17. MANAGEMENT OF GENERALIZED ANXIETY DISORDERS IN PRIMARY MEDICAL CARE

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Introduction. Nowadays, anxiety disorders are some of the most common disorders. A multitude of people around the world suffer from various forms of anxiety, like phobias, panic attacks, post-traumatic stress or generalized anxiety. The effects of these disorders on both physical health and professional functioning have been well documented. Epidemiological studies denote that the lifetime prevalence of GAD is estimated to be between 5.8% and 9%. In Moldova, GAD is underdiagnosed in primary care, often the somatic symptoms of anxiety are attributed to medical conditions that simulate anxiety (angina pectoris, hyperventilation syndrome, hyperthyroidism, etc.). Identifying the GAD is a priority especially when they are accompanied by somatic symptoms and influence the diagnostic decision and the established treatment.

Aim of study. Identifying the level of generalized anxiety in people who come to primary health care with various somatic problems.

Methods and materials. Methods and materials. In order to study this topic more deeply, I decided to carry out an analytical, observational study. I realized an anonymous screening , questionnaire to 123 patients in the Primary Medical Care service at the IMSP University Clinic of AMP of USMF, *Nicolae Testemitanu*, who went to the family doctor between December and January, 2023. The examination of patients began by completing a general questionnaire which assessed different aspects of the patients' lives. After that, they filled up the TAG-7 Questionnaire, Zung's anxiety self-assessment scale (SAS), Hamilton scale (HAM-A) and Global Assessment of Functioning scale (GAF).

Results. Patients were classified into 3 groups according to TAG-7: The first group of 53 patients (53%) with a score of 5-9 points, mild anxiety; The second group of 11 patients (11%) with a score of 10-14 moderate anxiety points; The third group of 1 patient (1%) with a score of 15-21 severe anxiety points; And the remaining 35 (35%) patients accumulated a score of 0-4 points, classifying themselves as healthy patients. The majority of patients with moderate-severe anxiety presented accusations when addressing the family doctor, such as pain, this having a diverse location (headache, chest pain, epigastric pain, in the region of the right hypochondrium), in 33.3% nausea was detected as a symptom, the most often accompanied by dizziness, in 33.3% of cases the patients presented digestive symptoms (vomiting, heartburn, feeling of fullness), symptoms such as weakness and asthenia were manifested in 16.6%, and restlessness and nervousness only in 8, 3%. Among the primary risk factors are: gender-women having a 1.5 to 2 times higher risk than men, age- more often it starts at ±30 years old. Another important risk factors are comorbidities, we noticed that cardiovascular diseases, digestive and endocrine disorders prevail.

Conclusion. Following the study, we detected a high prevalence (65%) of GAD among patients who came to the AMP with various complaints, other than anxiety. At the AMP level, anxiety often coexists with somatic diseases in 39%, which make it difficult to identify and diagnose it. Thus, the family doctor is the first specialist who can identify GAD in time after the presence of characteristic somatic symptoms and can at the moment be involved in the evolution of TAG through different methods. He will start with the non-pharmacological interventions such as training, education, counseling of the patient, psychological interventions, psychotherapies, but in severe cases medical treatment will be indicated.