

A clinical case of generalized anxiety disorder

Alberta Shkembi ^{1,*}, Artemisi Shehu ², Gjeorgjina Kuli-Lito ³, Elda Skenderi ⁴, Numila Kuneshka ⁴, Albert Koja ⁴ and Laureta Sadedini ⁵

¹ General Pediatrics Ward, University Hospital Center "Mother Tereza", Tirana, Albania.

² Faculty of Social Sciences, University of Tirana.

³ Infectious Diseases Ward, University Hospital Center "Mother Tereza", Tirana, Albania.

⁴ General Pediatrics Ward, University Hospital Center "Mother Tereza", Tirana, Albania.

⁵ Pediatric Emergency, University Hospital Center "Mother Tereza", Tirana, Albania.

World Journal of Advanced Research and Reviews, 2025, 26(01), 3280-3282

Publication history: Received on 14 March 2025; revised on 21 April 2025; accepted on 23 April 2025

Article DOI: <https://doi.org/10.30574/wjarr.2025.26.1.1412>

Abstract

This article presents a case study of generalized anxiety. The patient is 13 years old and exhibits symptoms of generalized anxiety. These symptoms have affected her ability to function. The patient has been treated through cognitive behavioral therapy. The therapy has primarily focused on improving functional symptoms. The most commonly used technique in this case is mindfulness. Mindfulness can be used as a therapeutic approach within a behavioral framework, like the third wave of Acceptance and Commitment Therapy (ACT.) Nea showed noticeable and positive changes during therapy. The case study illustrates how generalized anxiety can affect a child's daily functioning.

Keywords: Ability; Cognitive behavioral therapy; Patient; Anxiety; Child

1. Introduction

1.1. Generalized anxiety

The main symptom of Generalized Anxiety Disorder (GAD) is excessive worry lasting for at least six months. Children with this disorder worry about future events, peer relationships, social acceptance, their competencies, and pleasing others. Unlike children with social phobia, separation anxiety disorder, or specific phobias, those with generalized anxiety disorder experience countless worries that are not limited to a specific stimulus.

Parents often describe these children as highly conscientious. They tend to overestimate negative consequences, anticipate catastrophes from future events, and underestimate their ability to cope with challenging situations. Worry and anxiety can be a normative aspect of development and may be experienced throughout life. Fear, worry, and nightmares are common among healthy children. [1][2]

2. Identifying the patient

2.1. Identifying Information

Nea is a 13-year-old girl who has lived in an orphanage since the age of two. For the past several years, she has been living in a family-style center with ten other girls, run by nuns and funded by an Italian organization. Her physical appearance is normal. She has a slim, ballerina-like physique and is currently in a growth phase. She is also in the second

* Corresponding author: Alberta Shkembi

month of her menstrual cycle. IQ tests indicate that Nea's mental age aligns with her chronological age, corresponding to 13 years old. She understands and speaks Italian fluently, like the other girls, as she lives with Italian-speaking nuns. During the evaluation sessions, Nea occasionally bites her nails and exhibits breathing difficulties. Her behavior differs from that of her peers, as she still seeks to be the most pampered child in the household. Her caregivers report that Nea is sensitive and easily holds grudges, getting upset quickly with her friends. In the initial therapy sessions, the absence of her mother in her life was a significant issue. Nea's mother visits the children once every two to three months. When two months pass without a visit, Nea becomes very anxious, fearing something bad has happened to her mother. During these periods, she expresses deep sadness over her mother's absence, eagerly awaiting her every weekend and on every holiday.

2.2. Main Complaints

Nea visits the pediatric hospital twice a month for echocardiograms due to severe chest pain and frequent shortness of breath. Her caregivers report that Nea struggles to participate in activities with her peers, as she becomes easily fatigued and quickly withdraws, even from recreational activities. She also frequently bites her nails. During conversations, Nea exhibits a tendency to believe that her future will be difficult and expresses fear that something bad might happen to her sisters.

2.3. Personal and Social History

Nea's parents are divorced. She has two sisters: a 16-year-old sister who lives in the same center as her, and an older sister who is married and lives near the city where Nea resides. Her brother lives with their father in a nearby village.

- **Medical History:** Nea does not suffer from any physical illness.

2.4. Mental Status

- Severe chest pain
- Breathing difficulties
- Fatigue
- Negative thinking patterns
- **Diagnosis (DSM-5):** Generalized Anxiety Disorder (GAD) [2]

2.5. Anxiety Assessment Tools:

- State-Trait Anxiety Inventory for Children
- Score: 20 points (moderate level of anxiety)

3. Treatment plan

3.1. List of Problems

- Severe chest pain
- Frequent shortness of breath
- Negative thinking patterns
- Quick fatigue
- Avoidance of activities, even enjoyable ones

3.2. Treatment Objectives

- Educate Nea about Generalized Anxiety Disorder (GAD) and explain how anxiety functions.
- Identify and challenge negative thoughts.
- Manage somatic symptoms such as severe chest pain, shortness of breath, and rapid fatigue through mindfulness techniques [5][6].
- Gradual exposure is also a technique that may be used [4].

Mindfulness can be used as a therapeutic approach within a behavioral framework, like the third wave of Acceptance and Commitment Therapy (ACT). ACT integrates mindfulness and acceptance with behavioral change processes [7]. Interventions in mindfulness and acceptance aim to promote behavioral change while helping the patient build a life based on personal values. One key component in identifying problematic behavior from an ACT perspective is recognizing the contrast between avoidance and the experimental acceptance of experiences [5].

4. Conclusion

Nea continuously experiences physical symptoms without a medical basis, which directly impacts her ability to maintain daily activities. These symptoms require ongoing medical assistance. After specific examinations, it was observed that her experience is primarily emotional, and she has been undergoing continuous psychological therapy for an extended period.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Informed consent was obtained from the parents.

References

- [1] American psychiatric association. diagnostic and statistical manual of mental disorders IV-TR (DSMIV –TR). Washington DC: First Indian Edition 2002.
- [2] American Psychiatric Association. Diagnostic and statistical manual of mental disorders (Fifth Edition. Arlington, Va, American Psychiatric ASSOCIATION, 2013
- [3] Judith S. Beck (1995) Cognitive Therapy Basics and Beyond The Guilford Press New York London
- [4] David H. Barlow (2014) Clinical Handbook of Psychological Disorders The Guilford Press New York London
- [5] Laurie A. Greco & Steven C. Hayes Acceptance & Mindfulness Treatment for Children & Adolescents Context Press New Harbinger Publications, Inc.
- [6] Baer, R. A (2003) Mindfulness training as a clinical intervention: Aconceptuale and empirical review. Clinical Psychology. Science and Practice, 10, 125-143.
- [7] Baer, R.A., & Krietemeyer, J (2006). Overview of mindfulness and acceptance- based treatment approaches.
- [8] IN r. A Baer (Ed)., Mindfulness -based treatment approaches; A clinician's guide (pp.3-270 San Diego, CA; Elsevier.