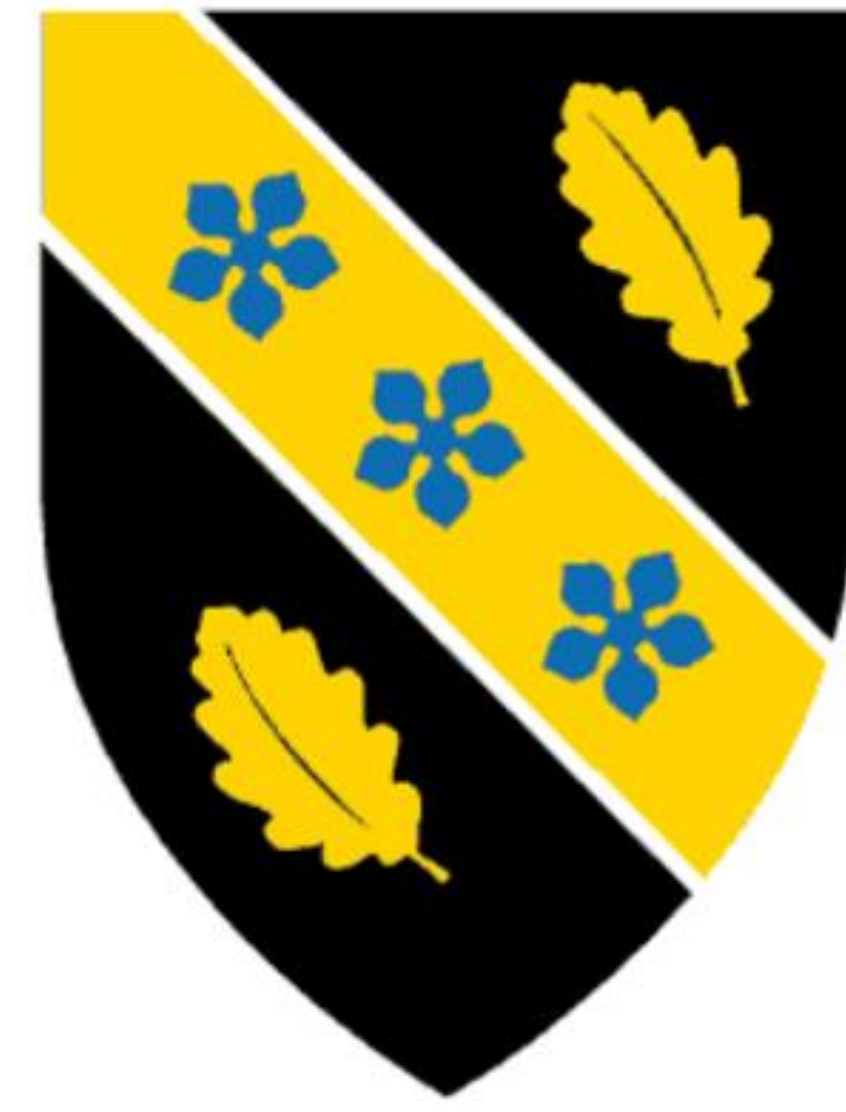




Prifysgol Cymru
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GENERALISED ANXIETY DISORDER (GAD)

(ICD-11 Code: 6B00/WHO, 2025)

A Critical Examination of Historical Perspectives, Contemporary Care and
Future Directions

Student Name: Student ID: NTOMBIZODWA NDLOVU-2332319

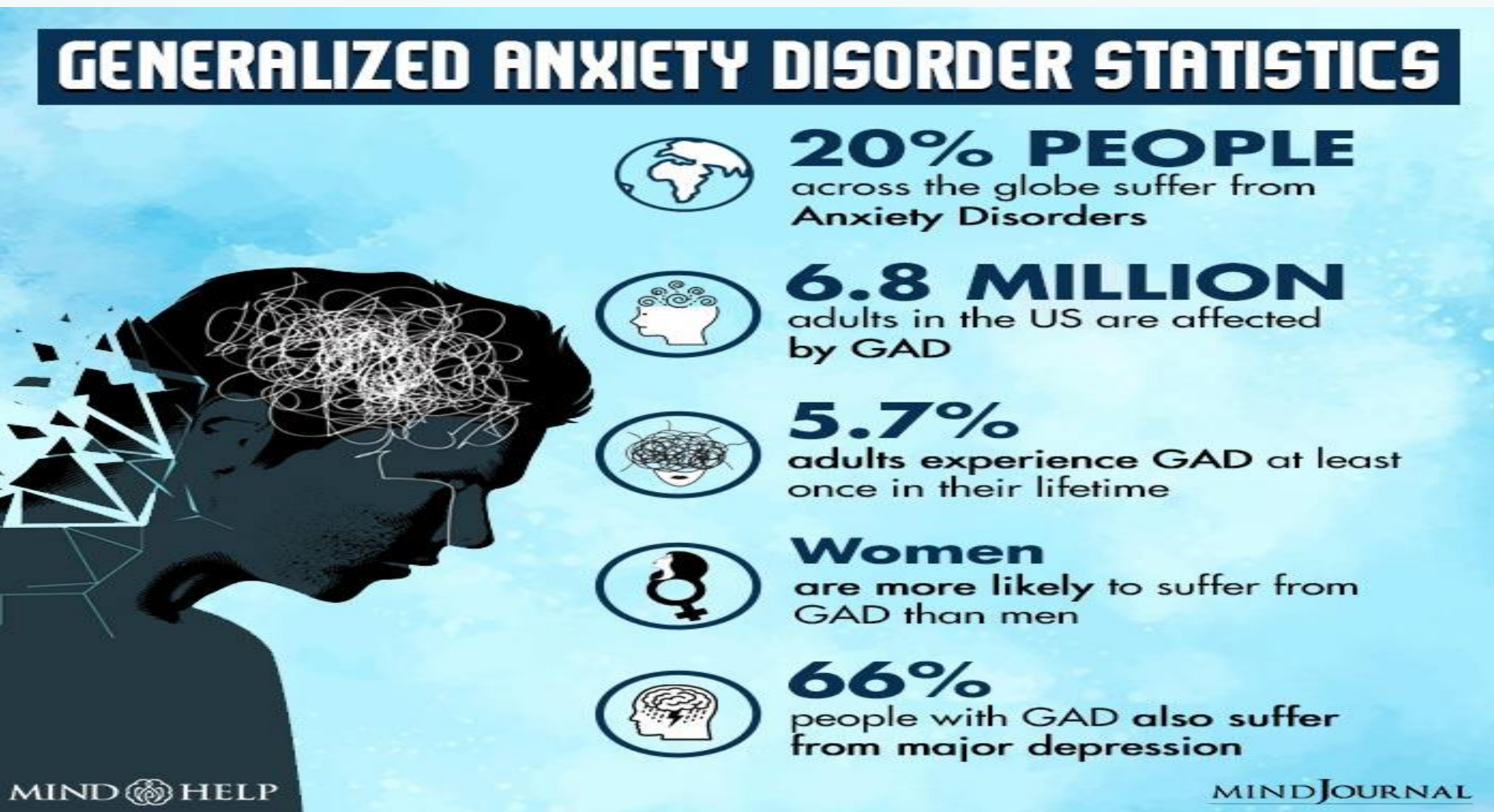
Lecturer: Bianca Sanfilipo

GENERALISED ANXIETY DISORDER (GAD). (ICD-11 Code: 6B00/WHO, 2025)

Anxiety or fear-related disorders

Introduction, Classification and Definition

- Classified within Anxiety and Phobic-Related Disorders in ICD-11 (Kogan et al., 2016).
- Defined as persistent, exaggerated, difficult-to-control worry across many life domains.
- ~4% global prevalence of anxiety disorders; ~5% of UK adults affected by GAD (WHO, 2025).
- Chronic and high comorbidity make GAD a major public health concern.



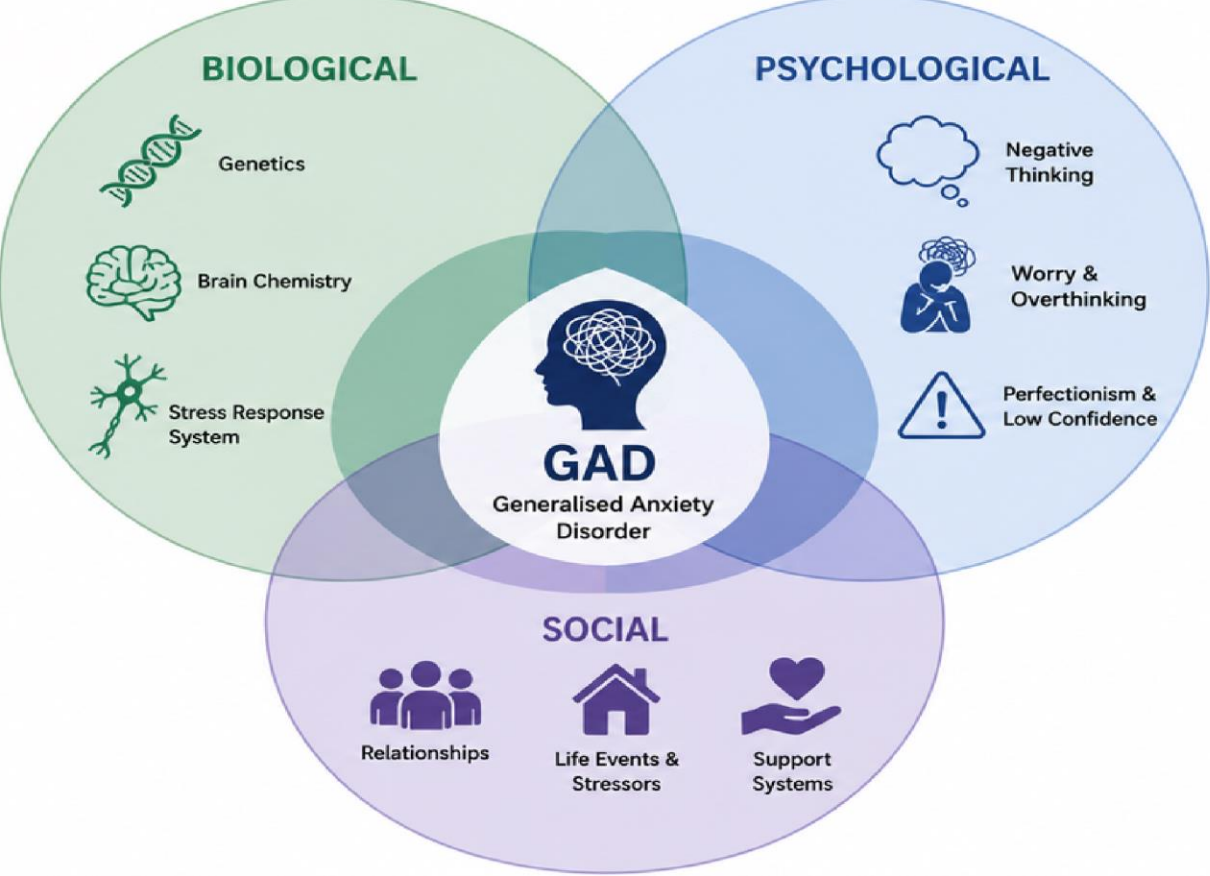
Contemporary Services & Treatments

- NHS stepped-care pathway: primary care assessment → talking therapy → secondary care if needed.
- Cognitive Behavioral Therapy (CBT) is first-line psychological treatment (NHS, 2025).
- SSRIs prescribed for moderate-to-severe symptoms (Legg et al., 2019).
- Recovery-oriented, patient-centered decision-making.



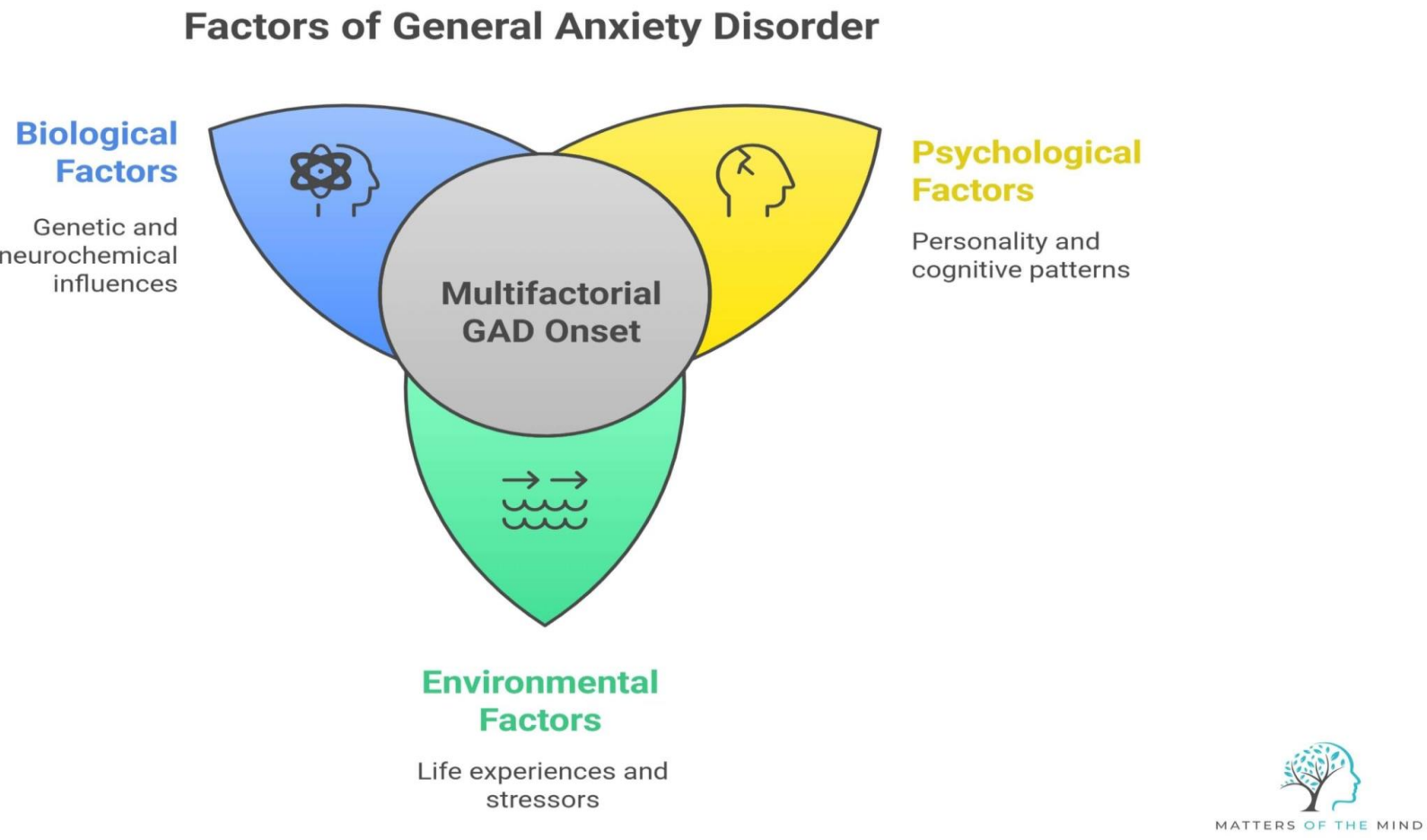
Causes & Risk Factors

- Biological: genetics, neurological and stress-response disturbances (Gottschalk and Domschke, 2017) .
- Psychological: cognitive distortion, perfectionism, intolerance of uncertainty.
- Social: adverse childhood experiences, poverty, trauma, poor social support.
- Protective factors: early intervention, resilience, strong social ties, access to care.



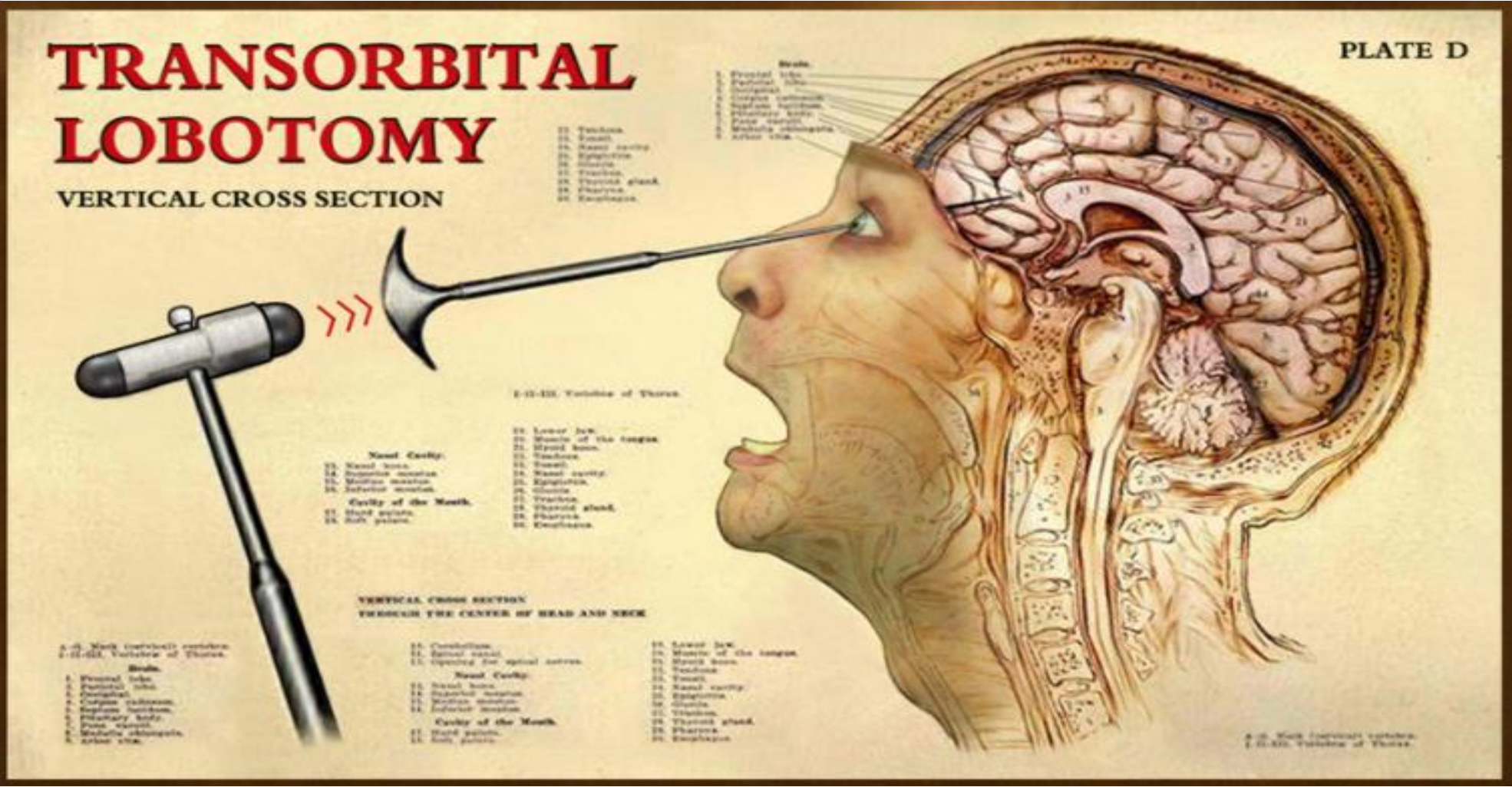
Symptoms & Diagnosis

- Psychological: excessive worry, restlessness, irritability, poor concentration.
- Physical: muscle tension, fatigue, insomnia, palpitations, GI disturbance.
- Impairs work, education, relationships and quality of life.
- ICD-11 diagnosis requires worry, functional impairment, exclusion of other illness (WHO, 2024).



Historical Perspectives & Evolution of Treatment

- Early views attributed anxiety to supernatural forces or moral failing (Psychology Town, 2024).
- 18th–19th century “moral treatment” introduced kinder, humane care environments.
- Asylum era offered structured but often stigmatizing, crowded institutional care.
- Modern psychiatry adopts biopsychosocial, evidence-based approaches.



Social, Cultural & Political Context

- Stigma and negative perceptions remain barriers to help-seeking (Mind, 2025).
- Poverty, trauma and inequality shape vulnerability and service engagement.
- Mental Health Act 1983, Equality Act 2010 & Human Rights Act 1998 underpin rights-based care (NHS, 2022).
- Inequalities in provision, waiting times and socioeconomic access persist.

Critical Evaluation

- Strengths: significant progress achieved via evidence-based treatment.
- Limitations: diagnostic delays, inconsistent provision, treatment resistance, geographic inequality.
- Remaining issues: resource pressure and limited access/time for psychological therapies.
- These gaps must inform future policy direction (NHS, 2024)

Recommendations & Conclusion

- Strengthen early detection and prompt primary care assessment.
- Improve integration across primary, secondary and community services.
- Reduce inequalities: investment, shorter waits, anti-stigma, culturally sensitive care.
- Conclusion: GAD care has evolved from myth to science-based, recovery-focused practice.



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