

Table: Classification, key clinical symptoms and differential diagnoses of anxiety disorders in adults*¹

Anxiety disorder and key clinical symptoms	Differential diagnoses
<p>Generalised anxiety disorder (GAD) Excessive anxiety and pervasive uncontrollable worry about a number of events/activities for ≥ 6 months. Associated symptoms may include:</p> <ul style="list-style-type: none"> • restlessness/feeling 'keyed up' or 'on edge' • being easily fatigued • difficulty concentrating or mind 'going blank' • irritability • muscle tension • sleep disturbance (e.g. difficulty falling or staying asleep, or restless, unsatisfying sleep). 	<p>Major depression Dysthymic disorders Adjustment disorder with anxious mood Dementia Organic factors (e.g. thyrotoxicosis, psychostimulant use) Adverse effects of other drugs.</p>
<p>Social anxiety disorder (also known as social phobia) – Generalised Fear of numerous social situations (including performance and interaction)</p> <p>Social anxiety disorder (also known as social phobia) – Non-generalised Fear of one or just a few situations of performance type Symptoms of sympathetic overactivity (e.g, tremor, palpitations, sweating)</p>	<p>Specific phobia Agoraphobia</p>
<p>Acute stress disorder May occur during the early weeks following exposure to a traumatic event. Common symptoms (which spontaneously remit) include:</p> <ul style="list-style-type: none"> • re-experience • heightened arousal • avoidance • detachment or being in a daze 	<p>Post-traumatic stress disorder</p>
<p>Adjustment disorder with anxious mood Onset of anxiety symptoms within 3 months of identifiable psychosocial stressor(s) which:</p> <ul style="list-style-type: none"> • are time-limited • are in excess of normal expectations of reaction to the stressor(s) • are not due to another identifiable mental disorder • are not part of a continuing pattern of overreaction to stress • impair social or occupational functioning. 	<p>Generalised anxiety disorder</p>
<p>Agoraphobia without history of panic disorder Fear and avoidance of being in places or situations:</p> <ul style="list-style-type: none"> • from which escape might be difficult or embarrassing <p>OR</p> <ul style="list-style-type: none"> • in which help might not be available if one suddenly develops a symptom that could be incapacitating or embarrassing. 	<p>Social anxiety disorder Specific phobia</p>
<p>Obsessive–compulsive disorder Obsessions: recurrent and persistent intrusive ideas, thoughts, impulses or images. Compulsions: repetitive, stereotyped behaviours in response to an obsession, to prevent discomfort or some dreaded event with which it is not connected in a realistic way.</p>	

(Continued overleaf)



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Table: Classification, key clinical symptoms and differential diagnoses of anxiety disorders in adults*¹ (continued)

Anxiety disorder and key clinical symptoms	Differential diagnoses
<p>Panic attack</p> <p>A discrete period of intense fear or discomfort in which ≥ 4 symptoms develop abruptly and reach a peak within 10 minutes:</p> <ul style="list-style-type: none"> • palpitations, pounding heart or accelerated heart rate • sweating • trembling or shaking • sensations of shortness of breath or smothering • feeling of choking • chest pain or discomfort • nausea or abdominal distress • feeling dizzy, unsteady, light-headed or faint • derealisation or depersonalisation • fear of losing control or going crazy • fear of dying • paraesthesiae (numbness or tingling sensations) • chills or hot flushes. 	Acute physical illness (e.g. heart attack, stroke, asthma)
<p>Panic disorder with or without agoraphobia</p> <p>Occurrence of recurrent panic attacks (which occur spontaneously or 'out of the blue').</p> <p>Associated symptoms may include:</p> <ul style="list-style-type: none"> • anticipatory anxiety (i.e. persistent concern about having additional attacks) • elevated levels of generalised anxiety/tension • somatic preoccupation • phobic avoidance (agoraphobia 80%, social phobia 10%). 	Direct physiological effect of a substance, medicine, general medical condition or other psychiatric disorder (e.g. depression)
<p>Post-traumatic stress disorder</p> <p>3 clusters of symptoms which persist for > 1 month after exposure to a traumatic event are:</p> <ol style="list-style-type: none"> 1) intrusive phenomena (recollections, nightmares, flashbacks) 2) hyperarousal phenomena (exaggerated startle response, irritability) 3) avoidance of reminders and emotional numbing. 	Acute stress disorder
<p>Specific phobia</p> <p>Fear of a particular object(s) or situation(s) which:</p> <ul style="list-style-type: none"> • is out of proportion to the apparent stimulus • cannot be explained or reasoned away • leads to avoidance of the object or situation. <p>The 4 subgroups are:</p> <ol style="list-style-type: none"> 1) animal (e.g. dogs, moths, birds) 2) natural environment (e.g. heights, storms, water, lightning) 3) blood-injury-injection (e.g. faint at the sight of blood, having an injection/blood taken) 4) situational (e.g. aeroplanes, lifts, enclosed spaces). 	Agoraphobia Social anxiety disorder

* Non-drug strategies (e.g. cognitive behavioural therapy) are the first choice for anxiety disorders except for non-generalised social anxiety disorder for which beta blockers (e.g. propranolol) are a first choice.

Box: Psychological therapies and other non-drug strategies for anxiety disorders^{2,3}

<p>Psychological therapies</p> <p>Cognitive behavioural therapy (CBT) guidelines recommend starting with 8–20 hours</p> <ul style="list-style-type: none"> • individual or group (face-to-face, by telephone or online [e.g. <i>MoodGYM</i> www.moodgym.anu.edu.au/welcome or <i>VirtualClinic</i> www.climateclinic.tv]) • self-directed (e.g. bibliotherapy [such as <i>The SANE Guide to Anxiety Disorders</i>, available from www.sane.org]) <p>Emotional-regulation approaches (e.g. mindfulness-based meditation)</p>	<p>Exposure-based interventions (imagined and real-life)</p> <p>Problem-solving therapy</p> <p>Relapse prevention approaches (e.g. develop a plan for coping with potential future problems)</p> <p>Other non-drug strategies</p> <p>Education and information (print and electronic resources [e.g. www.crufad.com/selfhelp])</p> <p>Relaxation training</p> <p>Social skills training</p> <p>Support/self-help groups</p>
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References

1. Psychotropic Writing Group. Therapeutic Guidelines: Psychotropic. Version 6, Updated March 2009 [eTG complete CD-ROM]. Melbourne: Therapeutic Guidelines Ltd, 2008.
2. Canadian Psychiatric Association. *Can J Psychiatry* 2006;51:1–92S.
3. Baldwin DS, et al. *J Psychopharmacol* 2005;19:567–96.