Diagnostic criteria for anxiety disorders and fear-related disorders

Lesson 3.4.1 | Clinical psychology

Core ideas

Anxiety disorders involve fear or anxiety that is excessive, persistent and disruptive to everyday functioning.

Fear is usually a response to an immediate threat, while anxiety is often anticipation of a future threat.

Specific phobia focuses on a particular object or situation, while agoraphobia involves feared situations where escape or help may feel difficult.

Diagnosis considers duration, avoidance, distress, impairment and whether symptoms are better explained by another condition or substance.

ICD-11 GAD involves persistent apprehension or excessive worry across everyday concerns, with associated symptoms, over several months. Agoraphobia centres on situations where escape or help may be difficult; a specific phobia centres on a defined stimulus such as blood or injections.

Measures: GAD-7 assesses generalised-anxiety symptom severity. The Blood-Injection Phobia Inventory (BIPI), illustrated by Mas et al. (2010), assesses responses to blood/injection situations. Evaluate questionnaire reliability, validity and subjective reporting; scores alone do not establish a diagnosis.

Diagnostic criteria for anxiety disorders and fear-related disorders

Lesson 3.4.1 | Clinical psychology

Key terms

Fear: An emotional response to an immediate perceived threat.

Anxiety: Worry or apprehension about a possible future threat.

Avoidance: Staying away from feared situations or objects.

Specific phobia: Excessive fear of a specific object or situation.

Agoraphobia: Fear of situations where escape or help may feel difficult.

Generalised anxiety: Persistent, hard-to-control worry across several areas of life.

GAD-7: Seven-item Generalised Anxiety Disorder assessment, a symptom-severity measure.

BIPI: Blood-Injection Phobia Inventory, a questionnaire concerning blood/injection fear.

Further detail and evidence

GAD concerns difficult-to-control, broad worries across everyday domains rather than one stimulus. Associated tension, restlessness, disturbed sleep and concentration problems may occur. Agoraphobia concerns situations such as crowds, transport or being outside alone where escape or help seems difficult.

Blood/injection/injury phobia is a specific phobia involving marked fear and avoidance of related stimuli. Some sufferers show a two-phase physiological response: initial arousal followed by a blood-pressure drop and possible fainting. This feature matters when comparing relaxation with applied tension.

Diagnostic criteria for anxiety disorders and fear-related disorders

Continued

GAD-7 contains seven frequency-rated items about recent anxiety symptoms. BIPI examines blood/injection situations and cognitive, physiological and behavioural responses; Mas et al. (2010) investigated its assessment properties. Severity measures support assessment without replacing duration, impairment and exclusion checks.

GAD-7 rates seven items from 0 to 3 over the past two weeks, giving a 0-21 total. This brief measurement window differs from the longer persistence required for a clinical diagnosis. Agoraphobia and specific phobia involve persistent fear/avoidance over several months, with distress or impairment.

Applying the ideas

Avoiding a hospital because of needles suggests a different feared cue from avoiding a bus because help would be difficult if symptoms occurred. Ask what the person fears and why they avoid it. The same location can be avoided for different reasons and cannot identify a diagnosis alone.

Evaluation and connections

Scale consistency supports reliability but does not prove diagnostic validity. Physiological fainting and subjective anxiety are different outcomes. Questionnaires can miss context, and people may describe bodily symptoms differently across cultures. Compare self-report with interview and observed approach/avoidance.