

ETON EKPENYONG DUKE

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ASSESSMENT 2

MENTAL DISORDERS AND PSYCHOPATHOLOGY

BMHP6006

LECTURER NAME: BIANCA SANFILIPPO

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Introduction

This paper will present a critical analysis of the ICD-10 classification, diagnosis, therapy, and rehabilitation metrics for three (3) mental diseases, including:

- General Anxiety Disorder
- Schizophrenia
- Autism

General Anxiety Disorder (GAD)

What is generalized anxiety disorder?

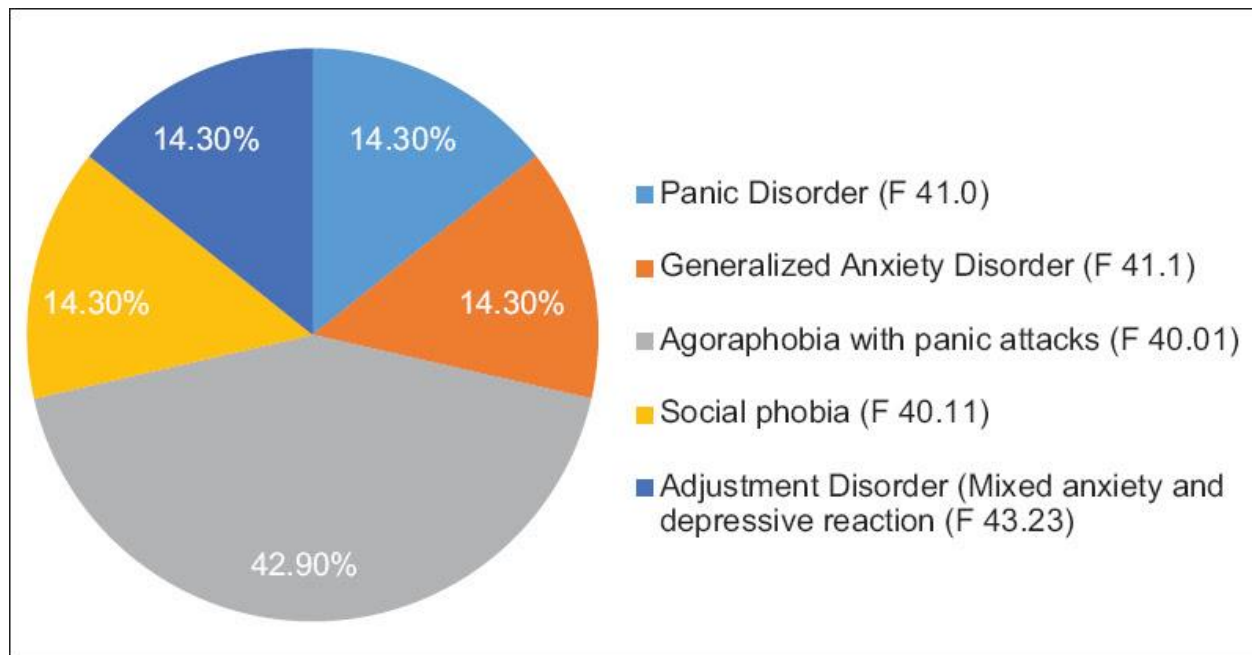
According to Llera S. (2015), generalized anxiety disorder (GAD) is characterized as an excessive concern disorder that is felt to be unmanageable, ongoing, and to cause major impairments. According to NHS Inform (2021), GAD is a chronic disorder that makes you apprehensive about many different things rather than just one particular incident. It also explains why people with GAD experience anxiety on a daily basis and frequently find it difficult to recall the last time they felt calm. Physical and mental symptoms of GAD are also possible. These can include being agitated or anxious, having difficulties focusing or sleeping, and they differ from person to person.

Classification of GAD within ICD-10

The "F40-F48 Neurotic, Stress-Related and Somatoform Disorders" category includes general anxiety disorder. GAD is under F41.1

People Suffering general anxiety disorder in the UK

People with general anxiety disorder in the UK, according to the NHS in 2021. According to estimates, up to 5% of the UK population may be affected by GAD. The illness affects somewhat more women than men, and is more prevalent in adults between the ages of 35 and 59.



Source:

https://www.bing.com/images/search?view=detailV2&ccid=ZAvdRfVr&id=47A327CE27389A9A29E1CF8FEF63FFA0430F3324&thid=OIP.ZAvdrFvRs69eU7Y0sxy_PwHaD3&mediaurl=https%3A%2F%2Fflh5.googleusercontent.com%2Fproxy%2Fp9fNyoBdPsLJdMQ7ji8ihF4lrgK6QvnQjtGIWH371yMMoazZPczJ6B3JFbaJCUXNqT3I2yl-AFkvW1ZszcDqSqT2pmN7qkGD3yQx5nRt8tGKO3C89MRHgiMPNH3D1YzSh6_eGWeVp5ZB_fdE%3Ds0-d&exph=415&expw=794&q=percentage+of+People+in+the+UK+suffering+general+anxiety+disorder&simid=608035926391599391&form=IRPRST&ck=49D7B6371672F5994A6EA4E3F3E335A6&selectedindex=11&vt=0&sim=11&cdnurl=https%3A%2F%2Fth.bing.com%2Fth%2Fid%2FR.640bddac5bd1b3af5e53b634b31cbf3f%3Frik%3DJDMpq6D%252fY%252b%252bPzw%26pid%3DimgRaw%26r%3D0

Causes of Anxiety

Although the precise origin of GAD is not entirely understood, it is likely that a number of different variables interact to contribute to the disorder.

According to research, these might include:

- excessive activity in the brain regions related to emotions and behavior
- an imbalance of the neurotransmitters serotonin and noradrenaline, which are crucial for mood regulation and control.
- the genes you get from your parents; if you have a close family who has GAD, you are thought to be five times more likely to acquire the disorder.

- a history of traumatic or stressful events, such as domestic abuse, child abuse, or bullying
- suffering from a debilitating long-term medical condition, such as arthritis
- having a history of abusing drugs or alcohol

However, a lot of people get GAD without evident reason, NHS (2021)..

Signs and symptoms of Generalized Anxiety Disorder

Your physical and emotional health may be impacted by generalized anxiety disorder (GAD).

Individual differences in symptom severity exist. While some people only experience one or two symptoms, others experience many more.

If anxiety is disturbing or interfering with daily life, one should visit a doctor.

Psychological symptoms of GAD

GAD can alter your behavior as well as how you perceive the world, causing symptoms including restlessness and a sensation of dread.

- feeling tense all the time
- trouble concentrating
- irritability

In order to prevent experiencing anxiety and dread, your symptoms may lead you to cut off social contact (such as visiting your family and friends).

Additionally, you might find coming to work challenging and stressful, and you might need to take time off sick. Your self-doubt and worry about yourself may grow as a result of these behaviors.

Physical symptoms of GAD

Other physical signs and symptoms of GAD include:

- dizziness
- tiredness
- a heartbeat that is noticeably powerful, rapid, or irregular (palpitations)

- stress and soreness in the muscles
- shaking or trembling
- Mouth dry
- Excessive perspiration
- Excessive breathing
- Stomach pain
- feeling unwell
- headache
- prickly feeling
- trouble falling asleep or staying asleep (insomnia)

Anxiety triggers

You will typically be aware of the cause if you suffer from panic disorder or a specific phobia. For instance, if you suffer from claustrophobia (a dread of enclosed places), you are aware that being cooped up in a small area will make you anxious.

However, it might not always be obvious why you're concerned. Your anxiety may get worse if you don't know what causes it, and you can start to worry that there is no cure.

When anxiety can be diagnosed

Your doctor may inquire about your worries, fears, and emotions as well as any physical or psychological symptoms you may be experiencing and how long you have been experiencing them. You can also inquire about your private life.

It could be challenging for you to discuss your sentiments, emotions, and private life.

However, it's critical that your doctor fully comprehends your symptoms and situation in order to make the right diagnosis.

If you have experienced symptoms for at least six months, your chances of being diagnosed with GAD are higher. An additional sign that you might have the illness is that you find it challenging to control your anxiety symptoms.

Your doctor may perform a physical examination or blood tests to help with the diagnosis and rule out any other disorders that could be affecting your symptoms, such as:

- Anemia (a deficiency in iron or vitamin B12 and folate)
- a hyperactive thyroid gland (hyperthyroidism)

Current treatment

If you have GAD, you will typically be encouraged to undergo psychological therapy before receiving a pharmaceutical prescription. One of the best therapies for GAD is cognitive behavioral therapy (CBT). CBT enables you to challenge your unfavorable or anxious thoughts and take actions that you would otherwise avoid due to your anxiety. Additionally, applied relaxation concentrates on calming your muscles in a certain way while you are in situations that often make you feel anxious, NHS (2022).

The relaxation technique must be taught by a qualified therapist, but it typically involves learning how to:

- mastering the ability to instantly relax your muscles in reaction to a stimulus.,
- experimenting with muscular relaxation in tense situations

If these do not function well, then the following medications can be employed:

Serotonergic/Norepinephrinergic Antidepressants

First-line therapies for PD, GAD, and SAD include selective serotonin reuptake inhibitors (SNRIs), which have been proven to be effective in treating anxiety disorders. Bandelow B (2015). (2015). These drugs are also typically well tolerated, with side effects such as nausea, headaches, dry mouth, diarrhea, or constipation that are normally tolerable or transient. Sexual dysfunction is typically a more severe and bothersome side effect of SSRIs and SNRIs, but it is treatable with adjuvant therapies. Examples include Buspirone, Tricyclic Antidepressants, and Clordiazepoxide (TCAs) A. Garakani et al (2020).

Pregabalin

If SSRIs and SNRIs are ineffective for you, pregabalin might be recommended. An anticonvulsant, which is a type of drug used to treat illnesses like epilepsy, has also been found to be effective in reducing anxiety.

Pregabalin side effects can include:

- drowsiness
- dizziness
- heightened hunger and weight gain
- Distorted eyesight
- headaches
- Mouth dry
- vertigo

Pregabalin is less likely than SSRIs or SNRIs to result in nausea or a reduced sex drive.

Mixed Antidepressants

With presynaptic antagonistic activity against the alpha-2 adrenergic receptor, postsynaptic inhibition of the 5-HT₂ and 5-HT₃ receptors, and antagonistic activity against the histamine-1 (H₁) receptors, mirtazapine has a wide range of pharmacological effects. According to Garakani A et al (2020) there are other mixed antidepressants but Mirtazapine is well known and is appreciated because its advantages over SSRIs and SNRIs include improved sleep and appetite, general patient safety, fewer drug-drug interactions, and a lower risk of sexual adverse effects. The negative effects of antihistamines also include weight gain and other side effects like drowsiness and dry lips.

Gamma Aminobutyric Acid (GABA)

Benzodiazepines have long been used to treat anxiety and are still one of the most commonly prescribed classes of psychiatric drugs in the world. Benzodiazepines are no longer recommended as first-line monotherapy for PD or other anxiety disorders, but they can be used in the short term in conjunction with SSRIs and SNRIs for PD, GAD, and SAD (2020). Antidepressant effectiveness may be impacted by long-term benzodiazepine use to treat anxiety and concomitant depression Lim B et al (2020).

Measurements of rehabilitation

It's critical to understand the rehabilitation metrics in order to gauge the effectiveness of the treatments. This is due to the fact that a treatment should be altered if it is ineffective.

The Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria are the foundation of the GAD-7, a recently created, simple-to-use 7-item scale for identifying likely instances of GAD. Appendix 1, is a typical example of what this tool looks like:

Recommendation for improvement of anxiety

With the advancement to the impact of complementary therapies in contemporary medicine, it is great to know that other than some chemicalized medication with so many adverse effects and taking backings from Duan-Porter W et al (2016) who explained that Yoga can raise positive emotions, monitor and control stress and negative emotions, promote mental equilibrium, and increase positive emotions. I do recommend that yoga be used to as a treatment method or in combination with prescribed drugs.

Also, according to Bystritsky A et al (2012), his researched established that General Anxiety Disorder patients utilized more massage therapy than patients with other anxiety disorder and this therapy was effective. With this, I do recommend that Message therapy should be added to patients' routine.

Schizophrenia

Definition

According to Kahn R et al (2015), the symptoms of schizophrenia can vary widely and constitute a complex illness. Schizophrenia, which is characterized by delusions, hallucinations, and dysfunctional social behavior, is one of the most puzzling mental illnesses. A Farah F (2018).

In 2016, it was estimated that 0.28% (95% UI: 0.24-0.31) of the world's population had schizophrenia on a point-to-point basis. Figure 1 shows that schizophrenia usually develops in adolescent and young adulthood, peaking at about 40, and then declining as people get older. No differences in prevalence between the sexes were found, Fiona J (2018).

The estimated frequency in the UK is 0.7% across all ages and populations. Although there is wide variation in estimates, the lifetime prevalence of schizophrenia and illnesses connected to it is roughly 14.5 per 1000 people in the UK. The Office for National Statistics (ONS) estimates that 9.6% of children between the ages of 5 and 16 have one or more mental health issues. According to the ONS, 0.4% of children between the ages of 5 and 18 had psychotic illnesses in 2002.

According to a study of hospital bed utilization in England and Wales between 1998 and 2004, schizophrenia accounts for 24.5% of all teenage (10–18 years old) psychiatric admissions, with an exponential rise over the adolescent years (the overall admission rate for this age range is 0.46 per 1000). The increment in incidence occurs mainly from 15 years onwards.

Classification

Schizophrenia is coded as F20-F29 in the ICD-10 and is categorized as Schizotypal and Delusional Disorders.

Causes (Aetiology)

Although the cause of schizophrenia is not well understood, growing evidence has identified a wide variety of brain abnormalities. By using computed tomography (CT) and magnetic resonance imaging (MRI), brain structural abnormalities have been discovered in postmortem investigations and in living people, Kathleen L. and Irwin F. (2011). However, increased risks of schizophrenia occurrence include: Drug abuse, Pregnancy, Genetics, Triggers and birth complications Stress.

Signs and symptoms

Schizophrenia alters a person's thoughts and actions. The illness could take time to get worse. Since they frequently emerge during the teenage years, the initial symptoms might be challenging to spot. Changes in sleeping habits or social withdrawal can be misinterpreted for an adolescent "phase" among other symptoms.

Schizophrenia symptoms are typically divided into:

Positive symptoms include any modification of behavior or thinking, including hallucinations, delusions, and/or disorganized thinking (thought disorder).

Negative signs include a person's seeming withdrawal from their environment, lack of interest in routine social contacts, and tendency to come off as emotionless and flat. NHS (2019)

Diagnosis of schizophrenia

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, the diagnosis of schizophrenia is made by evaluating the signs and symptoms that are unique to the patient (DSM-5). According to the DSM-5, "the diagnostic criteria [for schizophrenia] include the persistence of two or more active-phase symptoms, each lasting for a significant portion of at least one month: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, and negative symptoms." Hallucinations, delusions, or slurred speech must be at least one of the qualifying symptoms, APA (2013).

Still according to APA (2013), To differentiate schizophrenia from other mental illnesses like major depressive disorder with psychotic or catatonic features, schizoaffective disorder, schizophreniform disorder, obsessive-compulsive disorder, body dysmorphic disorder, and post-traumatic stress disorder, a thorough differential diagnosis of schizophrenia is required. By closely examining the length of the illness, the onset of delusions or hallucinations, and the intensity of depressed or manic symptoms, schizophrenia can be distinguished from these related disorders. The clinician must also guarantee that the presenting symptoms aren't brought on by drug usage or another illness.

Current treatment

The objectives of treating schizophrenia, according to Crismon L et al (2014), include reducing symptoms, avoiding relapses, and boosting adaptive functioning to facilitate the patient's reintegration into society. Since patients hardly ever regain their pre-illness level of adaptive functioning, it is necessary to combine non-pharmacological and pharmaceutical treatments to achieve the best long-term results.

The cornerstone of managing schizophrenia is pharmacotherapy, yet lingering symptoms may still exist. Non-pharmacological treatments, like psychotherapy, are crucial for this reason. Three types of psychotherapeutic modalities can be distinguished: cognitive behavioral, group, and individual. The field of psychotherapy is one that is constantly changing. Metacognitive therapy, narrative therapy, and mindfulness therapy are examples of emerging psychotherapies. Non-pharmacological therapies are to be used in conjunction with prescription drugs, not as a replacement for them. Non-pharmacological therapies not only fill in the gaps left by pharmaceutical treatments, but they can also assist patients stick to their prescription regimens. Patel K et al (2014).

Additionally, antipsychotics are frequently advised as the first line of treatment for the signs of a severe episode of schizophrenia. They function by preventing the brain's response to the dopamine molecule. Antipsychotics can typically lessen anxiety or aggression within a few hours of treatment, but other symptoms, including hallucinations or delusional thinking, may take many days or weeks to go away. The first generation of antipsychotics, known as typical antipsychotics, were created in the 1950s, while the second generation, known as atypical antipsychotics, were created in the 1990s, NHS (2019).

Measurement of rehabilitation

We can only evaluate the effectiveness of the care and therapies given for this disease in order to successfully manage it and prevent complications like self-harm and suicide, drug abuse, neglect and self-neglect, lack of respect and human rights violations.

The same indicators that are used to assess long-term mental disorders can also be used to assess life quality. The QuIRC-SA (Quality Indicator for Rehabilitative Care - Supported Accommodation), which was modified from the QuIRC, is used to assess rehabilitation in schizophrenia. It is the first uniform tool to evaluate the standard of care offered by specialized mental health supported housing services.

After the QuIRC-SA is finished, the service's quality ratings are given for seven areas of care (Living Environment, Therapeutic Environment, Treatments and Interventions, Self-Management and Autonomy, Social Interface, Human Rights, and Recovery Based Practice), and these ratings are then contrasted with the national average for services of a similar nature.

Recommendation

In order to enhance the service user experience and quality of life for those suffering from schizophrenia or psychosis, I do recommend that peer support be taken into consideration. A certified peer support professional who has overcome psychosis or schizophrenia and maintains stability should provide peer support. As part of the treatment and management of psychosis, a manualized self-management program that is delivered face-to-face to service users or schizophrenia.

Additionally, if a person is in distress, is losing their social skills, and exhibits any of the following indications of possible psychosis: temporary or attenuated psychotic symptoms; additional experiences or behavior suggesting possible psychosis; or a first-degree relative who suffers from schizophrenia or psychosis, as they may be at an elevated risk of developing psychosis, I advise that this person be referred right away for examination to a specialized mental health service or an early intervention in psychosis service.

Finally, I do recommend mental healthcare providers to give a combined healthy eating and physical exercise program to people with psychosis or schizophrenia, especially those who are taking antipsychotics.

Autism

After thorough completion of the assessment provided, the individual will be provided with a confirmatory report to ascertain whether or not his/she or her child is autistic.

Current treatment

1. The first line of treatment is Parental training. The involvement of family and parents in treatment process is considered as a crucial part of intervention programs designed for children with autism disorder.
2. Applied behavioral analysis

The next line of treatment is the Applied behavior analysis (ABA). It is the science of behavior enhancement and modification whereby procedures obtained from the mode/principle of operation are employed to enhance socially adaptive character and aid acquisition/inculcation of new skills through intensive and thorough practice as well as targeted reinforcement'

The operant acquisition technique employed in ABA intervention for autism spectrum disorders in children include:

- a. positive reinforcement: which covers the use of toys, food, praise, and snack to enhance sort after behaviors,
- b. Shaping: which is rewarding components of a desired behavior until target behavior is brought forth;
- c. Fading: which entails decreasing prompts in order to increase independence;
- d. Extinction: which characterized removal of boosting or maintaining a problematic behavior;
- e. Punishment: applying unlikely but necessary stimulus to decrease ill behaviors;
- f. Differential reinforcement: Boosting a socially acceptable alternative or presenting total absence of a particular behavior

3. Cognitive-behavioral therapy (CBT)
4. aripiprazole (Abilify) and Risperidone (Risperdal) are the only FDA-approved medications for autism.

Measurement of rehabilitation

The following are the measures of rehabilitation for autism:

Childhood Autism Rating Scale

According to Payakachat N (2012), the Childhood Autism Rating Scale, second edition (CARS2) is an absolute clinician behavior rating used to specify and differentiate children with autism spectrum disorders from those with other developmental disorders, and also used to determine autism spectrum disorders symptom severity. This instrument is valid and dependable at different time and raters. The CARS2 has two forms for based on information gathered from caregivers or parents (CARS2-QPC). The two forms are CARS2-ST and CARS2-HP, CARS2-ST being the tool used for children younger than the age of 6 as well as those with communication problems or below-average estimated intelligence quotients, and CARS2-HP, which is a second choice for scoring verbally fluent children 6 years old or above, children with IQ scores beyond 80 or adult with autism disorder.

Autism Diagnostic Observation Schedule and its Severity Score

The Autism Diagnostic Observation Schedule (ADOS) is also a tool used to measure rehabilitation in autism patients. This tool is semi-structured autism observer that has emerged the gold standard for examining autistic characteristics and checking for ASDs across different language skills, developmental levels and age span.

Recommendation for improvement

Complementary and Alternative Therapies are seen and has been established as a non-risky measure that may better a child's outcome. When the thought of the specific complementary therapy comes to mind, five different categories were brought to light by Hanson et al (2007) whose research did report and establish the following improvement in patients with autism spectrum disorders with Biologically-Based Therapies (which includes foods, herbs, and vitamins) yielding 54%, Mind-Body Interventions (meditation) yielding 30%, Manipulative or Body-Based Methods (massage) making 25%, Energy Therapies (Reiki or electromagnetic fields) making 8%, and Alternative Medical Systems (homeopathy) making 1%. With the recorded improvement, I do recommend that complementary therapies be included in routine treatment of children with this disorder or should be used as the main treatment but all this mainly with person centered care in mind.

Conclusion

At the cause of this study, all the different mental disorders have been analyzed with treatment methods and contemporary therapies to help curb all the different mental disorders. In conclusion, mental disorders could be really disturbing to the patients, as well as parents or caregivers involved. The first point of action is to report all symptoms early in order to sort for proper solution and remedy before deterioration in mental health.

At the point of medical attention, as a social-worker it is important to apply Person-centered care. Ensuring that each patient is treated as a separate entity and is asked first before treatment methods are decided on and treatment commence.

This is also worthy of note that patients with any of these mental disorders has the right to be treated with accorded respect, pride and dignity. This is backed by the Equality Act 2010 which speaks against discrimination on any grounds and the relevant protected properties are race, sex and sexual orientation, gender re-assignment, religion or belief, pregnancy, age, disability, and maternity.

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APPENDIX

Table 1. Diagnostic Criteria for 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 individual 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 having been 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 anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

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