

## A Short Note on Generalized Anxiety Disorder

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### Abstract

Anxiety can cause physical and cognitive symptoms such as restlessness, irritability, easy fatigability, difficulty concentrating, increased heart rate, chest pain, abdominal pain, and a variety of other symptoms that may vary depending on the individual. Anxiety disorders are a cluster of mental disorders characterized by significant and uncontrollable feelings of anxiety and fear. In casual discourse, the terms anxiety and fear are frequently used interchangeably. They have distinct meanings in clinical use: The umbrella term “anxiety disorder” refers to a number of specific disorders that include fears (phobias) or anxiety symptoms. There are several types of anxiety disorders, including generalized anxiety disorder, illness anxiety disorder, specific phobia, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder, and selective autism.

**Keywords:** Anxiety; Agoraphobia; Panic disorder

### Introduction

The individual disorder can be diagnosed using the specific and unique symptoms, triggering events, and timing. If a person is diagnosed with an anxiety disorder However, there are a number of effective treatments for anxiety disorders, and they can be treated. Most people get treatment so they can live normal, productive lives.

A common mental health condition, generalized anxiety disorder (GAD) is characterized by persistent, unfocused anxiety. People with generalized anxiety disorder become excessively preoccupied with everyday issues and experience non-specific, persistent fear and worry. “characterized by chronic excessive worry accompanied by three or more of the following symptoms:” Generalized anxiety disorder Anxiety can be a symptom of a medical or substance use disorder problem, and medical professionals must be aware of this. Generalized anxiety disorder is the most common anxiety disorder affecting older adults. A person is diagnosed with GAD if they have been excessively worried about a common problem for at least six months. These stresses can be related to their own health, work, family, or social life. As a result of a lack of concentration and/or being preoccupied with worry, a person may have trouble making daily decisions and remembering commitments. A symptom can be a strained appearance, with increased sweating from the hands, feet, and axillae, and they may be tearful, which can suggest depression. Prior to making a diagnosis of an anxiety disorder, doctors must rule out drug-induced anxiety and other medical causes [1-5].

A person who suffers from panic disorder experiences brief bouts of intense terror and apprehension, frequently accompanied by trembling, shaking, confusion, dizziness, nausea, and/or breathing difficulties. The American Psychological Association (APA) defines a panic attack as “fear or discomfort that abruptly arises and peaks in less than ten minutes. Panic attacks can be sparked by stress, irrational thoughts, general fear or fear of the unknown, or even physical activity. However, attacks can occur without warning if the trigger isn’t always clear. One can avoid the trigger to help avoid an attack. Avoiding places, people, behaviours, or situations that have been linked to panic attacks can be an example of this. However, not every attack can be avoided.

### Discussion

A diagnosis of panic disorder necessitates that the recurrent, unanticipated panic attacks also have long-term consequences: either worry about the possible effects of the attacks, persistent anxiety

about attacks in the future, or significant behavioral shifts related to the attacks. As a result, people with panic disorder experience symptoms even when they are not having specific panic attacks. Frequently, they notice normal changes in their heartbeat, which makes them think their heart is broken or that they are about to have another panic attack. During panic attacks, there may be heightened awareness (hypervigilance) of how the body works, with any perceived physiological change being interpreted as a potential life-threatening illness (extreme hypochondriasis). The intense fear of negative public scrutiny, public embarrassment, humiliation, or social interaction (also known as social phobia) is described. This fear can be experienced in most (or all) social interactions or just in particular social situations, like public speaking. Social anxiety disorder affects about 7% of adults in the United States, and more than 75% of people first experience symptoms in childhood or early adolescence. Social anxiety frequently manifests itself as specific physical symptoms such as blushing, sweating, rapid heart rate, and difficulty speaking. As with all phobias, those who suffer from social anxiety frequently attempt to avoid the thing that is causing them anxiety; This is especially problematic in the case of social anxiety, and in severe cases, it can result in complete social isolation.

Social anxiety disorder affects children as well, but their symptoms are distinct from those of adolescents and adults. Social physique anxiety (SPA) is a subtype of social anxiety that involves concern over the evaluation of one’s body by others. SPA is prevalent among adolescents, particularly females. They may experience difficulty processing or retrieving information, sleep deprivation, disruptive behaviors in class, and irregular class participation. Previously classified as an anxiety disorder, post-traumatic stress disorder (PTSD) is a condition brought on by a traumatic experience and now included in the DSM-V as a trauma- and stressor-related disorder. An estimated one in eleven adults in the United States will be diagnosed

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**Received:** 04-Jan-2023, Manuscript No: nctj-23-86849; **Editor assigned:** 06-Jan-2023, Pre-QC No: nctj-23-86849 (PQ); **Reviewed:** 20-Jan-2023, QC No: nctj-23-86849; **Revised:** 23-Jan-2023, Manuscript No: nctj-23-86849 (R); **Published:** 30-Jan-2023, DOI: 10.4172/nctj.1000130

**Citation:** Ejike J (2023) A Short Note on Generalized Anxiety Disorder. *Neurol Clin Therapeut J* 7: 130.

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with post-traumatic stress disorder (PTSD) in their lifetime. PTSD can be brought on by extreme circumstances like rape, hostage situations, child abuse, bullying, or even a serious accident. It affects about 3.5% of adults in the United States each year. It can also happen as a result of long-term (chronic) exposure to a severe stressor. One example is soldiers who fight one battle but can't handle fighting all the time. Hypervigilance, flashbacks, avoidant behaviors, anxiety, anger, and depression are all common symptoms of PTSD. Individuals with PTSD may also experience sleep disturbances. People with PTSD frequently attempt to separate themselves from their friends and family, and it is difficult for them to keep these close relationships. The care plan for people with PTSD is based on a number of different treatments. Cognitive behavioral therapy (CBT), prolonged exposure therapy, stress inoculation therapy, medication, psychotherapy, and support from family and friends are some of these treatments [6-10].

## Conclusion

Research into post-traumatic stress disorder (PTSD) began with Vietnam veterans and victims of both natural and man-made disasters. The best predictor of PTSD, according to studies, is the degree of disaster exposure. The DSM-5 does not classify obsessive-compulsive disorder (OCD) as an anxiety disorder; however, the ICD-10 does. In the DSM-IV, it was previously listed as an anxiety disorder. OCD is a condition in which a person experiences obsessions (distressing, persistent, and intrusive thoughts or images) and compulsions (urges to repeatedly perform specific acts or rituals) that are not caused by drugs or a physical disorder and that cause distress or social dysfunction. The

compulsive rituals are personal rules that are followed to alleviate the feeling of discomfort.

## References

1. Majnemer A, Mazer B (1998) Neurologic evaluation of the newborn infant: definition and psychometric properties. *Dev Med Child Neurol* 40: 708-715.
2. Mercuri E, Ricci D, Pane M, Baranello G (2005) Neurological examination of the newborn baby. *Early Hum Dev* 81: 947-956.
3. Romeo DM, Bompard S, Cocca C, Serrao F, Carolis M, et al. (2017) Neonatal neurological examination during the first 6h after birth. *Early Hum Dev* 108: 41-44.
4. Calamy L, Nicolet E (2018) Neonatal pain assessment practices in the maternity ward (delivery room and postpartum ward): We can improve! *Arch Pediatr* 25: 476-479.
5. Prechtl HF, Einspieler C, Cioni G, Bos AF, Ferrari F, et al. (1997) An early marker for neurological deficits after perinatal brain lesions. *Lancet* 349: 1361-1363.
6. Romeo DM, Guzzetta A, Scoto M, Cioni M, Patusi P, et al. (2008) Early neurologic assessment in preterm-infants: integration of traditional neurologic examination and observation of general movements. *Eur J Paediatr Neurol* 12: 183-189.
7. Sarnat HB (1978) Olfactory reflexes in the newborn infant. *J Pediatr* 92: 624-626.
8. Shevell M (2009) The tripartite origins of the tonic neck reflex: Gesell, Gerstmann, and Magnus. *Neurology* 72: 850-853.
9. Zafeiriou DI (2004) Primitive reflexes and postural reactions in the neurodevelopmental examination. *Pediatr Neurol* 31: 1-8.
10. Sheppard JJ, Mysak ED (1984) Ontogeny of infantile oral reflexes and emerging chewing. *Child Dev* 55: 831-843.