramine • Mirtazapine • Moclobemide	• Venlafaxine • Duloxetine • Pregabalin • Buspirone • Imipramine • Agomelatine • Quetiapine • Hydroxyzine • Trazodone	• Clomipramine • Augmenting the SSRI or clomipramine with an antipsychotic or 5-HT3 antagonist* • Augmenting the SSRI with lamotrigine or piracetam*	• Moclobemide • Phenelzine* • Venlafaxine • Pregabalin • Gabapentin • Olanzapine
Duration of antidepressant treatment following response	At least 12 months	At least 6 months	Up to 18 months	At least 12 months	At least 6 months

Herbal Medicine for Anxiety

Beyond being critical sources of nutrition, plants and their extracts are increasingly being used to help with mental health conditions such as anxiety, sleep and mood issues [5].

Table 3: - Herbal medicine for Anxiety

Herbal Medicine	Mechanism of action	Findings	Major active constituents
Passion flower (passiflora incarnata)	Anxiolysis mediated by GABA system Benzodiazepine receptor	Passion flower (passiflora incarnata)	Anxiolysis mediated by GABA system Benzodiazepine receptor
Brahmi (Bacopa monniera)	Cholinesterase inhibition. 5HT2c modulation. Antioxidant effect.	Anxiety Nervous exhaustion Depression,	Bacoside A Bacoside P
Ashwagandha	GABA	Fatigue Anxiety	Withanolide Withaferin

(Withaniasomnifera)	mimetic activity	Insomnia Nervous exhaustion	
Gotu cola (Centella asiatica)	Inhibition of acoustic startle response in human RCT GABA transaminase inhibition.	Cognitive Anxiety Stress	Asiaticoside
Chamomile (Matricaria recutita)	Neuroendocrine modulation Binding to GABA receptors.	Stress Anxiety	Apigenin α -bisabolol
Kava Kava (Piper methysticum)	GABA channel modulation (sodium channel function and Lipid membrane structure)	Anxious insomnia Anxiety	Kawain Dihydrokawain
Ginkgo (Ginkgo biloba)	GABAergic effect Modulation of monoamine and cholinergic pathways	Anxiety	Ginkgolide
Scullcap (ScutellariaLateriflora)	Posited GABA α - binding affinity	Nervous exhaustion Anxiety	Scutelaterin A baicalin

Literature Review

Shri R 2010 have researched anxiety disorders afflict one-eighth of the world's population, making anxiety disorders a major topic of psychopharmacological. A patient who suffers from anxiety problems may benefit from psychological therapies, medications, or a combination of both. Among the drawbacks associated with traditional antianxiety treatment are concurrent mental illnesses and raised dosage of medications leading to extreme side effects. Many participants in primary care were using supplements and alternative medical systems to help alleviate anxiety due to these limitations. This essay outlines the aspects of anxiety disorders and available safe and effective treatments [2].

Bandelow B et al.2012 have summarized of the World Federation of Biological Psychiatry (WFSBP) recommendations on pharmaceutical management of post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD) and anxiety disorders in primary care. The recommendations, based on randomized controlled studies, are founded by a task team of thirty international experts. It has been shown that a clinically identified treatment course comprises treatment with adjunction cognitive behavior/exposure therapies [6].

Bleakley S et al.2014 have classified the anxiety disorders, Post-traumatic stress disorder, obsessive compulsion disorder, and more. Topics of the essay include possible drug treatment and ensuing data [7].

Ahmad AV et al.2022 have studied anxiety is one of the most common mental health disorders and one of the most common causes of disability in the world. At the moment, traditional herbal remedies are receiving a lot of attention in discussions of global health. Herbs are less harmful and much cheaper, and much easier to digest, more effective and less toxic/less side effects, traditional herbal remedies in many medical situations are the most effective alternative to chemical medication. Health is once again promoted and restored by the herbal mitochondrial. along with continuing to exercise regularly and being a raw vegetarian. Raw vegetable plant leaves, roots, and stems have vitamins, like vitamin C, minerals, and amino acids, all of which can only help in emergencies involving systemic diseases [8].

Sonani S et al. 2023 have researched preclinical research on Ayurvedic herbal drugs as hypnotic, anxiolytic, and antidepressant psychopharmacology. These outcomes permit greater planning of additional therapeutic applications and greater understanding of mode of action, types of dosing. Along with a scientific review of preclinical research for the treatment of the more common mental diseases of extremely discouraging nature such as depression and anxiety, a survey was conducted to determine the mechanisms of action for those drugs with a concentration on the more apparent herbal remedies[9].

Sharma SK et al.2024 have studied pharmacological treatments of herbal remedies for anxiety disorders are the primary focus of this review. Generalized anxiety disorder (GAD), obsessive compulsive disorder (OCD), panic disorder, social phobia, specific phobia, and posttraumatic stress disorder (PTSD) are the most common behavioral disorders. Many therapeutic plants have demonstrated anti-anxiety effects. Current drugs heal only 30% of patients satisfactorily, while the rest do not reach complete healing. It would appear that it is essential to discover effective, safe, and less expensive alternatives [5].

Tadros E et al.2025 have summarized psychiatric agents that were approved by the FDA from 2008 to 2024 for the treatment of anxiety disorders, PTSD and OCD. Each agent is described in terms of a mechanism of action, labelled and unlabelled indications, and evidence for efficacy, dosing, and tolerability. [10].

Table 4:- Literature review

Sr.no	Authors/Year	Title	Methodology	Journal name	Findings
1.	Shri R 2010	Anxiety: Causes and Management	Literature review	<i>The Journal of Behavioral Science</i>	Anxiety stems from biopsychosocial causes; alternative therapies gaining importance
2.	Bandelow B et al.2012	Guidelines for the pharmacological treatment of anxiety disorders, OCD and PTSD in primary care	Review of randomized controlled trials and expert consensus	<i>Int. J. Psychiatry in Clinical Practice</i>	SSRIs, SNRIs, and pregabalin are first-line; CBT + meds is ideal in primary care
3.	Bleakley S et al.2014	Pharmacological management of anxiety disorders	Clinical guideline review	<i>Progress in Neurology and Psychiatry</i>	CBT and antidepressants effective; combined therapy best for OCD and panic disorders
4.	Ahmad AV et al.2022	Review on Herbal Drugs in Treatment of Anxiety Disorder	Narrative review of medicinal plants	<i>IJARST</i>	Herbal remedies offer safer, cost-effective alternatives to synthetic drugs for GAD, PTSD, and OCD
5.	Sonani S et al. 2023	Pharmacological activity of 6Ayurveda herbal medicines in anxiety and depression	Systematic review of preclinical data	<i>Journal of Drug Research in Ayurvedic Sciences</i>	Kava and Hypericum show strong anxiolytic effects; need for more clinical trials emphasized
6.	Sharma SK et al.2024	Reviewing Herbal Remedies for Managing Anxiety and Depression	Review of clinical and preclinical studies	<i>Int. J. of Pharm. Sci</i>	Herbs like <i>Passiflora</i> , <i>Bacopa</i> , and <i>Ashwagandha</i> show efficacy with fewer side effects
7.	Tadros E et al.2025	Systematic review of approved psychiatric medications and pipeline phase III drugs	Systematic literature search (PubMed 2008–2024); PRISMA methodology	<i>Drugs in Context</i>	Only two drugs approved for anxiety since 2008; 23 pipeline drugs identified; new mechanisms promising

Research Gaps

Pharmacological action

Only two medications in the past 16 years (which has included a period of 2 years of COVID period) have been newly developed and approved by the FDA specifically for anxiety disorders (duloxetine DR and lorazepam XR respectively) although anxiety is one of the most common mental conditions. Also, while we did not approve OCD or PTSD back then they also would not have been approved.

Pipeline Drugs

Real-world clinical efficacy, safety information, and long-term results of these innovative drugs are still unknown, despite the fact that several phase III trials are currently underway.

Herbal Therapies

Ayurvedic and herbal anti-anxiety medicines have not been the subject of extensive, standardized clinical research. The majority rely on small-sample or preclinical research.

Mechanistic Understanding

Rather than being explicitly clarified with molecular evidence, mechanisms of action in herbal therapy are frequently inferred. Understudied are polyvalent (multi-compound) interactions

Integrative Methods

There is little information on the combined effectiveness of herbal medicines, psychotherapy, and medication, particularly with regard to long-term results or patient-specific tailoring.

Social Applicability

Health burden worldwide

Up to 30% of people globally suffer from anxiety disorders, which also raise the risk of suicide and comorbid depression, two serious public health concerns.

Primary care

WFSBP is one example of a simplified, evidence-based pharmacological guideline that can help general practitioners better treat anxiety, particularly in areas with limited resources.

Traditional and Herbal Systems

In many areas, herbal treatments are available, reasonably priced, and culturally integrated; they provide a supplementary approach, particularly in areas with a shortage of psychiatric facilities.

Public Mental Health

Particularly in rural or underdeveloped regions, community-based mental healthcare could benefit from the use of ethnomedicines and polyherbal formulations.

Awareness among the Public

Social health can be improved by anxiety education, stigma reduction, and easier access to non-pharmaceutical therapies (such as mindfulness and herbal medicines).

Preventive Mental Health

Early therapies that use safe herbal substitutes and lifestyle changes can lower healthcare expenditures, improve quality of life, and decrease chronicity.

Conclusion

The results of traditional herbal therapy and modern pharmacological research combine to create a multimodal approach to address anxiety. Pharmacotherapy is still the clinical standard; however, the need for innovation is dire with the roadblock of drug approvals for OCD and PTSD. While there are barriers to including herbal medicines, and polyherbal mixes into usual psychiatry practice, notably clinical validation and mechanistic understanding, there are promising anxiolytic results accompanied with minimal side effects from herbal medicines and polyherbal mixes. Socially, herbal medicine meets the needs of populations with limited resources and a broad cultural spectrum, and provides a viable alternative to or alternative medicine. Future research must be invested in and will be grounded in randomised controlled trials on a large scale and mechanistic studies and should include the policy-guided model of integration of complementary systems into public mental health systems. There is potential for global access to safer, cheaper, and more holistic mental health care derived from connecting modern pharmacology to more traditional practices.

Disclosure Statement

There are no conflicts of interest to declare.

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