Because of the study done by Medscape: Comorbidity and Complexity of Anxiety Disorders and others showing that the disorders are so closely matched together; it may be safe to assume that there are some significant differences in the diagnosis criteria. However from the diagnostic criterions given by the DSM-IV, it can be identified that the main symptoms that is relevant in all disorders are:

- Constant worry
- Fatigue/tiredness
- Problems concentrating
- Irritability
- Disturbed sleeping patterns
- Persistent Aches and Pains that may not be physically related (somatisation disorder)

The diagnosis is also placed in terms of how long the symptoms have been present with the individual, in all of these disorders the length of time that is needed to be diagnosed is 6 months. They all also state that the disturbance is not due to the direct physiological effects of a substance. This begs the question “Is it the disorder or the diagnosis that comes first?”

With anxiety, the advice to practitioners is that they should expect that there is a low mood that accompanies the disorder, however this begs the question, is it the anxiety that comes first or is it the depression that then in turn causes the anxiety.

Depending on how far on the anxiety is or how late the intervention is anxiety can them manifest into many other disorders including hypochondriasis, somatisation disorder, anorexia nervosa, social phobia and obsessive-compulsive disorder. If this occurs then the underlying causes that first started the disorder may be overlooked and therefore could result in many scenarios: the diagnosis of anxiety is not given, a comorbid / joint diagnosis is given or anxiety is detected as only a symptom of another disorder that is more prominent than the original symptom.

**Research Study**

From the figure below (Serious Mental Illnesses in the Past Year, by Age and Sex, 2002) we can identify that those with the highest rate of mental illness are in the 18-25 year old, female category, this is therefore the main category that I shall focus my research study on. By selecting participants that are the same gender and age will also give me a more comparable sample. This figure is also supported by the National Co-morbidity Survey which shows that the majority of comorbid cases occur between the ages of 14 and 24.
Appendix

Examples of Case Study Interviews

A1: Female

Previous Diagnosis

There has been no previous diagnosis, but it has been indicated that the participant went or was about to go into counselling for an eating disorder, suggested EDNOS with bulimic tendencies.

Mood

The subject stated that on a scale of 1 to 10, 10 being the most unstable her mood were at 3 on the stability scale.

There were fluctuations with her mood however as she goes through phases of extreme depression and emotional expression such as crying.

She also stated that high anxiety levels occurred and on the stress scale of 1 – 10 she put it at 7, this occurred daily and was constant throughout the day but increased in times of isolation and/or at night.

However she indicated that it was mainly events that triggered her moods and that the times when the depression is at its worst is in the evening times.

She identified that many of her anxieties were internally focused and were to do with her insulting or offending other around her, lack of self esteem, and people’s perceptions of herself. These were mainly anxieties during the day.

Family Life

The subject stated that there was a high amount of expressed emotion within the family, arguments being regular and aggressive.

Her parents broke up at the age of 15 and this cause high stress in the family.

The subject also stated that after these events she experienced serious panic attacks.