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ANALYSIS OF DETERMINING VARIABLES IN THE DIAGNOSIS OF ANXIETY DISORDERS

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ABSTRACT
Accurate diagnosis of anxiety disorders is a critical element of mental health care, requiring the identification and prioritization of various influencing variables. The aim of this study was to identify and prioritize the key variables involved in the diagnosis of anxiety disorders. A mixed-methods approach was used, combining a systematic literature review with expert assessment using the Régnier Abacus technique. A comprehensive literature review identified potential variables, which were then assessed by an expert panel. Each variable was scored according to its importance, and a consensus was reached on its prioritization. Among other findings, clinical symptomatology was considered the most critical variable, followed by comorbidities. In conclusion, this study underscores the relevance of a multifaceted approach to the diagnosis of anxiety disorders, emphasizing the need to prioritize clinical symptomatology and comorbidities. The findings highlight the importance of considering a wide range of variables for a comprehensive and accurate diagnosis. Limitations include reliance on existing literature and the subjective nature of expert assessments.
KEYWORDS: diagnosis, comorbidities, Régnier Abacus, mental health, systematic review.

INTRODUCTION

Anxiety disorders (AD) are among the most frequent mental health (MH) problems worldwide, affecting millions of people of all ages and genders (Yang et al., 2021). They also lead to a decrease in quality of life (QL) (de Oliveira et al., 2019) and an additional burden on healthcare systems and the global economy due to lost productivity and treatment costs (Konnopka & König, 2020). Furthermore, the complexity and variability in the clinical presentation of AD make diagnosis difficult, posing a significant challenge for MH professionals. Within the field of psychiatry, identifying and prioritizing the variables involved in the diagnosis of AD are relevant for improving diagnostic accuracy and the effectiveness and appropriateness of therapeutic interventions (Koyuncu et al., 2019). However, the variability and differentiation of factors that can contribute to or exacerbate AD highlight the potential problems this can generate. This study employs a mixed methodology, combining a systematic literature review (SLR) and the Régnier Abacus technique to identify and prioritize variables according to clinical practice.

The diagnosis of AD is often complicated by the existence of differentiating factors between the onset of symptoms and the point at which they can become established, such as clinical symptoms (Moeller et al., 2016), family history (Hantsoo & Epperson, 2017), sociodemographic factors (Canals et al., 2019), comorbidities, environmental factors (Schiele & Domschke, 2018), among others.

The difficulty in obtaining a clear and organized view of key variables often leads to misdiagnosis, resulting in treatments that may be inappropriate for addressing AD, which can negatively impact the effectiveness of

managing these disorders. Therefore, the development of a tool that allows for the identification and prioritization of key variables is necessary to achieve better clinical outcomes.

Existing literature on AD has identified various factors that can lead to this diagnosis. Clinical symptomatology, such as the intensity and frequency of symptoms, is a determining factor (Szuhany & Simon, 2022); several studies have shown that family histories of these disorders also play a determining role, suggesting a genetic predisposition and an environmental component (Sharma et al., 2016); sociodemographic factors such as gender, age, and socioeconomic status have been associated with variations in the prevalence and presentation of these disorders (Hajebi et al., 2018); comorbidity, especially with depression and sleep disorders, also contributes to a more complex diagnostic picture (Gold et al., 2020); and environmental factors, such as work-related stress or traumatic events, have also been recognized as significant triggers.

Building on this knowledge base, prioritizing variables related to the diagnosis of AD presents a significant challenge. Identifying and prioritizing the variables that contribute to AD diagnosis can ultimately lead to more accurate diagnoses and more effective treatments. A mixed approach using SRL combined with qualitative expert assessment using Régnier Abacus can be very helpful in addressing this challenge. The systematic review ensures that the prioritized variables are also supported by a recent and robust empirical foundation (Tolin et al., 2015), while the qualitative assessment allows for the integration of expert experience and clinical judgment. The above would lead to a more comprehensive and practical perspective. This approach would not only help improve diagnosis but also contribute to the development of more effective and personalized therapeutic interventions. It also contributes to the field of psychiatry by providing an evidence-based tool that facilitates the identification and prioritization of critical factors in the diagnosis of AD.

METHODOLOGY

This exploratory and descriptive study employs a qualitative design that combines a SRL with the Régnier Abacus technique to identify and prioritize key variables in the diagnosis of AD. The qualitative design is justified by the need to delve into the factors involved in AD diagnosis (Ramos, 2015). The combination of systematic review and the Régnier Abacus technique allows for the integration of empirical data and expert opinion to develop a comprehensive picture of the key variables.

The study employs a mixed-methods approach. First, a quantitative approach is applied to conduct the SRL and identify key variables. Then, using Régnier Abacus, a further step is taken by combining this with a qualitative approach based on expert opinion. This mixed-methods approach allows for a deeper understanding of the determining factors in AD diagnosis, combining the robustness of quantitative data with the enrichment provided by qualitative judgments on the variables (Kaur, 2016).

Procedure

Literature review: From a strictly operational point of view, the literature review analyzed books, scientific articles, theses, etc., related to the diagnosis of AD. The inclusion criteria (IC) were as follows: (1) publications within the last 10 years, (2) research in adult patients, and (3) studies using rigorous statistical methods to determine the determining factors. Studies limited to pediatric or geriatric patients, non-peer-reviewed articles, and studies with weak methodologies or insufficient sample sizes were excluded.

The search was conducted in academic databases such as PsycINFO and Scopus, using keywords such as "anxiety disorders," "diagnosis," "determinant factors," and "psychiatry." Filters were applied to limit the search to relevant and recent articles. The retrieved studies were assessed by two independent reviewers to ensure their relevance and methodological quality. A data extraction sheet was used to collect information on the variables studied and the main findings of each article, based on which the variables relevant to the diagnosis of AD were identified. Experts in psychiatry and clinical psychology were selected based on their experience, publications, and knowledge in the field of AD.

Expert workshop procedure: (1) Experts were given a comprehensive introduction to the Régnier Abacus and the objective and process of variable assessment. (2) Each expert assessed the identified variables and rated them from 1 to 5 based on their importance in diagnosing AD (1: very low importance, 5: very high importance). (3) After completing their individual assessments, the experts discussed their scores and the reasoning behind their assigned ratings. This process allowed the experts to adjust their scores based on the group's feedback. (4) The average scores assigned by each expert to each variable were calculated to prioritize the key variables.

RESULTS

The results of the SRL and the workshop with experts using the Régnier Abacus are detailed below. The results are structured in two main sections: 1) Results of the SRL and 2) Evaluation and prioritization of variables using the Régnier Abacus.

Results of the SRL

The SRL included a total of 50 studies that met the criteria. These studies provided empirical data on various variables related to the diagnosis of AD. The key findings for each of the five (5) identified variables shown in Table 1 are presented below.

Table 1. Variables identified related to the diagnosis of AD

Clinical symptomatology (intensity and frequency of anxiety symptoms).	This refers to specific signs and symptoms experienced by patients with AD. These may include excessive worry, irrational fears, restlessness, irritability, difficulty concentrating, fatigue, and physical symptoms such as palpitations, sweating, tremors, and muscle tension.
Family history of AD.	It implies the presence of a history of these disorders in close relatives, such as parents, siblings, or children.
Sociodemographic factors	They encompass characteristics such as age, gender, socioeconomic level, educational level, and marital status.
Presence of comorbidities (depression, sleep disorders).	Presence of comorbidities (depression, sleep disorders). The presence of other MH disorders that can lead to AD, such as depression, sleep disorders, obsessive-compulsive disorder (OCD), and attention deficit hyperactivity disorder (ADHD).
Environmental factors	These are the life events and conditions that can contribute to and perpetuate AD. Environmental factors include work-related stress, traumatic life events (e.g., abuse and accidents), economic instability, and conflictive interpersonal relationships.

Source: authors

Clinical Symptomatology

Clinical symptomatology, specifically the frequency and intensity of anxiety symptoms, was consistently identified as an important diagnostic variable. The majority of the reviewed studies (80%) indicated that the objective assessment of clinical symptoms was crucial for accurate diagnosis. The most frequently cited symptoms were excessive worry, autonomic hyperactivity, and deliberate avoidance of specific situations.

Family History

65% of the reviewed studies mention a family history of AD as an important factor. The results point to a genetic and environmental predisposition to the disease, suggesting that assessing family medical history should be part of the diagnostic procedure.

Sociodemographic Factors

Sociodemographic factors (age, sex, and socioeconomic status) were also found in 55% of the studies to be variables that influence the presentation and prevalence of AD. The studies indicated that women and individuals of lower socioeconomic status have a higher prevalence of these disorders.

Presence of Comorbidities

70% percent of the reviewed studies highlighted the presence of comorbidities, especially depression and sleep disorders, as factors that complicate the diagnosis of AD. Comorbidity with depression was the most commonly reported, underscoring the need for a diagnostic assessment that considers multiple mental disorders.

Environmental Factors

60% of the studies identified environmental factors, such as work-related stress and traumatic events, as significant variables in the development and maintenance of AD. These factors were identified as important triggers that should be assessed during diagnosis.

Assessment and Prioritization of Variables using Régnier Abacus

The workshop included 10 experts in psychiatry and clinical psychology, selected based on their experience and publications in the field of AD. The participants assessed the variables identified in the systematic review using Régnier Abacus.

Each expert assessed the variables, assigning them a score from 1 to 5 based on their importance in the diagnosis of AD (1: very low importance, 5: very high importance), using the questionnaire shown in Table 2, to apply the Régnier Abacus technique.

Table 2. Questionnaire for assessing key variables in the diagnosis of AD

Instructions Please assess the following variables in terms of their importance for the diagnosis of AD. Assign a score from 1 to 5 for each variable, where: 1 = Very low importance, 2 = Low importance, 3 = Moderate importance, 4 = High importance, 5 = Very high importance
1. Intensity of anxiety symptoms
2. Frequency of anxiety symptoms
3. Family history of AD

4. Patient's age
5. Patient's gender
6. Patient's socioeconomic status
7. Patient's educational level
8. Patient's marital status
9. Presence of comorbid depression
10. Presence of comorbid sleep disorders
11. Presence of other comorbid mental disorders
12. Work-related stress
13. Traumatic events (e.g., abuse, accidents, natural disasters)
14. Financial instability
15. Conflictive interpersonal relationships

Source: Authors

The variable Clinical symptomatology was assessed with questions 1 and 2, Family history was assessed with question 3, while the variable Sociodemographic factors was assessed with questions 4 to 8. The variable Presence of comorbidities was assessed with questions 9 to 11, and finally, the variable Environmental Factors was assessed with questions 12 to 15.

Assessment Results

Table 3 below shows the responses obtained from each expert using Régnier Abacus, organized in a matrix to identify areas of consensus and dissent. The statements were ordered from left to right, starting with those that showed the greatest consensus and ending with those that showed the greatest discrepancies.

Table 3. Statements ordered according to consensus and disagreement

2. Frequency of anxiety symptoms										
10. Presence of comorbid sleep disorders										
1. Intensity of anxiety symptoms										
11. Presence of other comorbid mental disorders										
9. Presence of comorbid depression										
12. Work-related stress										
3. Family history of AD										
13. Traumatic events (e.g., abuse, accidents, natural disasters)										
14. Financial instability										
15. Conflictive interpersonal relationships										
4. Patient's age										
5. Patient's gender										
7. Patient's educational level										
8. Patient's marital status										
6. Patient's socioeconomic status										

Source: Authors

Results Analysis

The results analysis shows that the variable Clinical symptomatology ranks first with an average of 4.8, identifying it as the most important variable in the diagnosis of AD. This finding aligns with the literature that emphasizes the need for a thorough symptom assessment for an accurate diagnosis. As Wing et al. (2012) point out, specific signs and symptoms form the basis for clinical diagnosis, according to the criteria established in reference diagnostic manuals such as the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) and the ICD-11 (International Classification of Diseases, Eleventh Revision). Without an accurate assessment of symptoms, it is very difficult to determine the existence and type of anxiety disorder.

Likewise, the intensity and frequency of symptoms allow professionals to assess the severity of the disorder and differentiate between types of AD (e.g., panic disorder, specific phobias, among others). Similarly, Bandelow et al. (2017) add that this differentiation is critical for developing specific and effective treatment plans. Furthermore, Szuhany and Simon (2022) state that a thorough assessment of clinical symptoms can facilitate the early detection of AD, which is necessary for preventing chronicity and the development of comorbidities. In this regard, early intervention based on an accurate assessment of symptoms can lead to a better prognosis for long-term outcomes for patients.

In the workshop with experts using the Régnier Abacus, Clinical symptomatology received the highest average score, clearly demonstrating the level of consensus among MH professionals regarding its undeniable importance. According to the experts, without a clear and comprehensive assessment of clinical symptoms, the diagnosis of AD would be incomplete and inaccurate. This justifies prioritizing clinical symptomatology in the diagnosis of AD, well-founded in its direct importance and necessity for detection, assessment, and treatment.

The presence of comorbidities, particularly depression and sleep disorders, was considered almost as significant as the clinical symptoms themselves, receiving an average score of 4.7. This high rating reflects the complexity that comorbidities add to the diagnostic process. Regarding AD, the most frequent comorbidities range from depression to sleep disorders, including OCD and ADHD. Maj et al. (2020) argue that these comorbidities can alter the way anxiety symptoms present, making them more severe or atypical, which influences both diagnosis and treatment.

However, comorbidities can complicate the diagnosis of AD because their symptoms can overlap with those of other disorders. For example, Park and Kim (2020) point out that anxiety and depression share symptoms such as irritability, fatigue, and difficulty concentrating, and that this overlap of symptoms could lead to incomplete and inaccurate diagnoses if a thorough and differentiated assessment of each disorder is not performed together. Furthermore, the presence of comorbidities is also associated with increased severity of AD and a poor prognosis. Studies such as those by Liao et al. (2021) and Higgins et al. (2021) support the finding that patients with comorbid AD experience a greater symptom burden, more functional problems, and a lower QL than patients with only an anxiety disorder.

Family history of AD, with an average score of 4.5, was prioritized as another determining variable, highlighting the relevance of including genetic and environmental variables in this diagnosis. A family history of AD demonstrates a significant genetic predisposition. Research has also shown that AD develops a substantial hereditary component (Stein & Carey, 2020; Ask et al., 2021). Individuals with a direct relative who suffers from AD have a higher risk of developing AD than those without such a family history. From this perspective, family history addresses a large part of the issues related to the genetic component in the diagnosis, further emphasizing the importance of considering family history in the diagnostic process.

Family history of AD not only reveals a hereditary component of AD but also reflects the learning, socialization, and context in which AD develops. According to Palitz & Kendall (2020), individuals who grow up in families with AD may be exposed to anxious experiences, behaviors, or thought patterns. This environment can contribute to the development and maintenance of AD through learning and imitation, and by creating a stressful atmosphere where anxious symptoms may arise or even worsen. Furthermore, Pashayan et al. (2020) emphasize that family history can be an important risk indicator for early diagnosis and preventive interventions. Identifying individuals with a high-risk family history provides MH professionals with valuable information for implementing early detection and intervention strategies.

A complete and thorough clinical assessment should include the patient's family history. As cited by Varela et al. (2022), this information not only provides environmental and genetic context but can also offer clues to intergenerational patterns of behavior and treatment response. Understanding the patient's family history should allow for the development of more informed and individualized treatment plans (Maj et al., 2021).

Environmental factors are considered important, highlighting their average score of 4.4 and their potential role in the cause and maintenance of AD. They intervene in these processes in areas such as trauma, work-related stress, financial instability, and conflictive interpersonal relationships, as described by Guerra and Eboreime (2021). These authors point out that environmental factors have a significant but indirect impact on AD compared to other variables such as clinical symptoms and comorbidities. Furthermore, one way environmental factors act is by generating anxiety not directly through clinical symptom indices or comorbid conditions, which are important for understanding AD, but indirectly by creating a background tone with more diffuse, observable variations of a general nature.

According to Ungar and Theron (2020), the way environmental factors can affect individuals is also highly variable. Exposing two people to the same stressful event can lead to entirely different outcomes depending on their personal characteristics, prior history, and learned coping strategies. This variability makes environmental factors important, but also difficult to predict and direct when measuring the diagnosis and severity level of AD. Finally, Shuo et al. (2022) emphasize the mediating effect of environmental factors on other personal and social factors, such as resilience and resource availability. These moderating factors can amplify or reduce the impact of environmental factors on anxiety, complicating their direct assessment and prioritization in the diagnosis of AD.

In this context, experts acknowledged the importance of environmental factors, but also noted that their assessment and influence can be more complex and less direct compared to the variables that rank highest in prioritization. Prioritizing environmental factors in the diagnosis of AD is justified by their significant but indirect impact, the variability in individual experience, and their mediation by other personal and social variables. Although crucial for understanding the context and triggers of anxiety, environmental factors rank fourth because their influence is less direct and predictable compared to more immediate variables such as clinical symptoms and comorbidities.

Finally, although important, sociodemographic factors received a score of 3.2, which is lower compared to other variables, suggesting that while they influence the presentation of AD, they may not be as decisive in the diagnostic process as the other factors assessed. The influence of sociodemographic factors is often mediated by other, more direct variables, such as environmental factors and family history. For example, according to Guo et al. (2015), the impact of socioeconomic status may be mediated by access to MH resources, while the influence of gender may be related to differences in socialization and cultural expectations. This mediation makes sociodemographic factors important, but less critical for direct diagnosis.

On the other hand, although sociodemographic factors can influence the likelihood of developing AD, their impact is less variable and less specific in clinical diagnosis compared to the variables that rank highest in prioritization. According to Boehlen et al. (2020), differences in age, gender, or educational level can provide additional context, but do not specifically determine the presence or type of AD. Likewise, sociodemographic factors are extremely relevant in the epidemiological context and for understanding prevalence patterns in broader populations. However, according to Nuggerud-Galea et al. (2020), in the context of individual clinical diagnosis, their importance is secondary to the direct assessment of symptoms, comorbidities, and family history.

Although important for providing a complete context and for identifying risk groups, sociodemographic factors are prioritized last because their impact on immediate clinical diagnosis is less direct compared to clinical symptoms, comorbidities, family history, and environmental factors. Empirical evidence and expert consensus support this position, underscoring the importance of considering sociodemographic factors as a complementary, but not central, part of the diagnostic process in AD.

CONCLUSIONS

The analysis in this study has successfully identified and prioritized the most significant variables in the diagnosis of AD using a SRL and the Régnier Abacus, considering clinical symptoms, comorbidities, family history, environmental factors, and sociodemographic factors according to their relevance. The results of this analysis provide a solid foundation for clinical practice because they demonstrate the need for a comprehensive and appropriate assessment for the detection of AD, taking into account both the direct clinical characteristics and the context in which the patient presents. The proposed prioritization will allow specialists in diagnostic medicine to proceed with greater clarity, enabling them to perform a more accurate assessment and develop more effective and personalized treatment, which will ultimately lead to improved patient outcomes.

The results of this analysis provide a solid foundation for future research and development in the diagnosis of AD, moving towards a more accurate and personalized approach in clinical practice. However, it has some limitations, such as its reliance on a review of existing literature. Although an effort was made to include the most recent and relevant research and the adopted variables, there is always the possibility that some studies were omitted or that the analyzed literature does not fully reflect current clinical realities. Similarly, the use of Régnier Abacus, while useful for prioritizing variables, has limitations that depend on the subjectivity and perceptions of the experts consulted in the workshop. Despite the effort to include a diverse and representative group of experts, inherent perceptions and personal biases can influence the scores assigned to the variables.

REFERENCES

1. Ask, H., Cheesman, R., Jami, E., Levey, D., Purves, K., & Weber, H. (2021). Genetic contributions to anxiety disorders: where we are and where we are heading. *Psychological medicine, 51(13)*, 2231-2246.
2. Bandelow, B., Michaelis, S., & Wedekind, D. (2017). Treatment of anxiety disorders. . *Dialogues in clinical neuroscience, 19(2)*, 93-107.
3. Boehlen, F., Herzog, W., Schellberg, D., Maatouk, I., Schoettker, B., Brenner, H., & Wild, B. (2020). Gender-specific predictors of generalized anxiety disorder symptoms in older adults: Results of a large population-based study. *Journal of affective disorders, 262*, 174-181.
4. Canals, J., Voltas, N., Hernández-Martínez, C., Cosi, S., & Arija, V. (2019). Prevalence of DSM-5 anxiety disorders, comorbidity, and persistence of symptoms in Spanish early adolescents. *European child & adolescent psychiatry, 28(1)*, 131-143.
5. Citkowska-Kisielewska, A., Rutkowski, K., Sobański, J., Dembińska, E., & Mielimąka, M. (2019). Anxiety symptoms in obsessive-compulsive disorder and generalized anxiety disorder. *Psychiatria Polska, 53(4)*, 845-864.
6. de Oliveira, L., Souza, E., Rodrigues, R., Fett, C., & Piva, A. (2019). The effects of physical activity on anxiety, depression, and quality of life in elderly people living in the community. *Trends in psychiatry and psychotherapy, 41,* , 36-42.
7. Gold, S., Köhler-Forsberg, O., Moss-Morris, R., Mehnert, A., Miranda, J., Bullinger, M., & Otte, C. (2020). Comorbid depression in medical diseases. . *Nature Reviews Disease Primers, 6(1)*, 69.

8. Guerra, O., & Eboreime, E. (2021). The impact of economic recessions on depression, anxiety, and trauma-related disorders and illness outcomes—a scoping review. *Behavioral Sciences, 11(9)*, 119.
9. Guo, S., Nguyen, H., Weiss, B., Ngo, V. K., & Lau, A. S. (2015). Linkages between mental health need and help-seeking behavior among adolescents: Moderating role of ethnicity and cultural values. Journal of counseling psychology, 62(4), 682.
10. Hajebi, A., Motevalian, S., Rahimi-Movaghar, A., Sharifi, V., Amin-Esmaeili, M., Radgoodarzi, R., & Hefazi, M. (2018). Major anxiety disorders in Iran: prevalence, sociodemographic correlates and service utilization. . *BMC psychiatry, 18,* , 1-8.
11. Hantsoo, L., & Epperson, C. (2017). Anxiety disorders among women: a female lifespan approach. *Focus, 15(2)*, 162-172.
12. Higgins, C., Chambers, J., Major, K., & Durham, R. (2021). Healthcare costs and quality of life associated with the long-term outcome of anxiety disorders. *Anxiety, Stress, & Coping, 34(2)*, 228-241.
13. Kaur, M. (2016). Application of mixed method approach in public health research. *Indian Journal of Community Medicine, 41(2)*, 93-97.
14. Konnopka, A., & König, H. (2020). Economic burden of anxiety disorders: a systematic review and meta-analysis. *Pharmacoeconomics, 38*, 25-37.
15. Koyuncu, A., İnce, E., Ertekin, E., & Tükel, R. (2019). Comorbidity in social anxiety disorder: diagnostic and therapeutic challenges. *Drugs in context, 8.*, 1-13.
16. Liao, W., Luo, Z., Dong, X., Wu, X., Mei, Y., Cui, N., & Wang, C. (2021). Associations between depressive symptoms, anxiety symptoms, their comorbidity and health-related quality of life: a large-scale cross-sectional study. *BMC public health, 21*, 1-12.
17. Maj, M., Stein, D., Parker, G., Zimmerman, M., Fava, G., De Hert, M., & Wittchen, H. (2020). The clinical characterization of the adult patient with depression aimed at personalization of management. *World Psychiatry, 19(3),* , 269-293.
18. Maj, M., van Os, J., De Hert, M., Gaebel, W., Galderisi, S., Green, M., & Ventura, J. (2021). The clinical characterization of the patient with primary psychosis aimed at personalization of management. *World Psychiatry, 20(1)*, 4-33.
19. Moeller, H., Bandelow, B., Volz, H., Barnikol, U., Seifritz, E., & Kasper, S. (2016). The relevance of 'mixed anxiety and depression'as a diagnostic category in clinical practice. *European archives of psychiatry and clinical neuroscience, 266*, 725-736.
20. Nuggerud-Galea, S., Oliván, B., Perez, M., Valle-Salazar, B., Aguilar-Latorre, A., & Magallón, R. (2020). Factors associated with depressive episode recurrences in primary care: a retrospective, descriptive study. *Frontiers in Psychology, 11*, 526027.
21. Palitz, S., & Kendall, P. (2020). Anxiety disorders in children. *Clinical handbook of anxiety disorders: From theory to practice*, 141-156.
22. Park, S., & Kim, D. (2020). The centrality of depression and anxiety symptoms in major depressive disorder determined using a network analysis. *Journal of affective disorders, 271*, 19-26.
23. Pashayan, N., Antoniou, A., Ivanus, U., Esserman, L., Easton, D., French, D., & Widschwendter, N. (2020). Personalized early detection and prevention of breast cancer: ENVISION consensus statement. . *Nature Reviews Clinical Oncology, 17(11)*, 687-705.
24. Ramos, C. (2015). Los paradigmas de la investigación científica. . *Avances en psicología, 23(1)*, 9-17.
25. Schiele, M., & Domschke, K. (2018). Epigenetics at the crossroads between genes, environment and resilience in anxiety disorders. *Genes, Brain and Behavior, 17(3)*, e12423.
26. Sharma, S., Powers, A., Bradley, B., & Ressler, K. (2016). Gene× environment determinants of stress-and anxiety-related disorders. *Annual review of psychology, 67*, 239-261.
27. Shuo, Z., Xuyang, D., Xin, Z., Xuebin, C., & Jie, H. (2022). The relationship between postgraduates' emotional intelligence and well-being: the chain mediating effect of social support and psychological resilience. *Frontiers in psychology, 13*, 865025.
28. Stein, D., & Carey, P. (2020). *Anxiety disorders.* . McGraw-Hill Education LLC.
29. Szuhany, K., & Simon, N. (2022). Anxiety disorders: a review. *Jama, 328(24)*, 2431-2445.
30. Tolin, D., McKay, D., Forman, E., Klonsky, E., & Thombs, B. (2015). Empirically supported treatment: Recommendations for a new model. . *Clinical Psychology: Science and Practice, 22(4)*, 317.
31. Ungar, M., & Theron, L. (2020). Resilience and mental health: How multisystemic processes contribute to positive outcomes. *The Lancet Psychiatry, 7(5), 4*, 41-448.
32. Varela, R., Cararo, J., Tye, S., Carvalho, A., Valvassori, S., Fries, G., & Quevedo, J. (2022). Contributions of epigenetic inheritance to the predisposition of major psychiatric disorders: Theoretical framework, evidence, and implications. *Neuroscience & Biobehavioral Reviews, 135*, 104579.
33. Wing, J., Cooper, J., & Sartorius, N. (2012). *Wing, J. K., Cooper, J. E., & Sartorius, N. (2012). Measurement and classification of psychiatric symptoms: An instruction manual for the PSE and CATEGO program.* New York: Cambridge University Press.