

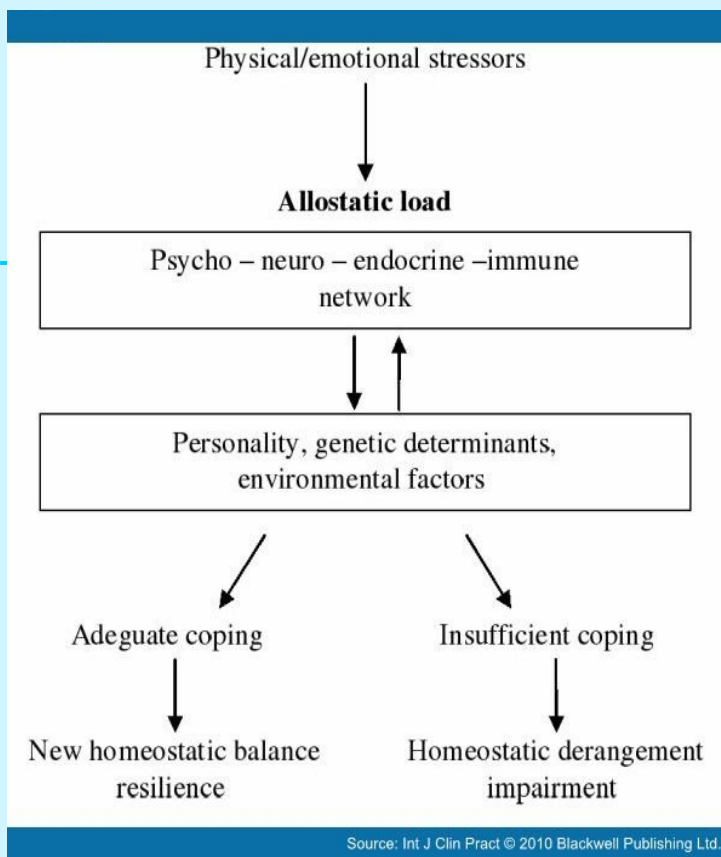
## DYSPHORIA

A state of unease or generalized dissatisfaction with life, 'adolescents with depression, dysphoria, mania, and anxiety disorders'

The opposite of euphoria is a profound state of unease or dissatisfaction. In a psychiatric context, dysphoria may accompany depression, anxiety, or agitation.

It can also refer to a state of not being comfortable in one's current body, particularly in cases of gender dysphoria.

The allostatic load is "the wear and tear on the body" which grows over time when the individual is exposed to repeated or chronic stress. It represents the physiological consequences of chronic exposure to fluctuating or heightened neural or neuroendocrine response that results from repeated or chronic stress.



**Figure 1.** Interacting mechanisms in individual vulnerability.

## GENERALISED ANXIETY DISORDER

Diagnostic Criteria DSM – V (edited)

The individual finds it difficult to control the worry.

Excessive anxiety and worry (apprehensive expectation), occurring for more days than not for at least 6 months, about a number of events or activities (such as work or school performances).

The disturbance is not better explained by another mental disorder.

## FUNCTIONAL SOMATIC SYNDROMES (FSS)

Characterised by persistent bodily complaints for which even intensive diagnostics efforts do not reveal sufficient explanatory peripheral organ pathology. (P.Henningsen et al Lancet 369(207)946-955). Patients with severe FSS have disproportionate impairment of daily functioning and quality of life, are very prevalent in primary and hospital care, and are difficult to treat. They show high health care utilisation, substantial losses of productivity and high social costs. Guidelines recommend a stepwise therapy for FSS, comprising treatment by the general practitioner (GP) in mild cases and additional psychotherapy in more severe cases.

## SOCIAL ANXIETY DISORDER (Social Phobia)

Diagnostic Criteria DSM – V

A. Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions (e.g. having a conversation, meeting unfamiliar people), Being observed) e.g. eating or drinking), performing in front of others (giving a speech).

Note: In children, the anxiety must occur in peer settings and not just during interactions with adults.

B. The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated. (i.e. will be humiliating or embarrassing; will lead to rejection or offend others).

C. The social situations almost always provoke anxiety.

Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking or failing to speak in social situations.

D. The social situations are avoided or endured with intense fear or anxiety.

E. The fear or anxiety is out of proportion to the actual threat posed by the situations and to the sociocultural context.

F. The fear, anxiety, or avoidance is persistent typically lasting for 6 months or more.

G. The fear, anxiety or avoidance causes clinically significant distress or impairment in social, occupational, or other areas of functioning.

H. The fear, anxiety, or avoidance is not attributable to the physiological effects of a Substance or another medical condition.

I. The fear, anxiety, or avoidance is not better explained by the symptoms of another mental disorder, such as panic disorder, body dysmorphic disorder, or autism spectrum disorder.