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Table 1 Overlap between DSM-5 and Kraepelin's views of OCD

DSM-5 criteria for OCD	Kraepelin's view
A. "Presence of obsessions, compulsions, or both"	
Obsessions	
Are "recurrent and persistent thoughts, urges, or impulses [...]"	
Are "intrusive and unwanted"	
"Cause marked anxiety or distress" in most individuals	
Are associated with "attempts to ignore or suppress [...]" or "to neutralize them with some other thought or action (i.e., by performing a compulsion)"	
Compulsions	
Are "repetitive behaviors [...]" or mental acts [...]"	
"Oblivious" to responses to an obsession or according to rules [...]"	
Are "aimed at preventing or reducing anxiety or distress or [...]" some dreaded event or situation"	
Are "not connected in a realistic way with what they are designed to neutralize or prevent or are clearly excessive"	
"Young children may not be able to articulate the aims of these behaviors or mental acts."	
B. Symptoms are "time-consuming (e.g., take up more than 1 h per day) or cause clinically significant distress or impairment [...]"	
C. Symptoms "are not attributable to the physiological effects of a substance [...]" or another medical condition."	
D. Symptoms are "not better explained by [...]"	
Obsessive neurosis (as in generalized anxiety disorder)	
Preoccupations with appearance (as in body dysmorphic disorder)	
Difficult discarding (as in hoarding disorder)	
Hair pulling and self-harm (as in TED)	
Disruptive (as in stereotypic movement disorders)	
Repetitive eating behaviors (as in eating disorders)	
Preoccupation with having an illness (as in illness anxiety disorder)	
Preoccupation with substances or gambling (as in SRAD)	
Sexual urges or fantasies (as in paraphilic disorders)	
Inquiries (as in delirious, impulse-control, and conduct disorders)	
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Inquiries (as in delirious, impulse-control, and conduct disorders)	
Guilty ruminations (as in major depressive disorder)	
Thought insertion or delusional preoccupations (as in SSOPO)	
Repetitive patterns of behavior (as in autism spectrum disorder)	
Specifiers	
"With good or fair [...]" or "poor [...]" or "absent insight (i.e., with delusional beliefs)"	
"Tic-related: the individual has a current or past history of a tic disorder"	

OCD = obsessive-compulsive disorder; SRAD = substance-related and addictive disorders; SSOPO = schizophrenia spectrum and other psychotic disorders; TED = trichotillomania and excoriation disorders.




ACUTE STRESS DISORDER

21-23.6%


Between 21-23.6% of adults develop ASD after experiencing a traumatic event

8-24%

Between 8-24% of children and adolescents develop ASD after experiencing a traffic accident



For every male with ASD there are 3 females with ASD



25.6%

25.6% of the disaster workers develop ASD

TREATMENT

- Early trauma-focused cognitive-behavioural therapy (TFCBT) can prevent complex PTSD in people diagnosed with ASD
- EMDR, TFCBT and Exposure in vivo are the treatment of choice in the treatment of ASD

RISK FACTORS

- the level of disorganisation in the trauma narrative
- negative beliefs about yourself
- perceived social control
- poor family cohesion/social network

PTSD

ASD is a predictor of PTSD in children, adolescents, and adults, but does not adequately identify all people who will develop PTSD.

PHYSICAL CONDITION

ASD has been linked to such conditions as cardiovascular disease, diabetes, gastrointestinal disease, fibromyalgia, chronic fatigue syndrome, musculoskeletal disorders

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Table 2. Relationship Between GAD-7 Severity Score and SF-20 Health-Related Quality of Life Scales*

Level of Anxiety Severity GAD-7 Scale Score	Mean (95% Confidence Interval) SF-20 Scale Score					
	Mental	Social	Role	General	Pain	Physical
Minimal 0-4 (n = 1182)	82 (81-83)	91 (89-92)	94 (92-96)	68 (67-69)	71 (70-72)	84 (82-85)
Mild 5-9 (n = 511)	65 (64-66)	79 (77-81)	69 (66-73)	52 (50-54)	56 (54-58)	74 (72-76)
Moderate 10-14 (n = 264)	54 (52-55)	68 (66-71)	59 (54-63)	43 (40-45)	51 (48-54)	66 (63-69)
Severe 15-21 (n = 171)	41 (39-43)	55 (52-59)	46 (40-52)	39 (36-43)	47 (43-50)	61 (58-65)

Abbreviations: GAD-7, generalized anxiety disorder 7-item scale; SF-20, Medical Outcomes Study Short-Form General Health Survey.
*SF-20 scores are adjusted for age, sex, race, education, and study site. Point estimates for the mean and 95% confidence intervals ($\pm 1.96 \times$ standard error of the mean) are displayed. Number of patients adds to 2128 because of missing data. Missing data for any subscale of SF-20 was less than 5%.
†Statistical comparisons within each scale that are not significant from one another. However, most pairwise comparisons of mean SF-20 scores with each GAD-7 scale level within each scale are significant at $P < .05$ by using a Bonferroni correction for multiple comparisons.

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BORDERLINE PERSONALITY DISORDER

Between 0.5% and 1.7% of people have borderline personality disorder



Ages: 30-39

MEN ARE AS LIKELY AS WOMEN TO HAVE BORDERLINE PERSONALITY DISORDER

PEOPLE AGED 30-39 MORE OFTEN HAVE BORDERLINE PERSONALITY DISORDER THAN PEOPLE AGED 18-29, THEN 50-65, AND THEN 40-49

BPD and SUICIDE

75% APPROXIMATELY 75% OF THE PEOPLE WITH BORDERLINE PERSONALITY DISORDER ATTEMPT SUICIDE

###	<40	10%
CHILDHOOD SEXUAL ABUSE, SUBSTANCE ABUSE, AND MAJOR DEPRESSION INCREASE AMOUNT OF SUICIDE ATTEMPTS	MOST SUICIDE ATTEMPTS OCCUR BEFORE THE AGE OF 40	OF THE PEOPLE WITH BPD COMPLETE SUICIDE

COMORBIDITY

▶ **A HIGH PERCENTAGE OF PEOPLE WITH BORDERLINE PERSONALITY DISORDER CONTINUE TO SUFFER FROM EPISODES OF AXIS I DISORDERS OVER TIME, EVEN AFTER 6 YEARS.**

▶ **AFTER 6 YEARS, 75% ALSO HAD A MOOD DISORDER, 60% AN ANXIETY DISORDER, 34% AN EATING DISORDER, AND 19% A SUBSTANCE USE DISORDER.**

▶ **THE BIGGEST PREDICTOR OF A REMISSION FOR BPD IS THE ABSENCE OF A SUBSTANCE ABUSE DISORDER**

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(2008) corroborated the 1-dimensional structure of GAD-7 and its factorial invariability for sex and age. H., ĀĀ, Strawn, J. J., Schroeder, H. Research indicates that the GAD-7 shows excellent internal consistency (Spitzer, Kroenke, Williams, & Löwe, 2006) Degree to which the same respondents have the same score after a period in which a trait should not have changed. The Generalized Anxiety Disorder Assessment (GAD-7) is a seven-point tool used to measure or evaluate the severity of generalized anxiety disorder (GAD). Medical Care, 46 (3), 266-274. DOI: 10.1097/MLR.0b013e318160d093 Mossman, S. K., Varney, S. GAD-7 for all seven items ranges from 0 to 21. Journal of Affective Disorders, 128 (3), 277-286 T., Fleck, D. The highest GAD-7 scores are correlated with disability and functional impairment (in measures such as labor productivity and health care utilization) (Spitzer et al., 2006; Ruiz et al., 2011). Translation The GAD-7 is available in several languages. 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Validation and standardization of GAD-7. Y. L., Kroenke, K., Williams, J. (2017). Administration GAD-7 is a self-administered patient questionnaire and it takes approximately 1-2 minutes to complete. (2008). The evaluation of GAD-7 requests patients to evaluate their level of symptoms in the last two weeks. That is why you can find many online versions of GAD-7 in your Internet search. Find out more here GAD-7 score is calculated by assigning 0, 1, 2 and 3 scores, to the response categories of Ā e Ā, Ā "not at all, Ā e Ā, " Day time " " More than half of the days " , and" all days " , respectively, and then adding the scores for the seven questions. When used as a detection tool, an additional evaluation is recommended when the score is 10 or more. Your 10 GAD-7 cutting score can be used as a detection tool for three other common anxiety disorders: Navy disorder (74% sensitivity, specificity 81%), social anxiety disorder (72% sensitivity, specificity 80 %) and post-traumatic stress disorder (66% sensitivity, 81% specificity) (Kroenke, et al. Validation and standardization of generalized upset anxiety (GAD-7) in the general population. Concurrent validity if a measure It correlates well with a measure that has been previously validated, GAD-7 produced important intercorrections with the pHQ-2 and Rosenberg Self-Stimine Scale (LĀĀwe et al., 2008) Degree of convergent validity to which they relate The two measures of constructions that must be related, in fact, are related. The generalized anxiety disorder of 7 elements in adolescents with generalized anxiety disorder: detection of signals and validation. 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