



DOI: <https://doi.org/10.38035/ijphs.v3i2>
<https://creativecommons.org/licenses/by/4.0/>

The Silent Struggle : Exploring the impact of General Anxiety Disorder on Daily Life : A Case Report

Era Catur Prasetya¹, Roni Subagyo², Choiros Sirli Sudirman³

¹Department of Psychiatry, Universitas Muhammadiyah Surabaya, Surabaya , Indonesia,
era.catur@fk.um-surabaya.ac.id

¹Department of Psychiatry, Universitas Muhammadiyah Surabaya, Surabaya , Indonesia,
subagyo_ronidr@yahoo.com

²Faculty of Medicine, Universitas Muhammadiyah Surabaya, Surabaya, Indonesia,
choiros.sirli.sudirman-2019@fk.um-surabaya.ac.id

Corresponding Author: Choisirli1303@gmail.com³

Abstract: Generalized Anxiety Disorder is a common and disabling illness that is often underdiagnosed and undertreated, characterized by chronic, pervasive anxiety and worry accompanied by nonspecific physical and psychological symptoms including restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbances. While anxiety can be an appropriate response to stressful situations, it is considered pathological when disabling and difficult to control. This case study, which aimed to explore generalized anxiety disorder and its management in patients, utilized diagnostic criteria from Pedoman Penggolongan dan Diagnosis Gangguan Jiwa-III and the Diagnostic and Statistical Manual of Mental Disorders-5, finding that the patient's manifestations aligned with established diagnostic criteria. Generalized anxiety disorder often goes undiagnosed and untreated due to accompanying physical complaints, requiring not only pharmacological interventions but also non-pharmacological approaches such as cognitive behavioral therapy to effectively control the patient's thought patterns.

Keyword: Case Study, General Anxiety Disorder, Impact of General Anxiety Disorder

INTRODUCTION

Generalized Anxiety Disorder (GAD) is a common and disabling illness that is often underdiagnosed and undertreated. Symptoms include chronic, pervasive anxiety and worry accompanied by nonspecific physical and psychological symptoms (restlessness, fatigue, difficulty concentrating, irritability, muscle tension, or sleep disturbances). Anxiety can be an appropriate response to stressful situations but is considered a pathologic disorder when it is disabling and difficult to control. Generalized Anxiety Disorder (GAD) is the most common anxiety disorder seen in primary care, affecting approximately 4% to 7% of U.S. adults. GAD is characterized by at least 6 months of persistent and excessive anxiety; recurring worry about common events; and physical symptoms, such as muscle tension, insomnia, and fatigue

combined with significant distress or impairment in personal, occupational, or other areas of function. More than one third of patients with GAD have decreased work productivity. These patients are at increased risk for suicide attempts, and those with cooccurring cardiovascular disease experience more cardiovascular events (myocardial infarction, heart failure, cerebrovascular accidents, transient ischemic attack, and death) (DeMartini et al., 2019).

Moreover, GAD is associated with a significant economic burden owing to decreased work productivity and increased use of health care services, especially primary health care. All anxiety disorders more frequently occur among females than among males. Individuals with GAD were more likely to have family members with anxiety problems. The presence of externalizing types of psychopathology, such as alcohol and substance abuse among parents may also increase the risk (Mohammadi et al., 2020). Subsequently, the pathogenesis impairs one or more of the physiological, psychological, and biological processes that manage the body's stress-reactivity which might disrupt the body's homeostasis. Nonetheless, the multifactorial pathogenesis of GAD increases the number of similar differential diagnoses, which makes it commonly misdiagnosed. Therefore, understanding the etiologies and the way to diagnose this disorder is crucial for early treatment and avoiding its complications (Barnalan et al., 2023).

METHOD

This is a case report. We diagnose and explain this case using a pocket book for the diagnosis of mental disorder with "Pedoman Penggolongan dan Diagnosis Gangguan Jiwa-III" and "Diagnostic And Statistical Manual Of Mental Disorders-5".

RESULT AND DISCUSSION

RESULT

A female patient with initials Ms. D, 32 years old. She holds a Diploma in Midwifery as her highest education. Ms. D visited to the Psychiatry Clinic at Muhammadiyah Lamongan Hospital accompanied by her husband, complaining of dizziness and difficulty for sleeping. The symptoms have persisted since March 2021. Patient feels dizziness, anxiety, heart palpitations, with nausea, vomiting, and sweats which would suddenly appear before bedtime. Initially, she had worked in Surabaya, selling *penyetan* (Indonesian food) with her husband. However, her role was limited to preparing food at home, and she did not accompany her husband to the stall. Ms. D often worried about her husband, who seemed unmotivated when working alone at the stall and frequently appeared lost in thought. However, once home, her husband behaved normally. This led the patient and her husband to suspect that he had been cursed by competitors from other stalls. Ms. D handled all the household tasks by herself, including cleaning the house, preparing items for sale, fulfilling daily needs, and other chores, which made her feel overwhelmed. This situation lasted for several months. When she returned to Babat, her symptoms began to worsen. She was hospitalized for a time and sought treatment from doctors and traditional healers, but the symptoms did not improve. Whenever she was alone or about to sleep, thoughts of death would disturb her. Ms. D also felt palpitations every time she heard news of a neighbor's death. She denied experiencing any auditory hallucinations or visions. The patient has continued her daily activities, but since the incident, neither she nor her husband has returned to Surabaya.

According to her husband, Mr. J 36 years old, his wife often has difficulty sleeping, which peaked when both of them returned to Babat. She contacted him while he was taking their youngest child to her grandmother's house, expressing that she felt unwell, experienced heart palpitations, and felt faint as if she were going to faint. She was then taken to Sugiri Hospital, and during the trip, she was vomiting and feeling weak. After returning from the hospital, she continued to complain of the same symptoms, especially when she was alone or

about to sleep. Therefore, she needed companionship every night and had to be comforted by her husband. Her previous psychiatric history conclude Ms. D engages in social activities quite frequently with her neighbors.

The psychiatric examination conducted during the patient's control at the psychiatric clinic showed Ms.D has good appearance, relevant and fluent verbal contact, eutimia mood with wide affect and congruence. Ms. D has a tendency to think ahead about negative events that might occur, even though the content of her thoughts is realistic and coherent. Ms. D does not experience hallucinations. The patient also presented in a *compos mentis* condition, responded well, and appeared age-appropriate. Their behavior was within normal range, neither excessive nor diminished, and their communication style was cooperative. The patient has insight, which means that they already know the problem and what to do, even though sometimes something makes them uncomfortable. Ms. D received the following medications fluoxetine 20 mg taken once a day.

DISCUSSION

Based on the cognitive approach theory, it is believed that patients with generalized anxiety disorder (GAD) experience cognitive distortions arising from faulty thinking. These cognitive distortions contribute to the patient's anxiety. From a biological perspective, chronic anxiety is associated with the septo-hippocampal system and the Papez circuit, which are referred to as the Behavioral Inhibition System (BIS). In individuals with GAD, the Behavioral Inhibition System remains continuously active. According to psychoanalytic theory, the emergence of GAD in adulthood is caused by two factors. First, excessively strict and rigid rules. Second, overprotective parenting. As individuals reach adulthood, the parental control they were accustomed to either weakens or disappears, leading them to experience intense fear when they feel unable to control themselves or are forced to engage in activities they do not wish to do. As a result, their anxiety levels increase significantly (Soen et al., 2022).

The psychological stress experienced by GAD patients like Ms. D can significantly affect their adaptive behavior. This aligns with (Romadhona et al., 2023) research asserting that psychological stress influences individuals' ability to adjust to their environment. In Ms. D's case, her social environment, particularly her concerns about her husband's condition and the burden of managing the household alone, served as factors exacerbating her anxiety. Romadhona et al. also noted that unsupportive social environments can become additional sources of stress and impede the development of adaptive behavior, which is reflected in Ms. D's difficulty managing her anxiety, especially when alone or before bedtime.

Generalized Anxiety Disorder introduced in the third edition of the Diagnostic and Statistical Manual (DSM-III) in 1980 was only a residual category that could be diagnosed if no other anxiety disorders were present. Soon GAD started to have its own diagnostic criteria as a separate mood disorder entity in the following editions of the manual up to the current DSM-5 (Showraki et al., 2020). GAD, as defined by the DSM-5, is characterized by persistent and excessive worry or anxiety about specific events or daily activities for a minimum duration of six months. People with this disorder find it difficult to control their worrying thoughts and prevent them from interfering with their concentration and ability to focus on tasks. The anxiety is associated with at least three of the following six symptoms: feeling restless or on edge, easily fatigued, issues concentrating, irritability, muscle tension, and sleep problems (Zhang, 2024).

Individuals with GAD are high users of primary care services yet most do not seek treatment for worry but, rather, for more vague, general, and nonspecific problems, such as headaches, gastrointestinal distress, sleep problems, muscle tension, and irritability (Taillieu et al., 2018). According DMS-5, at least three of the following physical or cognitive

symptoms are needed for diagnosis: Edginess or restlessness; Tiring easily (more fatigued than usual); Impaired concentration (feeling as though the mind goes blank); Irritability (which may or may not be observable to others); Increased muscle aches or soreness; Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep) (Pop-Jordanova, 2019).

Brain imaging investigations using functional magnetic resonance imaging (fMRI) and positron emission tomography (PET) have uncovered structural and functional abnormalities in GAD patients. For instance, increased activity has been observed in the amygdala and insula, which are involved in processing emotions and interpreting physical sensations. In addition, people with GAD have decreased connectivity between the prefrontal cortex and amygdala, which is believed to help regulate emotional responses (Gkintani & Ortiz, 2023). Moreover, a better understanding of the disorders themselves, their pathological pathways, biomarkers, and clinical aspects (risk factors and predictors of response) may help develop treatments that are more effective. neuroimaging might be used as a predictor of treatment response in the future can deeper understanding of GAD mechanisms and to the development of more effective and personalized treatment approaches (De Costa & Manfro, 2019).

Current treatment guidelines generally support the use of SSRIs as a first-line pharmacological treatment, with SNRIs and pregabalin suggested if SSRIs are not effective or tolerated. SSRIs are widely pre-scribed in psychiatric practice as a first-line pharmacological treatment for major depressive disorder (MDD), panic disorder, social anxiety disorder (SAD), post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder. SSRIs selectively inhibit the serotonin transporter (SERT), and increasing cellular concentrations of serotonin (Fagan & Baldwin, 2023). Because of lack of FDA approval, pregabalin is underutilized in the United States for anxiety disorders. The drug has recently come off patent, and new generic formulations have become available, decreasing costs. If possible, benzodiazepines can be used in a time-limited manner to avoid the development of physical dependence (Melaragno, 2021). Although it has been assumed that most patients respond to SSRI or SNRI medications, benzodiazepines, psychological treatments, or some combination, about one-third of these patients have treatment-resistant anxiety. There is still little known about treatment resistance in anxiety disorders and how to treat it effectively (Garakani et al., 2020).

Cognitive Behavior Therapy (CBT) aims to change an individual's thought patterns and behavior. CBT can effectively reduce symptoms of Generalized Anxiety Disorder (GAD) by correcting cognitive distortions, gradually eliminating faulty thinking. It works by transforming irrational thoughts into rational ones. CBT focuses on three key aspects in managing GAD: cognitive restructuring to address anxiety-provoking thoughts, relaxation training, and exposure-based assignments to confront sources of worry (Zhang, 2024). Unfortunately a big part of the global population do not have access to traditional mental health care, due to the scarcity of psychiatric services available, particularly in many low- and middle-income countries. Which is why any people with depression or anxiety turn to nonpharmacologic and nonconventional interventions (Truchta et al., 2023). Patients increasingly seek alternative interventions, such as yoga, often outside the medical system. A pilot study suggested that Kundalini Yoga (KY), a safe, popular, accessible yoga style that involves all the traditional components of yoga, including breathing practices and meditation may be considered for GAD (Simon et al., 2021).

Clinicians should emphasize that treatments may take weeks or months to become fully effective and that several treatments may sometimes be needed to find the best one for an individual patient. Although most patients with GAD can be treated as outpatients, those who are suicidal should be hospitalized. Suicidal ideation is not uncommon in patients with GAD

with or without cooccurring depression. Clinicians should assess risk for suicide in all patients with GAD at each follow-up encounter (DeMartini et al., 2019).

CONCLUSION

A woman presented with complaints of dizziness, difficulty for sleeping, heart palpitations, with nausea, vomiting, and sweats which would suddenly appear before bedtime. The patient's diagnosis was (F41.1) Generalized Anxiety Disorder, and receiving treatment with fluoxetine 20 mg taken once a day. The management for the patient should include non-pharmacological interventions such as cognitive behavioral therapy and the administration of medications. After the interventions are provided, it is expected that the anxiety symptoms and accompanying symptoms can be controlled. Based on recommendations, SSRIs are the first-line choice for patients with generalized anxiety disorder.

REFERENCES

- Barnalan, O. A., Alosaimi, N. M., Alfryyan, A. A., Aljubran, H. J., Alanazi, F. H., & Siddiqui, Z. I. (2023). Generalized Anxiety Disorder: A Review of Current Literature in Saudi Arabia. *Psychology*, 14(1), 35–51. <https://doi.org/10.4236/psych.2023.141003>
- De Costa, M. A., & Manfro, G. G. (2019). Generalized anxiety disorder: Advances in neuroimaging studies. *Brazilian Journal of Psychiatry*, 41(4), 279. <https://doi.org/10.1590/1516-4446-2019-4106>
- DeMartini, J., Patel, G., & Fancher, T. L. (2019). Generalized anxiety disorder. *Annals of Internal Medicine*, 170(7), ITC49–ITC64. <https://doi.org/10.7326/AITC201904020>
- Fagan, H. A., & Baldwin, D. S. (2023). Pharmacological Treatment of Generalised Anxiety Disorder: Current Practice and Future Directions. *Expert Review of Neurotherapeutics*, 23(6), 535–548. <https://doi.org/10.1080/14737175.2023.2211767>
- Garakani, A., Murrough, J., Freire, R. C., Thom, R. P., Larkin, K., Buono, F. D., & Iosifescu, D. V. (2020). Pharmacotherapy of Anxiety Disorders: Current and Emerging Treatment Options. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsyt.2020.595584>
- Gkintani, E., & Ortiz, P. S. (2023). Neuropsychology of Generalized Anxiety Disorder in Clinical Setting: A Systematic Evaluation. *Helthcare*, 11(17), 2446. <https://doi.org/10.3390/healthcare11172446>
- Melaragno, A. J. (2021). Pharmacotherapy for Anxiety Disorders: From First-Line Options to Treatment Resistance. *Focus*, 19(2), 145–160. <https://doi.org/10.1176/appi.focus.20200048>
- Mohammadi, M. R., Pourdehghan, P., Mostafavi, S. A., Hoosyari, Z., Ahmadi, N., & Khaleghi, A. (2020). Generalized anxiety disorder: Prevalence, predictors, and comorbidity in children and adolescents. *Journal of Anxiety Disorders*, 73. <https://doi.org/10.1016/j.janxdis.2020.102234>
- Pop-Jordanova, N. (2019). Different Clinical Expression of Anxiety Disorders in Children and Adolescents: Assessment and Treatment. *PRILOZI*, 40(1), 5–40. <https://doi.org/10.1007/s11126-020-09747-0>
- Romadhona, H., Zulfairah, & Wala, G. N. (2023). Pengaruh Stres Psikologis dan Lingkungan Sosial terhadap Perilaku Adaptif. *Jurnal Greenation Sosial Dan Politik*, 1(3), 112–118. <https://doi.org/10.38035/jgsp.v1i3>
- Showraki, M., Showraki, T., & Brown, K. (2020). Generalized Anxiety Disorder: Revisited. *Psychiatric Quarterly*, 91(3), 905–914. <https://doi.org/10.1007/s11126-020-09747-0>

- Simon, N. M., Hofmann, S. G., Rosenfield, D., Hoepfner, S. S., Hoge, E. A., Bui, E., & Khalsa, S. B. (2021). Efficacy of Yoga vs Cognitive Behavioral Therapy vs Stress Education for the Treatment of Generalized Anxiety Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*, 78(1), 13–20. <https://doi.org/10.1001/jamapsychiatry.2020.2496>
- Soen, C. C., Hardjasmita, I. M., & Ulitua, A. E. (2022). Generalized Anxiety Disorder: Diagnosis and Treatment. . . *Jurnal Muara Medika Dan Psikologi Klinis*, 1(2), 133. <https://doi.org/10.24912/jmmpk.v1i2.14865>
- Taillieu, T. L., Afifi, T. O., Turner, S., Cheung, K., Fortier, J., Zamorski, M., & Sareen, J. (2018). Risk Factors, Clinical Presentations, and Functional Impairments for Generalized Anxiety Disorder in Military Personnel and the General Population in Canada. *Canadian Journal of Psychiatry*, 63(9), 610–619. <https://doi.org/10.1177/0706743717752878>
- Truchta, M., Mańkowska, A., Jablonska, W., Wardęszkieiwcz, M., Kasprzak, S., Świercz, M., Kolano, A., & Pejas, A. (2023). Anxiety disorders pharmacological and non-pharmacological methods of therapy. *Journal of Education, Health and Sport*, 50(1), 11–22. <https://doi.org/10.12775/jehs.2023.50.01.001>
- Zhang, Z. (2024). A Comprehensive Overview on the Generalized Anxiety Disorder – Etiology and Treatment. *SHS Web of Conferences*, 193(03008). <https://doi.org/10.1051/shsconf/202419303008>
- .