

## Generalized Anxiety Disorder with Somatic Symptom Presentation and Social Avoidance: A Case Report

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### ABSTRACT

Generalized Anxiety Disorder (GAD) is a psychiatric disorder that frequently presents with somatic complaints, which can lead to delayed diagnosis. This case report aims to describe the clinical manifestations, diagnostic process, and therapeutic response in a patient with GAD dominated by somatic symptoms. Case: A 63-year-old female patient presented with initial complaints of acid reflux sensation and epigastric pain since 2022. Medical examinations showed results within normal limits. The complaints progressed to palpitations, excessive anxiety, particularly in social situations, avoidance behavior, and sleep disturbances. The patient experienced a decline in social functioning, which subsequently improved after receiving pharmacological therapy and psychotherapy. Somatic symptoms in GAD are associated with autonomic nervous system activation and the brain–gut axis interaction. The diagnosis was established based on DSM-5-TR criteria, considering biopsychosocial aspects. Management using a combination of Selective Serotonin Reuptake Inhibitors (SSRIs) and Cognitive Behavioral Therapy (CBT) proved effective in improving the patient's symptoms and functioning.

**Keywords:** GAD, Anxiety, Somatic

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### INTRODUCTION

Anxiety disorders are among the most common mental disorders encountered in clinical practice and are major contributors to the global burden of disease (Combs & Markman, 2024). The prevalence has continued to rise, especially since the COVID-19 pandemic, with more than a 25% increase in anxiety disorder cases due to stressors such as social isolation, economic uncertainty, and health concerns (Roberge et al., 2025). This indicates that anxiety disorders are influenced not only by individual factors but are also closely related to environmental conditions and psychosocial factors (Baldwin et al., 2021).

One frequently encountered form of anxiety disorder is Generalized Anxiety Disorder (GAD). According to the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition Text Revision* (DSM-5-TR), GAD is characterized by chronic, difficult-to-control,

excessive anxiety and worry, accompanied by physical symptoms such as muscle tension, sleep disturbances, fatigue, and impaired concentration (By et al., n.d.). This disorder tends to follow a chronic course and can cause a significant decline in social functioning, occupational performance, and the patient's quality of life (Gould et al., 2026).

A major challenge in diagnosing GAD is the variation in its clinical manifestations, particularly when somatic symptoms are more dominant than psychological symptoms. Many patients present with physical complaints such as gastrointestinal disturbances, palpitations, or bodily discomfort without clear organic abnormalities. This phenomenon, known as somatization, is the expression of psychological distress in the form of physical symptoms, which often leads to diagnostic delays and increases the likelihood of patients undergoing unnecessary repeated medical examinations. Furthermore, epidemiological studies show that anxiety disorders are often not optimally detected in primary health services due to the dominance of these somatic symptoms (Roberge et al., 2025).

Based on this background, this case report aims to describe the clinical manifestations of GAD with dominant somatic symptoms and emphasize the importance of a comprehensive diagnostic approach and biopsychosocial-based management. It is hoped that this report will increase clinician awareness of the variations in anxiety disorder presentations to prevent diagnostic delays and inappropriate management.

## **CASE REPORT**

Mrs. K, 63 years old, visited the psychiatry clinic at Muhammadiyah Lamongan Hospital for a routine check-up. In 2022, during the COVID-19 pandemic, the patient complained of acid reflux accompanied by a sensation of hardness in the epigastric region. The patient had consulted the internal medicine clinic, but the examination results were declared within normal limits. Nevertheless, the complaints persisted, leading the patient to be brought to the psychiatry clinic. Additionally, the patient complained of palpitations, especially when attending events or social gatherings, causing her to become reluctant to leave the house in such situations.

Currently, the patient undergoes routine monthly check-ups. The patient stated that if she does not consume her medication, such as when it runs out, she experiences difficulty sleeping. She mentioned that she used to socialize easily with neighbors, but since this illness, she has preferred to isolate herself. Over time, the patient has been able to socialize again.

According to the family, the patient's complaints began in 2022, coinciding with an increase in COVID-19 cases in her neighborhood, where many neighbors were affected. Initially, the patient feared contracting the disease as her neighbors had. Her initial complaints were gastric-related, such as a burning sensation. Despite two visits to the internal medicine clinic with normal results, the persistent complaints led to her psychiatric referral. The family noted that the patient routinely takes two capsules of medication every morning and night; without them, she suffers from insomnia.

Psychiatric status examination revealed a female appearing her stated age, neatly dressed, with good self-care. The patient was cooperative during the interview. Eye contact

was well-established, and verbal communication was adequate with relevant and fluent speech. She was conscious and oriented to person, time, and place. Attention, concentration, memory, intelligence, and executive functions were all within normal limits.

The patient's mood was reported as anxious with a broad affect congruent with the conversation. Thought process showed a realistic form with coherent flow. Somatic preoccupations were found in the thought content. Psychomotor activity was within normal limits. No perceptual disturbances such as hallucinations, illusions, or derealization/depersonalization were found. The patient's insight was good (grade 5); she recognized her illness and related factors, but had not yet fully applied this to her practical behavior. Judgment was good in both practical and abstract aspects.

Based on the clinical presentation, the patient was diagnosed with GAD and planned for treatment consisting of CBT and sertraline.

## **DISCUSSION**

This case represents a manifestation of GAD with dominant somatic symptoms that initially mimicked gastrointestinal disorders, posing a significant diagnostic challenge (Soen et al., 2021). The initial presentation of reflux sensations and epigastric pain without organic findings is consistent with somatization, a key characteristic of anxiety disorders. Studies suggest that GAD patients often seek help from general medical services before psychiatry when physical symptoms dominate (Pittig et al., 2023).

Diagnostically, per DSM-5-TR, GAD is marked by chronic, difficult-to-control excessive anxiety, accompanied by symptoms such as sleep disturbance, tension, and impaired social functioning. This patient has demonstrated persistent anxiety since 2022, accompanied by insomnia and social withdrawal (Guaiana & Davies, 2026). Pathophysiologically, these somatic symptoms involve complex neurobiological mechanisms. Amygdala-prefrontal circuit dysregulation increases threat sensitivity, while HPA axis hyperactivity contributes to chronic stress responses, triggering autonomic symptoms like palpitations and gastrointestinal issues. The brain-gut axis further explains the link between anxiety and gastric complaints, where central nervous system activation affects gastrointestinal function, leading to symptoms like functional dyspepsia (Lu et al., n.d.).

The precipitating factor in this case was the COVID-19 pandemic, which increased psychosocial stress through fear of disease and social environmental changes. The patient also exhibited avoidance behavior—a maladaptive mechanism that provides short-term negative reinforcement by reducing anxiety but worsens the disorder long-term. Her chronic insomnia relates to a state of hyperarousal, creating a self-reinforcing cycle with anxiety (Hofmann, 2018); (Aslam et al., 2025).

The patient's improvement following pharmacological therapy (SSRIs) and psychosocial intervention (CBT) supports the diagnosis. SSRIs regulate mood by increasing serotonin, while CBT helps identify maladaptive thought patterns and reduce avoidance (Bandelow & Michaelis, 2022); (*An Exploration of The Nosology of Generalized Anxiety Disorder Emma Carr University College London, 2021*). Literature indicates that combined

therapy offers better outcomes than monotherapy for complex cases. Critically, this case highlights the limitations of a purely biomedical approach that overlooks psychological factors (Ress et al., 2025). Integrating a biopsychosocial approach from the initial evaluation is essential to prevent unnecessary medical examinations and improve the patient's overall quality of life (Wager & Ph, 2020).

## CONCLUSION

This case illustrates GAD manifestations dominated by somatic symptoms that resemble medical disorders, potentially leading to diagnostic delays. Physical complaints without an organic basis reflect somatization. The role of stressors like the COVID-19 pandemic, alongside avoidance behavior and sleep disturbances, demonstrates the complexity of the disease's course. Clinical improvement following combined therapy underscores the importance of a biopsychosocial approach for early recognition and better clinical outcomes.

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