

# ❖❖ Generalized Anxiety Disorder DSM-5 Diagnostic Checklist: The Worry Detector

## Your Complete Guide to GAD Diagnosis Made Simple

### WELCOME TO THE ANXIETY DIAGNOSTIC COMMAND CENTER!

Welcome to the comprehensive Generalized Anxiety Disorder diagnostic headquarters - your radar system for detecting the persistent storms of worry and anxiety that can overwhelm a person's daily life! Think of this as your anxiety weather station that tracks the constant clouds of worry, restlessness, and fear that define GAD. Every symptom is like a warning signal on your radar, and when you see enough persistent signals over time, you've identified Generalized Anxiety Disorder!

## ❖❖ DSM-5 GENERALIZED ANXIETY DISORDER DIAGNOSTIC CRITERIA: THE OFFICIAL CHECKLIST

### ❖❖ CRITERION A: EXCESSIVE ANXIETY AND WORRY

#### ❑ EXCESSIVE ANXIETY AND WORRY (APPREHENSIVE EXPECTATION)

Occurring more days than not **for** at least 6 months

❖❖ About a number of events or activities

❖❖ Examples: Work performance, school, health, finances, family safety ⚖️ Worry is clearly excessive compared to actual likelihood/impact

### ❖❖ CRITERION B: DIFFICULTY CONTROLLING WORRY

#### ❑ DIFFICULTY CONTROLLING THE WORRY

❖❖ Person finds it hard to control the worry

- 💡💡 Worry feels uncontrollable or overwhelming
- 💡💡 Examples: "I can't stop worrying," "My mind won't shut off" ⌚ Worry persists despite efforts to stop or redirect thoughts

## 💡💡 CRITERION C: ASSOCIATED SYMPTOMS

Must have 3+ symptoms for adults (1+ for children) for more days than not over past 6 months

- ❑ 1. RESTLESSNESS OR FEELING KEYED UP OR ON EDGE
  - ⚡ Feeling wound up, tense, **or** unable to relax
  - ♂ Examples: "I feel like I'm always on high alert"
  - 💡💡 Physical sensation of being "revved up"
- ❑ 2. BEING EASILY FATIGUED
  - 💡💡 Tiring easily despite adequate sleep
  - 💡💡 Examples: "I'm exhausted but can't relax"
  - 💡💡 Mental fatigue from constant worrying
- ❑ 3. DIFFICULTY CONCENTRATING OR MIND GOING BLANK
  - 💡💡 Trouble focusing on tasks **or** conversations
  - 💡💡 Examples: Can't read, follow TV shows, or complete work
  - 💡💡 Mind feels foggy **or** empty when trying to concentrate
- ❑ 4. IRRITABILITY
  - 💡💡 More irritable than usual
  - 💡💡 Examples: Snapping at family, road rage, impatience
  - ⚡ Low tolerance **for** frustration **or** interruption
- ❑ 5. MUSCLE TENSION
  - 💡💡 Noticeable muscle tension **or** aches
  - 💡💡 Examples: Tight shoulders, jaw clenching, headaches
  - ♀ Difficulty relaxing muscles even when trying
- ❑ 6. SLEEP DISTURBANCE
  - 💡💡 Difficulty falling asleep, staying asleep, **or** restless sleep 💡💡 Examples: Mind racing at bedtime, frequent awakening
  - Unrefreshing sleep despite adequate time **in** bed

## ⌚ CRITERION D: DURATION

- ❑ SYMPTOMS PRESENT **FOR** AT LEAST 6 MONTHS
  - 💡💡 Anxiety, worry, and physical symptoms persistent
  - 💡💡 More days than not over 6-month period
  - ⌚ Not just during stressful periods

## 💡💡 CRITERION E: FUNCTIONAL IMPAIRMENT

- ❑ CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT
  - 💡💡 Occupational functioning impaired
  - 💡💡 Social functioning impaired

- ◆◆ Other important areas of functioning impaired
- ◆◆ Examples: Work performance decline, avoiding social events

## ◆◆ CRITERION F: EXCLUSION CRITERIA

- NOT DUE TO SUBSTANCES OR MEDICAL CONDITIONS
  - ◆◆ Not attributable to physiological effects of substance ◆◆ Not attributable to another medical condition
  - ☕ Examples: Not due to caffeine, hyperthyroidism, medications
- NOT BETTER EXPLAINED BY OTHER MENTAL DISORDERS
  - ◆◆ Not better explained by other anxiety disorders
  - ◆◆ Not better explained by mood disorders
  - ◆◆ Examples: Not just social anxiety, panic disorder, or depression

## ◆◆ GAD SEVERITY SPECIFIERS

### ◆◆ MILD GAD

#### ✓ CRITERIA MET:

- Minimal symptoms beyond those required
- Mild functional impairment
- Can still function but with extra effort

#### ◆◆ TYPICAL PRESENTATION:

- ◆◆ Can work but feels stressed and tired
- ◆◆ Some social situations avoided but maintains relationships • ◆◆ Daily activities completed but feel burdensome
- ◆◆ Worry is noticeable but manageable most days
- ◆◆ May not seek treatment initially

### ◆◆ MODERATE GAD

#### ✓ CRITERIA MET:

- Moderate number of symptoms
- Moderate functional impairment
- Noticeable difficulty functioning

#### ◆◆ TYPICAL PRESENTATION:

- ◆◆ Work performance clearly affected by worry • ◆◆ Significant avoidance of social situations • ◆◆ Some neglect of responsibilities due to anxiety • ◆◆ Worry interferes with daily activities regularly • ◆◆ More likely to seek treatment

### ◆◆ SEVERE GAD

✓ CRITERIA MET:

- Many symptoms present
- Severe functional impairment
- Marked difficulty functioning

💡💡 TYPICAL PRESENTATION:

- 💡💡 Unable to work **or** severely impaired performance • 💡💡 Severe social isolation due to anxiety
- 💡💡 Significant neglect of **self-care** **and** responsibilities • 💡💡 Worry **is** overwhelming **and** constant
- 💡💡 Often requires intensive treatment
- 💡💡 May have panic attacks **or** depression

## 💡💡 DIFFERENTIAL DIAGNOSIS: RULING OUT LOOK ALIKES

### 💡💡 MEDICAL CONDITIONS THAT MIMIC GAD

#### 💡💡 HYPERTHYROIDISM

💡💡 OVERLAPPING SYMPTOMS:

- ⚡ Restlessness and anxiety
- 💡💡 Rapid heart rate
- 💡💡 Sleep difficulties
- 💡💡 Irritability
- 💡💡 Muscle tension/tremor

💡💡 DIAGNOSTIC TESTS:

- TSH (will be low in hyperthyroidism)
- Free T4 and T3 (will be elevated)
- Physical exam (thyroid enlargement, tremor)
- Heart rate and blood pressure



### CAFFEINE INTOXICATION/WITHDRAWAL

💡💡 CAFFEINE INTOXICATION:

- ⚡ Restlessness and anxiety
- 💡💡 Rapid heartbeat
- 💡💡 Racing thoughts
- 💡💡 Insomnia
- 💡💡 Muscle tension

💡💡 CAFFEINE WITHDRAWAL:

- 💡💡 Headache
- 💡💡 Fatigue
- 💡💡 Irritability
- 💡💡 Difficulty concentrating
- 💡💡 Anxiety



#### TIMING CONSIDERATIONS:

- Recent increase in caffeine intake
- Temporal relationship to coffee/energy drinks
- Improvement with caffeine reduction

### ?? CARDIAC CONDITIONS

#### ?? CONDITIONS TO CONSIDER:

- ?? Arrhythmias (especially atrial fibrillation) • ?? Mitral valve prolapse
- ?? Coronary artery disease
- ?? Pulmonary embolism

#### ?? DIAGNOSTIC WORKUP:

- ECG and cardiac monitoring
- Echocardiogram
- Stress testing **if** indicated
- D-dimer **if** PE suspected

### ?? PSYCHIATRIC CONDITIONS THAT MIMIC

#### GAD PANIC DISORDER

#### ?? KEY DIFFERENCES:

- PANIC: Discrete episodes of intense fear • ?? GAD: Persistent, ongoing worry
- ?? PANIC: Sudden onset, peaks in minutes • ?? GAD: Gradual build-up, persistent
- ?? PANIC: Physical symptoms during attacks • ?? GAD: More cognitive worry, less physical

#### ?? DIAGNOSTIC CLUES:

- ?? Panic attacks with specific triggers
- ?? Fear of having more panic attacks
- ?? Agoraphobic avoidance
- ?? Intense physical symptoms during episodes

### ?? SOCIAL ANXIETY DISORDER

#### ?? KEY DIFFERENCES:

- ?? SOCIAL: Anxiety specific to social situations • ?? GAD: Anxiety about multiple life domains • ?? SOCIAL: Fear of judgment by others
- ?? GAD: Worry about various outcomes
- ?? SOCIAL: Avoidance of social situations • ?? GAD: Worry about work, health, family, etc.

#### ?? DIAGNOSTIC CLUES:

- ?? Fear of public speaking **or** performance • ?? Avoidance of social gatherings

- Fear of embarrassment **or** humiliation
- Difficulty eating **in** front of others

## **OBSESSIVE-COMPULSIVE DISORDER**

### KEY DIFFERENCES:

- OCD: Specific obsessions and compulsions • GAD: General worry about realistic concerns • OCD: Intrusive, unwanted thoughts
- GAD: Excessive worry about real-life problems • OCD: Repetitive behaviors or mental acts • GAD: No specific compulsive behaviors

### DIAGNOSTIC CLUES:

- Contamination fears and washing
- Checking behaviors
- Counting or arranging compulsions
- Intrusive, disturbing thoughts

## **MAJOR DEPRESSIVE DISORDER**

### OVERLAPPING SYMPTOMS:

- Concentration difficulties
- Sleep problems
- Fatigue
- Irritability
- Feelings of worthlessness

### KEY DIFFERENCES:

- DEPRESSION: Persistent sad mood or anhedonia • GAD: Persistent anxiety and worry
- DEPRESSION: Hopelessness about past/present • GAD: Worry about future events
- DEPRESSION: Often low energy
- GAD: Often restless energy

## **WORRY CONTENT ANALYSIS: WHAT DO PEOPLE WITH GAD WORRY ABOUT?**

## **COMMON WORRY THEMES**

### **WORK AND PERFORMANCE**

#### TYPICAL WORRIES:

- "What if I make a mistake at work?"
- "What if I get fired?"
- "What if I fail this project?"
- "What if my boss thinks I'm incompetent?"
- "What if I'm late to the meeting?"

#### CHARACTERISTICS:

- ❖❖❖ Future-focused catastrophizing
- ⚖️ Disproportionate to actual risk
- ❖❖❖ Repetitive and persistent
- ❖❖❖ Interferes with actual performance

## ❖❖ FAMILY AND RELATIONSHIPS

### ❖❖ TYPICAL WORRIES:

- ❖❖❖ "What if something happens to my children?"
- ❖❖❖ "What if my spouse leaves me?"
- ❖❖❖ "What if my parents get sick?"
- ❖❖❖ "What if I'm a bad parent?"
- ❖❖❖ "What if we can't pay the bills?"

### ❖❖ CHARACTERISTICS:

- ❖❖❖ Excessive concern **for** loved ones
- Overprotective behaviors
- ❖❖❖ Frequent checking on family members
- ❖❖❖ Anxiety about things outside their control

## ❖❖ HEALTH AND SAFETY

### ❖❖ TYPICAL WORRIES:

- ❖❖❖ "What if this headache is a brain tumor?"
- ❖❖❖ "What if I have a heart attack?"
- ❖❖❖ "What if I get in a car accident?"
- ❖❖❖ "What if I catch a serious illness?"
- ❖❖❖ "What if someone breaks into my house?"

### ❖❖ CHARACTERISTICS:

- ❖❖❖ Hypervigilance to bodily sensations
- ❖❖❖ Frequent medical consultations
- Excessive safety precautions
- ❖❖❖ Avoidance of health-related news

## ❖❖ FINANCIAL SECURITY

### ❖❖ TYPICAL WORRIES:

- ❖❖❖ "What if I can't pay my bills?"
- ❖❖❖ "What if I lose my house?"
- ❖❖❖ "What if I don't have enough for retirement?" • ❖❖❖ "What if I can't afford my children's education?" • ❖❖❖ "What if the economy crashes?"

### ❖❖ CHARACTERISTICS:

- ❖❖❖ Excessive checking of accounts
- ❖❖❖ Hoarding money or resources
- ❖❖❖ Difficulty making purchases
- ❖❖❖ Constant worry about financial future

## ❖❖ AGE-SPECIFIC PRESENTATIONS

## ❖❖ CHILDHOOD GAD (AGES 6-12)

### ❖❖ UNIQUE PRESENTATIONS:

- ❖❖ Excessive worry about school performance • ❖❖ Worry about fitting in with peers
- 🕒 Perfectionism and need for reassurance • ❖❖ Separation anxiety from parents
- Worry about disasters or catastrophes

### ❖❖ ASSESSMENT CONSIDERATIONS:

- Parent and teacher reports essential
- ❖❖ Play-based assessment techniques
- ❖❖ Drawing or art expression of worries
- ❖❖ School performance and behavior
- ❖❖ Peer relationship evaluation

### ⚠️ DIAGNOSTIC MODIFICATIONS:

- ❖❖ Only 1 physical symptom required (vs. 3 in adults) • ❖❖ Worry content may be more concrete
- Family involvement crucial
- ❖❖ School-based interventions helpful

## ADOLESCENT GAD (AGES 13-18)

### UNIQUE PRESENTATIONS:

- ❖❖ Academic pressure and college worries • ❖❖ Social acceptance and peer pressure • ❖❖ Body image and appearance concerns • ❖❖ Future career and life path anxiety • Family conflict and independence issues

### ❖❖ ASSESSMENT FOCUS:

- ❖❖ Academic performance and pressure • ❖❖ Social functioning and relationships • ❖❖ Identity formation concerns
- ❖❖ Substance use screening
- ❖❖ Mood disorder comorbidity

### ⚠️ SPECIAL CONSIDERATIONS:

- ❖❖ Brain development ongoing
- ❖❖ Normal adolescent anxiety vs. GAD • Family therapy often beneficial • ❖❖ School counselor involvement
- ❖❖ Future-oriented treatment planning

## ❖❖ GERIATRIC GAD (AGES 65+)

### ❖❖ UNIQUE PRESENTATIONS:

- ❖❖ Health and medical concerns prominent • ❖❖ Financial security worries
- ❖❖ Social isolation and loneliness • ❖❖ Cognitive decline fears
- ❖❖ Death and dying anxiety



### 💡💡 ASSESSMENT CHALLENGES:

- 💡💡 Medical comorbidities
- 💡💡 Medication side effects
- 💡💡 Cognitive assessment needs
- 💡💡 Social support evaluation
- 💡💡 Grief **and** loss factors

### ⚠️ TREATMENT CONSIDERATIONS:

- 💡💡 **Start** low, **go** slow **with** medications • 💡💡
- Medical monitoring important
- 💡💡 Family involvement beneficial
- 💡💡 Functional assessment crucial
- 💡💡 Cognitive behavioral approaches

## 💡💡 ASSESSMENT TOOLS AND RATING SCALES

### 💡💡 STANDARDIZED GAD ASSESSMENTS

#### 💡💡 GAD-7 (GENERALIZED ANXIETY DISORDER-7)

##### 💡💡 SCREENING TOOL:

- 💡💡 7 items based on DSM criteria
- 🕒 Takes 2-3 minutes to complete
- 💡💡 Scores: 0-4 minimal, 5-9 mild, 10-14 moderate, 15-21 severe • 💡💡 Good **for** screening and monitoring treatment

##### 💡💡 SAMPLE QUESTIONS:

- "Feeling nervous, anxious, or on edge"
- "Not being able to stop or control worrying"
- "Worrying too much about different things"
- "Trouble relaxing"

#### 💡💡 HAMILTON ANXIETY RATING SCALE (HAM-A)

##### 💡💡 CLINICIAN-RATED SCALE:

- 💡💡 14 items covering anxiety symptoms
- 🩺 Requires clinical interview
- 💡💡 Scores: <17 mild, 18-24 mild-moderate, 25-30 moderate-severe, >30 severe • 💡💡 Good **for** treatment monitoring

##### 💡💡 DOMAINS ASSESSED:

- 💡💡 Anxious mood
- 💡💡 Tension
- 💡💡 Fears
- 💡💡 Insomnia
- 💡💡 Intellectual symptoms
- 💡💡 Cardiovascular symptoms

#### 💡💡 PENN STATE WORRY QUESTIONNAIRE (PSWQ)

#### ?? WORRY-SPECIFIC ASSESSMENT:

- ?? 16 items focusing on worry
- ?? Measures pathological worry specifically
- ?? Higher scores indicate more problematic worry
- ?? Good for GAD diagnosis and treatment monitoring

#### ?? SAMPLE ITEMS:

- "My worries overwhelm me"
- "I worry about projects until they are done"
- "I find it easy to dismiss worrisome thoughts" (reverse scored)

## ?? CLINICAL INTERVIEW STRATEGIES

### ?? EFFECTIVE QUESTIONING TECHNIQUES

#### ?? WORRY ASSESSMENT:

- "What kinds of things do you worry about?"
- "How much time do you spend worrying each day?" • "How difficult is it for you to control your worrying?" • "What happens when you try to stop worrying?"

#### ⚡ PHYSICAL SYMPTOMS:

- "Do you feel restless or keyed up?"
- "How are your energy levels?"
- "Any muscle tension or aches?"
- "How has your sleep been?"

#### ?? FUNCTIONAL IMPACT:

- "How does the worry affect your work?"
- "How does it impact your relationships?"
- "What activities do you avoid because of anxiety?" • "How has your quality of life changed?"

### ?? OBSERVATIONAL CLUES

#### ?? BEHAVIORAL OBSERVATIONS:

- ⚡ Restless behavior (fidgeting, pacing)
- ?? Visible muscle tension
- ?? Anxious facial expression
- Rapid or pressured speech
- ?? Hand-wringing or repetitive movements

#### ?? COGNITIVE OBSERVATIONS:

- ?? Repetitive worry themes
- ?? Catastrophic thinking patterns
- ?? Difficulty concentrating during interview • ? Excessive questioning or reassurance-seeking • ?? Perfectionist concerns

## ?? DIAGNOSTIC PRO TIPS: THE EXPERT SECRETS

### ?? Clinical Pearls for GAD Diagnosis

#### 💡💡 PEARL #1: "The 6-Month Rule"

GAD requires 6 months of symptoms - this distinguishes it from adjustment disorders **and** acute stress reactions. Don't **rush the diagnosis**.

#### 💡💡 PEARL #2: "The Worry Web"

GAD worry jumps from topic to topic. Ask: "When you finish worrying about work, what do you worry about next?" The web of worries **is** diagnostic.

#### 💡💡 PEARL #3: "The Control Question"

The key diagnostic question: "How difficult is it for you to control your worrying?" People with GAD feel their worry **is** uncontrollable.

#### 💡💡 PEARL #4: "The Physical Fatigue Paradox"

GAD patients are tired from worrying but wired from anxiety. They're "tired but wired" - exhausted but can't relax.

#### 💡💡 PEARL #5: "The Reassurance Trap"

People with GAD seek constant reassurance but it doesn't **help long-term**. They'll ask the same worry questions repeatedly.

## 💡💡 Red Flags and Green Lights

### 💡💡 RED FLAGS (QUESTION GAD DIAGNOSIS):

- 💡💡 Anxiety only in specific situations (consider specific phobias) • 💡💡 Discrete panic attacks (consider panic disorder)
- 💡💡 Intrusive thoughts with compulsions (consider OCD)
- 🕒 Symptoms less than 6 months
- 💡💡 Clear substance or medical cause

### ✅ GREEN LIGHTS (SUPPORT GAD DIAGNOSIS):

- 💡💡 Worry about multiple life domains
- 🕒 Persistent **for** 6+ months
- 💡💡 Difficulty controlling worry
- 💡💡 Physical symptoms present
- 💡💡 Functional impairment evident
- 💡💡 Excessive worry compared to actual risk

## 💡💡 Comorbidity Considerations

### 💡💡 COMMON COMORBIDITIES:

- 💡💡 Major Depressive Disorder (60-70%)
- 💡💡 Other Anxiety Disorders (50-60%)
- 💡💡 Substance Use Disorders (20-30%)
- 💡💡 Sleep Disorders (common)
- 💡💡 Somatic Symptom Disorders

### 💡💡 SCREENING QUESTIONS:

- 💡💡 "Have you had periods of feeling very sad or depressed?"
- "Do you have panic attacks or specific fears?"
- 💡💡 "How much alcohol do you drink? Any drug use?"
- 💡💡 "How is your sleep quality?"
- 💡💡 "Do you have unexplained physical symptoms?"

## ❖❖ CONCLUSION: MASTERING GAD DIAGNOSIS

Congratulations! You've completed your comprehensive training in Generalized Anxiety Disorder diagnosis. You now possess the knowledge and tools to accurately identify GAD while distinguishing it from other anxiety and medical conditions.

### ❖❖ Your New Diagnostic Superpowers:

❖❖ **Worry Recognition:** Identifying pathological worry vs. normal concern 🕒 **Duration Assessment:** Understanding the 6-month requirement ❖❖ **Differential Diagnosis:** Distinguishing GAD from other anxiety disorders ❖❖ **Age-Specific Assessment:** Adapting diagnosis across the lifespan ❖❖ **Severity Evaluation:** Determining appropriate level of care

### ❖❖ Remember the Diagnostic Golden Rules:

1. ❖❖ **Excessive Worry:** Must be clearly excessive and about multiple domains
2. 🕒 **Duration:** Must persist for at least 6 months
3. ❖❖ **Uncontrollable:** Person finds it difficult to control the worry
4. ❖❖ **Physical Symptoms:** Must have associated physical symptoms
5. ❖❖ **Impairment:** Must cause significant functional problems

Remember: Generalized Anxiety Disorder is highly treatable with proper diagnosis and intervention. Identifying GAD accurately allows patients to access effective treatments like cognitive-behavioral therapy and appropriate medications. Master these diagnostic skills, and you'll be able to help patients break free from the cycle of chronic worry and reclaim their peace of mind! ❖❖➡❖❖

"Worry does not empty tomorrow of its sorrow, it empties today of its strength." -

Corrie ten Boom. GAD diagnosis is the first step toward helping patients find their strength again!

## References

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