



Generalized anxiety disorder ICD.10. V. F41.1 and DSM-5 code 300. 82

Diagnosis of generalized anxiety disorder according to international classification of mental disorders. ICD-10 Chapter V. F. Clinical Diagnostic Guidelines and DSM-5 Code (Dilling et al. 2008).

Definition

Fear that lasts long is generalized and not directed at specific objects or situations. It is free floating and, unlike fear, does not pose a real threat. Vegetative hyperexcitability and motor tension are also symptoms associated with anxiety.

The distinction between generalized anxiety disorder and other anxiety disorders is very complicated. In the past, reduced work performance, hypervigilance, increased attention, alarmism, feelings of tension, as well as irritability and sleeping disorders were all described as symptoms of anxiety neurosis: Brunnhuber and Lieb regard generalized anxiety disorders as disorders that are associated with chronic complaints (Brunnhuber & Lieb 2000).3.3 Diagnostics - differential diagnosis

It is essential for the diagnosis of an anxiety disorder whether it is a primary anxiety or whether this symptom is another mental illness. Möller et al emphasize the importance of differentiating between symptoms of depression and anxiety, as well as the distinction from generalized anxiety disorder. If this separation is not easy, it must be made clear whether the primary symptom is fear itself (Möller et al. 2005). In patients with generalized anxiety disorder, the anamnesis focuses on the question. The excessive concern of patients for family, financial and professional matters which they are unable to control shall be ascertained. And the generalized anxiety disorder must not be mixed with other anxiety disorders such as organic psychoses, endogenous psychoses or psychogenic disorders, phobic disorders F40,

depressive episodes F32, panic disorder F14.0, and obsessive compulsive disorder F42, as well as neurasthenia F48.0. According to Brunhuber et al. (200), generalized anxiety disorder usually occurs between the ages of 20 and 30.

4.2 Recommendation in therapy

In the therapy of generalised anxiety disorders, the main focus should not only be on the symptoms, but rather on the basis on which their causes develop and how to combat them. On the one hand the doctor or therapist should take enough time for his patient and on the other hand the motivation of the patient plays a decisive role. The affected person should stand by his fear and recognize that this fear is the main suffering (Möller et al. 2005).

A conversation with a patient alone can be helpful. The partner relationship in the therapies should represent a sustainable and respectful cooperation. The frequency of this disorder can be defined by its lifetime prevalence, which affects about 7 to 8% more women than men. The characteristic feature of this disorder is the exaggerated fear, especially with regard to the circumstances of life. Fears and anxieties can be, for example, worries about one's own child, such as the fear that something might happen to the child. Constantly worrying about the money, existential fears and fears for the future can also occur. These fears must last for a long time in order to be defined as a generalized anxiety disorder. For the DSM-IV, the duration is given as 6 months. In the ICD-10 V. F. is spoken of a duration of several weeks. During this time, patients usually react with distancing or distraction. The main signs of these symptoms are restlessness, trembling, muscle tension, which can also be called motor tension. At the vegetative level, overexcitability, anxiety and shortness of breath are present (Möller et al. 2005). Dilling et al (2011) also list the following individual symptoms: motor tension, dry mouth, upper abdominal pain, tachypnoe/tachycardia, dizziness, tension headache, sweating, concentration problems, nervousness and concern about future misfortune. The primary symptoms of the generalized anxiety disorder occur over several weeks (ibid.).

4.3 Diagnostics according to DSM-IV

According to DSM-IV, anxiety disorders of this kind are disproportionate worries and anxieties about various events and activities that must last at least 6 months. Anxiety care has a negative impact on professional and social life and everyday life. Affected people have

difficulty over their suffering, fear and anxiety to get control. Further signs are disproportionate anxiety and fear, as well as fear expectation regarding everyday events and feelings of guilt.

To combat these symptoms, understanding and empathy are at the forefront. The patient's worries and symptoms should be taken absolutely seriously, especially the subjective perception from the patient's point of view. This means that the complaint is not to be perceived as an imagination, but as reality. The relatives must be informed and educated. Möller et al. emphasize pharmacological approaches, and the detection by psychoanalytical methods plays an important role (Möller et al. 2005).

4.4 Overcoming anxiety in psychoanalysis

In psychoanalysis, the patient is viewed holistically: Everything is important and is taken seriously and not only the symptoms and their suffering, but their causes. The psychoanalytic methods therefore endeavor to investigate underlying anxiety disorders and to work through early childhood repressions and traumas. The main goal is the strategy for overcoming fear. The therapy must be carried out continuously over several years. This can be explained by the fact that it is not only a matter of coping with anxiety disorders, but also of uncovering underlying structural deficiencies that have arisen from the object relationship, the triangulation: mother, father, child, as a result of ego weakness (Möller et al. 2005). It may be that your childlike behavior no longer believes in itself.

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