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GENERALISED ANXIETY DISORDER (ICD-11: 6B00): A CRITICAL EVALUATION OF CARE



Introduction

Generalised Anxiety Disorder (GAD) is classified under anxiety disorders in the ICD-11 (code 6B00) and is characterised by persistent and excessive worry that is difficult to control (World Health Organization, 2019).

GAD is one of the most common anxiety disorders, contributing significantly to the overall prevalence of anxiety conditions affecting around 1 in 6 adults annually in the UK (NHS Digital, 2022).

Despite its high prevalence, GAD is often underdiagnosed due to symptom overlap with other conditions and variability in how individuals present (Mental Health Foundation, 2023).

Definition

GAD (6B00) is defined as excessive anxiety and worry occurring more days than not, about multiple aspects of daily life, accompanied by symptoms such as restlessness, fatigue and difficulty concentrating (World Health Organization, 2019).

While ICD-11 improves diagnostic clarity, critics argue that it may not fully account for social stressors such as poverty, trauma and inequality, which are strongly linked to GAD (Patel et al., 2018).

Causes

GAD is caused by a combination of:

Biological factors (genetics, neurotransmitter imbalance)

Psychological factors (negative thinking patterns)

Social factors (chronic stress, trauma, socioeconomic disadvantage) (Clark and Beck, 2010)

Critical Insight:

Research increasingly highlights the importance of social determinants, yet healthcare systems often prioritise medical treatment over addressing root causes such as inequality (Public Health England, 2021).

Symptoms

Persistent and excessive worry
Restlessness or feeling “on edge”

Difficulty concentrating

Sleep disturbances

Muscle tension (World Health Organization, 2019)

Symptoms of GAD can be long-term and fluctuating, making diagnosis and management more complex compared to acute mental health conditions (NICE, 2020).

Diagnosis

Diagnosis of GAD (6B00) is based on ICD-11 criteria, clinical assessment and patient-reported symptoms (World Health Organisation, 2019).

Diagnosis can be subjective and influenced by clinician judgement, potentially leading to underdiagnosis in some groups and overdiagnosis in others (NICE, 2020).

Current Services and Treatments

Treatment options include:

Cognitive Behavioural Therapy (CBT) (NICE, 2020)

Medication (e.g. SSRIs) (NICE, 2020)

IAPT services (NHS England, 2022)

Digital mental health interventions (NHS England, 2022)

Although effective treatments exist, access remains unequal. Long waiting times for therapy mean that many individuals with GAD rely primarily on medication, which may not address underlying causes (Mental Health Foundation, 2023).

Historical Perspectives and Treatment

Historically, symptoms of GAD were often misinterpreted as “nervous disorders” or hysteria, resulting in limited and sometimes inappropriate treatments such as institutionalisation (Shorter, 1997).

Over time, understanding has shifted toward evidence-based treatments including Cognitive Behavioural Therapy (CBT) and pharmacological interventions such as SSRIs (NICE, 2020).

Although treatment approaches have improved, stigma surrounding anxiety persists, which can delay diagnosis and access to care (Corrigan, 2004).

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Impact on Individuals and Society

GAD can significantly impact daily functioning, relationships and employment (McManus et al., 2016).

It also contributes to wider societal costs through increased healthcare use and reduced productivity (Public Health England, 2021).

Despite its impact, GAD is often perceived as less severe than other mental health conditions, which may result in lower prioritisation in policy and funding decisions (Mental Health Foundation, 2023).

Recommendations

Increase early intervention and prevention strategies for GAD (Public Health England, 2021)

Improve access to psychological therapies (NHS England, 2022)

Address social determinants such as poverty and trauma (Patel et al., 2018)

Expand digital services while ensuring inclusivity (NHS England, 2022)

Reduce stigma through education and awareness campaigns (Corrigan, 2004)

Conclusion

Generalised Anxiety Disorder (ICD-11: 6B00) is a highly prevalent and complex condition influenced by biological, psychological and social factors. While treatment options have improved, inequalities in access, persistent stigma and service limitations continue to affect outcomes. A more holistic and socially informed approach is required to effectively manage GAD and improve long-term wellbeing (Patel et al., 2018).

