

# **Generalized Anxiety Disorder, Social Anxiety Disorder, and Depression: Remission of Symptoms**

## **Outline**

- **Core symptoms of anxiety and depression overlap in generalized anxiety disorder (GAD), social anxiety disorder (SAD), and major depressive disorder (MDD)**



## **Generalized Anxiety Disorder**

- **Excessive anxiety and worry**
  - About a number of events or activities
  - More days than not for past 6 months
- **Difficulty controlling the worry**
- **Causes significant distress or impairment**
- **Not due to a substance or general medical condition**
- **Patients often present with associated symptoms**
  - **Physical:** restlessness, muscle tension, fatigue
  - **Emotional:** difficulty concentrating, irritability

## **GAD is a Chronic Disorder**

- **Subsyndromal manifestations in childhood and adolescence**
- **Chronicity manifests as**
  - Waxing and waning pattern of symptoms
  - **Impairment of social functioning**
- **Potentially leads to development of other anxiety, depressive and/or substance abuse disorders**

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## Diagnostic criteria for 300.02 Generalized Anxiety Disorder

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The person finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). **Note:** Only one item is required in children.
- (1) restlessness or feeling keyed up or on edge
  - (2) being easily fatigued
  - (3) difficulty concentrating or mind going blank
  - (4) irritability
  - (5) muscle tension
  - (6) sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)
- D. The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a Panic Attack (as in Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.
- E. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- F. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

## Criteria for Major Depressive Episode

- A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

**Note:** Do not include symptoms that are clearly due to a general medical condition, or mood-incongruent delusions or hallucinations.

- (1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful). **Note:** In children and adolescents, can be irritable mood.
  - (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
  - (3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. **Note:** In children, consider failure to make expected weight gains.
  - (4) insomnia or hypersomnia nearly every day
  - (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
  - (6) fatigue or loss of energy nearly every day
  - (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
  - (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
  - (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
- B. The symptoms do not meet criteria for a Mixed Episode (see p. 335).
- C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).
- E. The symptoms are not better accounted for by Bereavement, i.e., after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

# GENERALIZED ANXIETY DISORDER

**DEFINITION:** Anxiety disorder of excessive worry and tension with somatic symptoms reflecting that.

## DSM IV:

- Loss of control
- 3 symptoms over 6 months
- 6 symptoms-lightheaded, lump in throat, cold clammy hands, hand shaking, sweating, tachycardia
- GI symptoms-nausea, diarrhea, pain
- Cognitive stance-rumination, generalized, free floating anxiety

## EPIDEMIOLOGY:

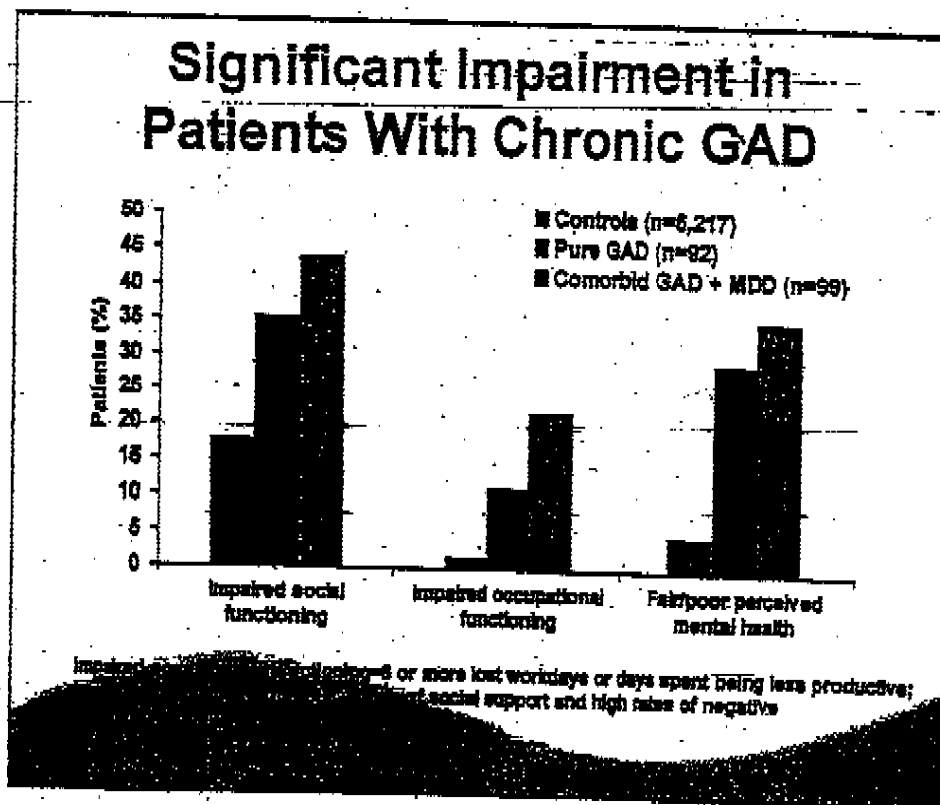
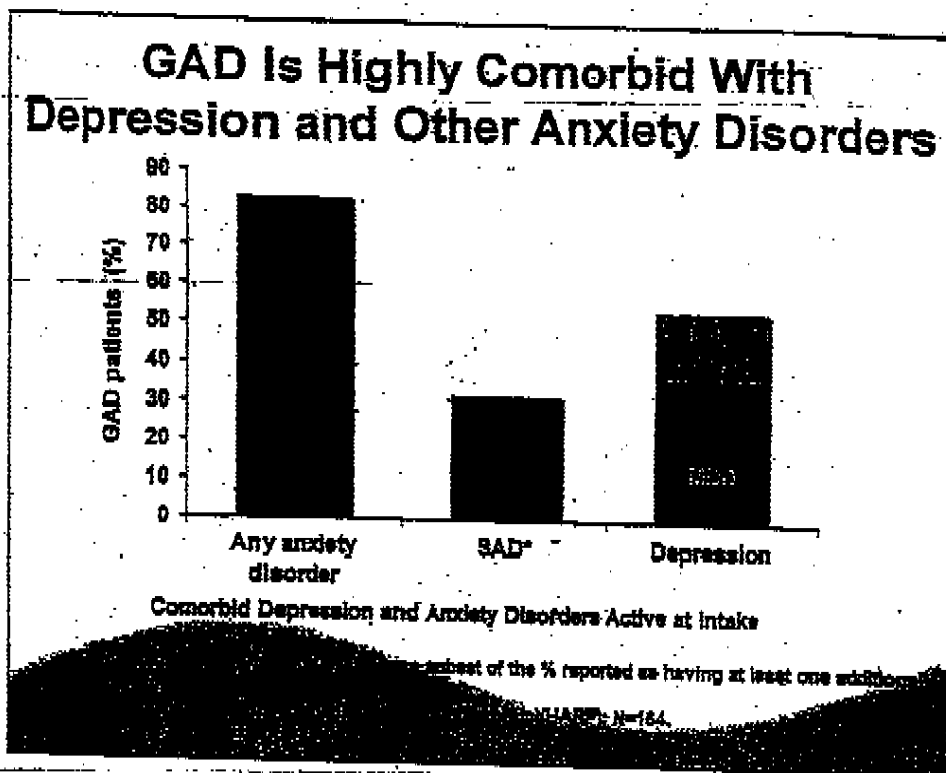
- More common in females-2 times
- Genetic factors 80-90% MZ twins vs. 10-15% DZ twins
- Life time prevalence - 5%

## COURSE:

- Originates in childhood/adolescence, early adulthood
- Chronic fluctuating

## DDX:

- Major Depression
- Panic Disorder
- PTSD
- OCD
- Phobia
- Hyperthyroidism, CHF, COPD
- Alcohol/Benzodazepine withdrawal



### **DSM-IV Social Anxiety Disorder**

- **Fear or avoidance of social and performance situations**
- **Situations avoided or endured with anxiety or distress**
- **Patients recognize symptoms as excessive or unreasonable**
- **Very distressing or disabling**

## What Does Social Anxiety “Look” Like?

### Physical Symptoms

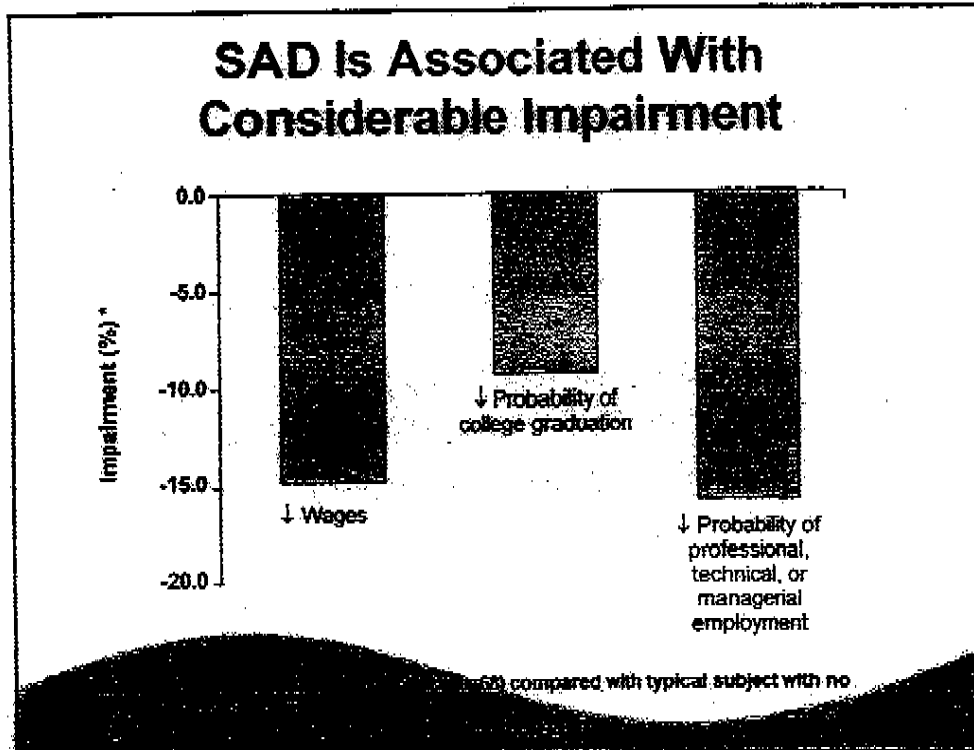
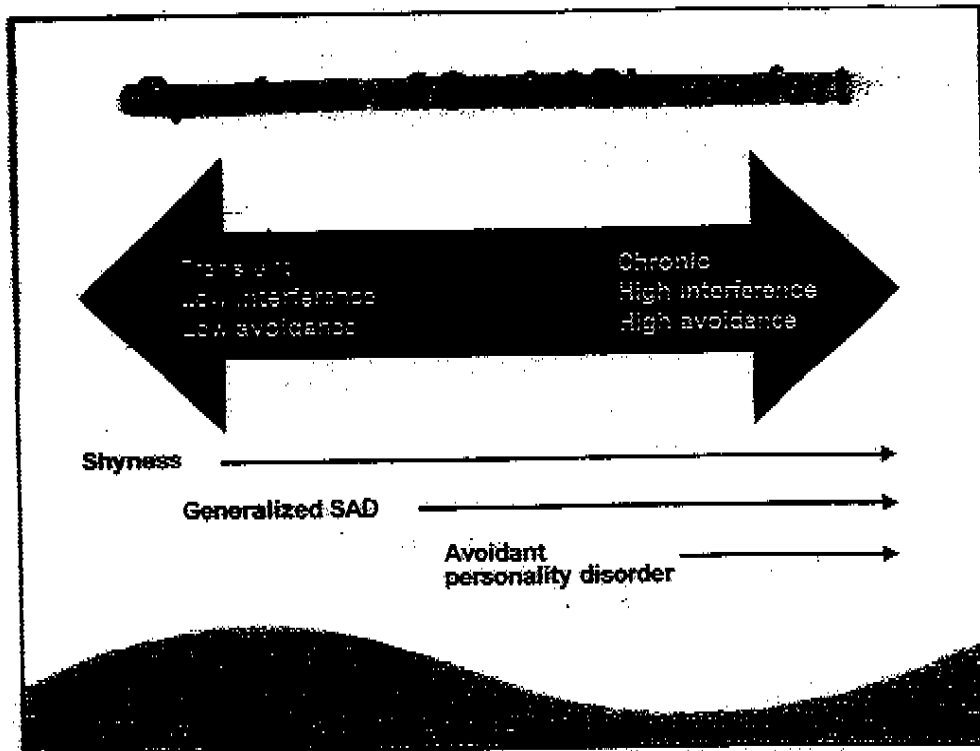
- Stuttering
- Palpitations
- Sweating
- “Butterflies”
- Blushing
- Trembling and shakings

### Feared or Avoided Situations

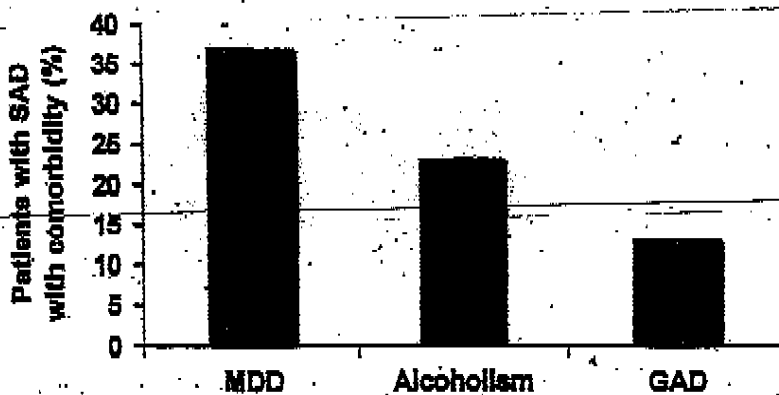
- Public speaking/performing
- Eating, drinking, writing, working while being observed
- Social events
- Dating
- Meeting new people
- Being center of attention
- Using public bathroom

## Social Anxiety Disorder

- ~~Two subtypes of SAD:~~
  - Generalized: impairment in 4 or more social situations; familial
  - Specific (performance, circumscribed): 1 to 2 specific social situations; probably nonfamilial
- Often remains untreated even with diagnosis of a comorbid mental disorder

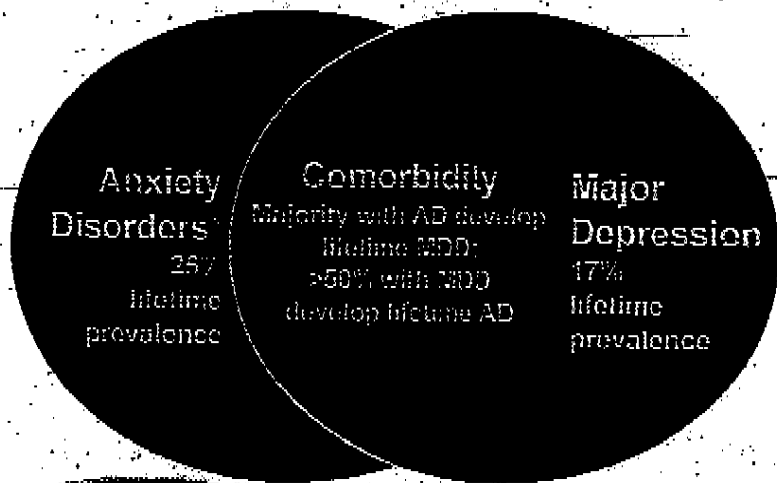


### SAD Is Comorbid With Other Disorders



• In 50% to 75% of cases, SAD was present at an earlier age (or in same year) as the comorbid diagnosis<sup>1,2</sup>

### Anxiety-Depression Comorbidity



graphable without panic

12

## Summary

- High degree of ~~overlap among anxiety and depressive~~ symptoms in ~~SAD, GAD, and MDD~~
- These disorders ~~frequently~~ occur in a ~~comorbid~~ fashion
- Associated with considerable ~~impairment~~
- Effective ~~treatment early in the disease may improve the~~ long-term clinical course