Medical Gaslighting and Diagnostic Overshadowing in those with Anxiety

The Need to ACT Now.

Anxiety UK

Here for you since 1970

Foreword

We all deserve to have our voice heard and have equitable access to healthcare. Nobody should be left behind - stigma, discrimination, and bias, conscious or unconscious, is not acceptable in today's society, especially in those most vulnerable and those that find it hard to seek the help they need.

At Anxiety UK, we had heard anecdotally from a range of people contacting us for support, and our members, who believed their healthcare professionals *(HCPs)* did not take their physical symptoms seriously when they sought out medical help. Instead, their concerns were assumed to be because of their anxiety, when indeed they had a very real, physical health condition that needed to be diagnosed and addressed.

In other cases, we had heard of people with anxiety who had to fight harder for a correct diagnosis as the symptoms they were experiencing were assumed to be from their anxiety, rather than an alternative underlying condition that had yet to be identified.

Others after having researched their array of symptoms, including anxiety, had sought help as they began to suspect there was a bigger driver of the different range of symptoms that they were experiencing, such as a thyroid disorder or a rare disease.

'Medical Gaslighting', intended or unintended, is the experience of a person seeking medical help where the person they seek help from tries to make them think 'it is all in their head'.[1]

'Diagnostic Overshadowing' is the phenomenon where a healthcare professional finds it difficult to distinguish overlapping symptoms and may wrongly attribute a symptom to a particular condition instead of the causative condition.[2]

In 2023, we set out to explore if these potential issues of 'Medical Gaslighting' , and 'Diagnostic Overshadowing' were perceived to be more of an issue in people who live with an anxiety condition, taking Generalised Anxiety Disorder *(GAD)*, which is the most common type of anxiety disorder, as an example.[3]

In this report, we share important quantitative findings of the experiences of people living with GAD and challenges they believe they experience when accessing healthcare for conditions unrelated to their anxiety. The results are shocking, yet not unanticipated. The survey also aimed to understand if general practitioners *(GPs)* in the primary care setting are aware of these phenomena occurring. Surprisingly, our further work evaluating GP perceptions also confirmed the challenges being faced by people with anxiety in our health system. Importantly, the survey results identified some of the potential tools and support both GPs and people living with GAD think may be beneficial in helping address these barriers.

Undoubtedly, it is challenging to identify the correct underlying cause of a symptom in something as complex as the human physiological system, but education and tools have the potential to help navigate this challenge.

To the readers who experience anxiety and have dealt with these issues, we hope this report gives you a sense of validation and empowers you to ask for the help you need.

We call on all stakeholders; government, policymakers, health system leaders, Royal Colleges, front line HCPs, and importantly people living with anxiety, to work together to eliminate medical gaslighting and diagnostic overshadowing. We must ACT now *(Assess objectively, Challenge Bias for People with Anxiety and Think & Rule Out underlying conditions).*

Acknowledgement

The survey on medical gaslighting and diagnostic overshadowing, as well as the development of this report was made possible through Anxiety UK's Katharine and Harold Fisher Anxiety Reseach Fund.

Introduction

In any given week in England, 6 in 100 people will be diagnosed with GAD, a condition characterised by persistent and excessive worry about various aspects of life, rather than a specific event.[4,5] In the UK, over 8 million people are experiencing an anxiety disorder at any one time.[5] In addition to this, these people will experience cardiovascular disease, diabetes, autoimmune disease, cancer, gastrointestinal issues and the full array of conditions that any other person in the population can experience. In fact, anxiety may in some instances increase the risk of common life-threatening conditions.

For example, rapid heart rate *(tachycardia)* in serious cases, can interfere with normal heart function and increase the risk of sudden cardiac arrest. Chronic increased blood pressure can lead to coronary disease, weakening of the heart muscle, and heart failure.[6] There are also a range of conditions where anxiety is more common, including neurodevelopmental conditions like autism or rare diseases, such as Ehler Danlos Syndrome, a connective tissue disease.[7] Ongoing research into autoimmune conditions, such as coeliac disease, Sjogren's Syndrome and Lupus, amongst others, also appears to be associated with neuropsychiatric symptoms.[8] Additionally, anxiety is already a well-recognised key symptom for other conditions such as thyroid disease or low blood sugar.[9,10]

Although, the physiological relationship is not always fully understood, this growing body of evidence reinforces the critical importance of ensuring people living with anxiety disorders receive equitable access to healthcare.

The terms 'medical gaslighting' and 'diagnostic overshadowing' may not be immediately familiar to all, but they have significant implications for those that experience these phenomena.

Medical gaslighting describes a behaviour in which a GP or other medical professional dismisses or downplays a patient's physical symptoms or attributes them to something else, such as a psychological condition.[1] This may happen due to conscious or unconscious bias.

Conscious bias, also known as explicit bias, refers to the attitudes and beliefs we have about a person or group on a conscious level.[11] It's deliberate, intentional, and we are aware of it. On the other hand, unconscious bias, also known as implicit bias, is bias that we are unaware of.[11] It is a bias that happens automatically and is triggered by our brain making quick judgments and assessments of people and situations, influenced by our background, cultural environment, and personal experiences.[11] Both types of bias can lead to delayed diagnosis and delivery of care, psychological trauma, and prolonged suffering.

Diagnostic overshadowing, on the other hand, occurs when a preexisting diagnosis or condition blinds healthcare providers to an alternative, new or emerging health issue, particularly when a patient has a known mental health condition.[2] This can result in missed diagnoses, inappropriate treatments, and an exacerbation of both physical and mental health problems. In some cases can be life-threatening if important symptoms are missed. In people with anxiety this could be, for example, failing to investigate raised heart rate as an indicator of a heart condition as it is wrongly attributed to the person's anxiety.

In this report, we aim to explore the extent to which individuals living with GAD perceive they have encountered medical gaslighting or diagnostic overshadowing in their healthcare journeys and how this has influenced their experiences, from diagnosis to treatment and beyond, relative to the general population. It also explores the issues of bias in GPs, conscious or unconscious, and the challenges of diagnosis and overshadowing in people living with GAD from the GP perspective. Importantly, potential tools and approaches to address these barriers are also explored from the perspective of people living with GAD and GPs.

Methodology

Two surveys were conducted to explore the issues of medical gaslighting, diagnostic overshadowing and potential barriers to access to healthcare in people living with GAD.

The first survey was conducted among the UK general public, including people with and without GAD. The second survey was conducted in GPs, often the first point of contact for people seeking to access care and identified in the first survey as the access point that people living with GAD who reported experiencing issues accessing care had the biggest challenges with.

Survey in people living with/without GAD

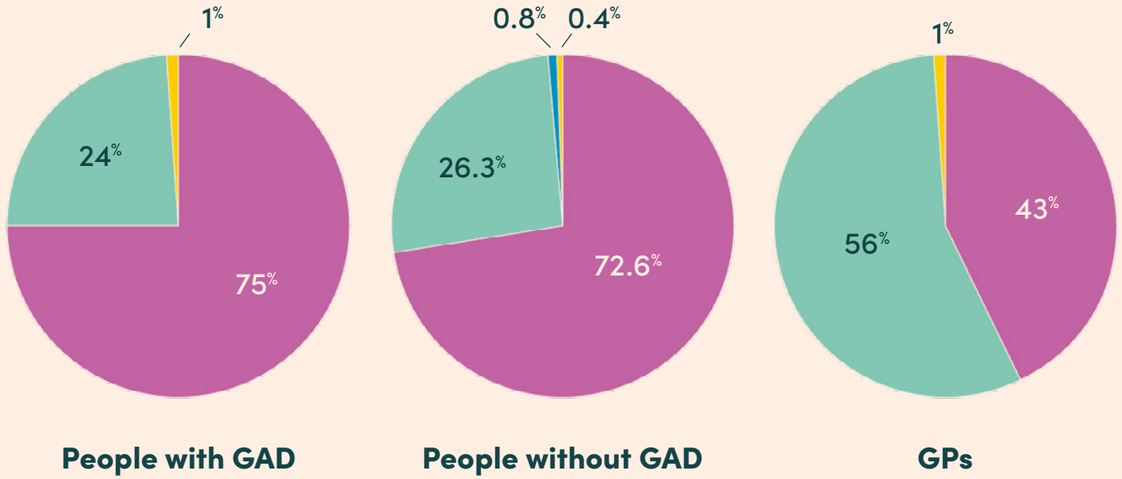
A survey was conducted among the UK general public from 11th May – 31st May 2023. There were two arms to the study. The first arm included 328 people who were Anxiety UK members and were contacted to complete the survey by the charity, out of which 237 reported living with GAD. In the second arm of the study, 259 people aged 18+ without GAD were recruited via a market research agency.

Survey in GPs

Between 25th August and 6th September 2023, 200 GPs were surveyed. GPs included in the survey must have had at least one consultation with a person who had a known diagnosis of GAD for a condition other than their GAD within the past two years. This sample included 154 GPs without extended roles/special interests and 46 with extended roles/special interests *(other than psychiatry)*.

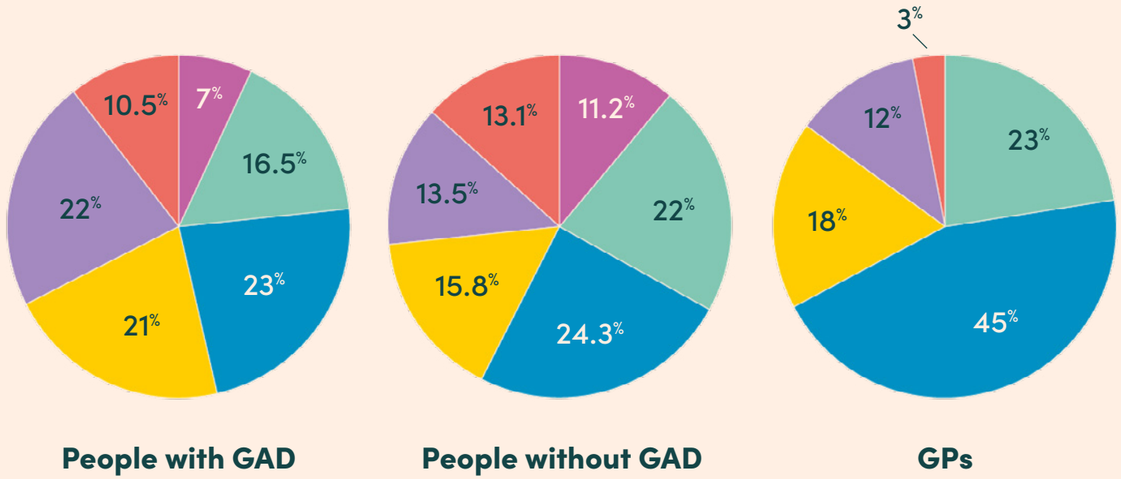
Survey participant characteristics

Gender distribution



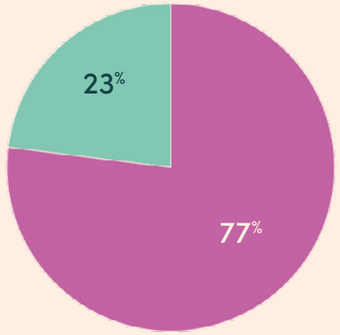
Survey participant characteristics

Age range



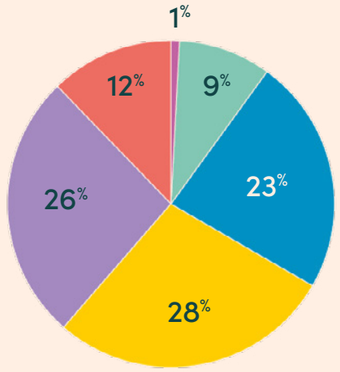
Survey participant characteristics

GP experience



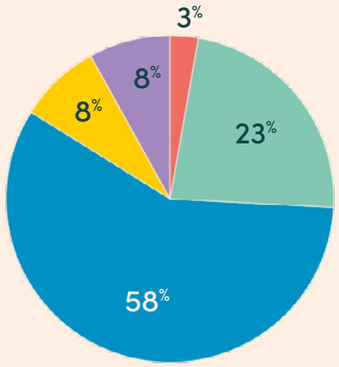
GP with specialist interest

- GP
- GP with Extended Role/ Specialist Interest
- Other



Years of GP experience

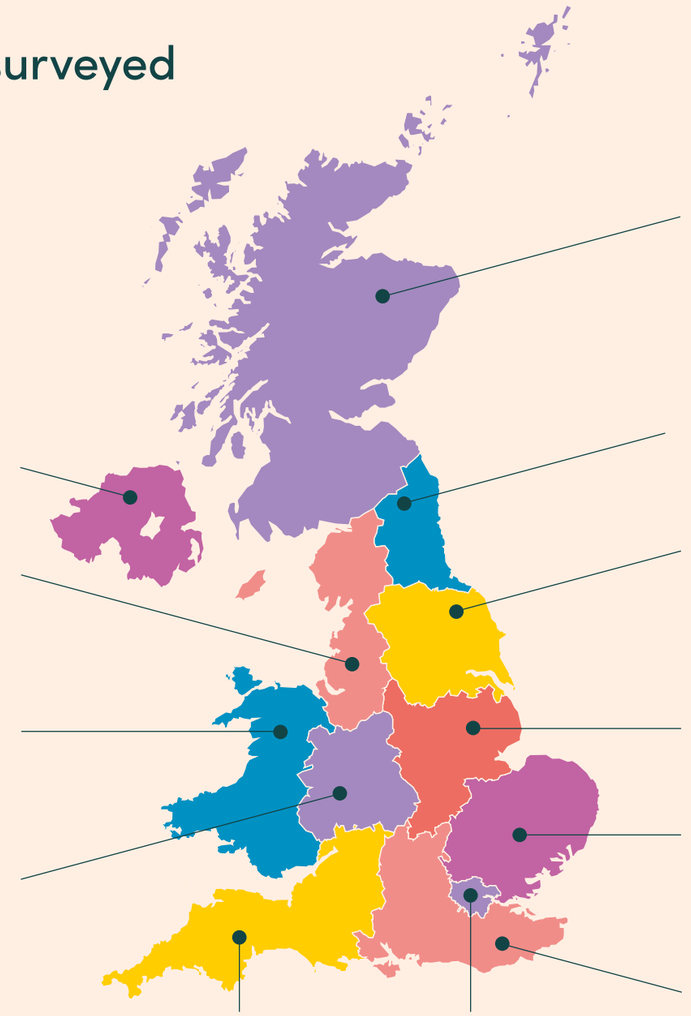
- Less than 1 year
- 1–5 years
- 6–10 years
- 11–15 years
- 16–25 years
- Over 25 years



GP number of appointments per day

- 10 or fewer appointments
- 11–20 appointments
- 21–30 appointments
- 40–49 appointments
- More than 50 appointments

Regions surveyed



Scotland
GP: 8%
without GAD: 5.8%
with GAD: 10.1

North-East
GP: 2%
without GAD: 6.2%
with GAD: 3%

Yorkshire/Humber
GP: 8%
without GAD: 8.9%
with GAD: 6.4%

East Midlands
GP: 10%
without GAD: 9.3%
with GAD: 6.4%

East of England
GP: 4%
without GAD: 8.1%
with GAD: 7.9%

South-East
GP: 12%
without GAD: 14.7%
with GAD: 18%

London
GP: 20%
without GAD: 15.8%
with GAD: 18.3%

South-West
GP: 7%
without GAD: 4.6%
with GAD: 6.4%

Northern Ireland
GP: 3%
without GAD: 1.2%
with GAD: 1.5%

North-West
GP: 13%
without GAD: 10.4%
with GAD: 10.1%

Wales
GP: 3%
without GAD: 4.2%
with GAD: 3.7%

West Midlands
GP: 11%
without GAD: 10.8%
with GAD: 6.4%

Medical gaslighting, bias and diagnostic overshadowing: Why we need to ACT now

Medical gaslighting and diagnostic overshadowing are both terms that encompass a wide range of behaviours, which can impact how people are treated in healthcare settings.

The phenomena can range from dismissal of symptoms due to bias arising from incorrectly attributing a symptom to a known psychological condition, in this case GAD, thereby failing to investigate and potentially identify a newly occurring or alternative pre-existing condition.

Therefore, to understand if people with GAD had experienced difficulties accessing care because of their condition, including some form of medical gaslighting, and if this occurred more relative to the general population, they were asked to report if they had experienced not having their symptoms taken seriously or having symptoms ignored/denied/dismissed by their healthcare provider.

Additionally, to understand whether the challenges they had experienced accessing care, because of their GAD, included some form of diagnostic overshadowing, and if this occurred more than in the general population, participants were asked to report if they had experienced having symptoms of a physical condition mistaken for their GAD or having their healthcare provider not be aware that anxiety could be a symptom of an underlying health condition.

While they face differing challenges, both people with GAD and without GAD face issues accessing healthcare

Survey respondents from both populations *(GAD and non-GAD)* cited having issues accessing medical care, however people with GAD are more likely to report experiencing some form of medical gaslighting and/or diagnostic overshadowing compared to people without GAD.

In both populations, respondents reported problems with getting professional help more generally to some extent, which is likely to reflect the strain the current UK health system is facing. For example, even in people without GAD nearly all reported some issues accessing care, but the issues reported in this population were related to what we would expect in a strained healthcare system, for example experiencing general delays in getting an appointment *(53% of non-GAD participants reported these specific issues).*

This reflects the challenging environment healthcare professionals are working within.

However, within this context we delved deeper to understand particular issues people with GAD faced and in what settings they occurred. To determine if having GAD impacts people accessing diagnosis, treatment and care, GAD survey participants were asked whether they had experienced problems getting professional medical help for a physical health condition or a disease unrelated to their GAD specifically ‘because of their GAD’.

Medical gaslighting is particularly prevalent in primary care settings in those living with GAD

Out of the 237 people with GAD surveyed, 105 **(44%)*** reported that they have or may have experienced problems** getting professional medical help for a physical health condition or disease because of their GAD. From the population of GAD respondents who reported issues accessing care, the survey then sought to explore what type of issues they come across.

53% vs **15%**

From the people with GAD who reported experiencing problems because of their condition *(n= 105)*, **53%** cited not having their symptoms taken seriously compared to **15%** of people without GAD who also reported issues accessing care *(P<0.05, statistically significant)*.

51% vs **24%**

Additionally, **51%** of people with GAD who experienced problems accessing care because of their condition, reported having their symptoms ignored, denied, or dismissed by their GP, compared to **24%** of people without GAD who also experienced issues accessing care *(P<0.05, statistically significant)*.

The results also showed a trend** that indicated that women with GAD who reported experiencing issues accessing care were also more likely to experience some form of medical gaslighting: 62% *(n=50/81)* of these women reported that their symptoms were not taken seriously by their healthcare provider, compared to 26% *(n=6/23)* of men with GAD who experienced issues accessing care* and 61% *(n= 49/81)* of these women stated that their symptoms were ignored, denied, or dismissed, compared to 17% *(n=4/23)* of men**.

*44% defined as the number of respondents who answered yes *(34%)* and maybe *(10%)* to the following question: Have you ever experienced problems getting professional medical help for a physical health condition or disease *(not your GAD or another mental health problem)* because of your GAD?

**Data from sub-populations is not statistically significant due to the small sample sizes. Further analysis with larger sample sizes is needed to determine statistical significance.

People with GAD having problems accessing healthcare are more likely to report issues related to Diagnostic Overshadowing

From the population of respondents who experienced problems accessing care due to their GAD, **1 in 5** reported experiencing what would be considered diagnostic overshadowing, with **23%** citing that their symptoms of a physical condition *(e.g., increased heart rate, sweating, breathing issues, etc.)* were mistaken for their GAD.

In comparison, **7%** of non-GAD respondents reported that their physical condition was not properly investigated/taken seriously because the symptoms were the same as the symptoms of another physical condition *(P<0.05, statistically significant)*.

Additionally, **20%** of respondents with GAD who experienced issues accessing care, reported that their HCP was not aware that anxiety could be a symptom of an underlying physical condition.

Nearly 1 in 3 people with GAD who stated they had experienced issues accessing care due to their condition, reported that their GAD complicated their ability to get an accurate diagnosis for a physical health condition. Amongst those with GAD who reported experiencing issues accessing care, there was a trend* that showed younger people were more likely to be impacted by diagnostic overshadowing*. 50% of people aged 18–24 compared to 30% of overall GAD respondents who experienced issues accessing care, reported that their GAD complicated their ability to get a diagnosis*.

These results suggest that people with GAD, are less likely to receive accurate and comprehensive care compared to the general public and that there is a tendency for women and younger people to be disproportionately affected.

*Data from sub-populations is not statistically significant due to the small sample sizes. Further analysis with larger sample sizes is needed to determine statistical significance.

Bias, whether conscious or unconscious, impacts how people with GAD receive care

Nearly **70%** of GPs believe that bias, including unconscious bias, often, very often or always makes it more challenging for people with GAD to receive a diagnosis and/or access care for their non-GAD conditions.

Out of the 200 GPs surveyed, not one claimed that bias never impacted the ability for people with GAD to receive a diagnosis and/or care for their non-GAD conditions.

Over **95%** of GPs reported that bias, including unconscious bias, may at least occasionally make it more challenging for people with GAD to receive a diagnosis and/or access to care for their non-GAD conditions.

When looking at the subpopulation of GP respondents, there is a trend for older GPs and GPs with fewer than 10 appointments per week to be less likely to report that people with GAD experience difficulties accessing care for their non-GAD conditions due to bias.

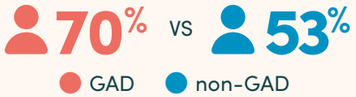
The GP survey results reveal significant issues in primary care for individuals with GAD, including issues related to bias, whether conscious or unconscious, and diagnostic overshadowing. These findings highlight the need for interventions to address these biases to improve the quality of care people with GAD receive.

The impact of GAD on accessing diagnostics, treatment and care

In an effort to identify the settings where perceived issues with access to care are most prevalent, survey participants who reported experiencing issues in accessing professional medical help were asked to provide insights about their experiences with: practice nurses in a general practice, GPs in primary care clinics, triage nurses in A&E, hospital ward nurses, outpatient nurses, outpatient consultants/ specialists, radiologists, paramedics, mental health therapists, nursing home nurses, GP secretaries, midwives and others. Specifically, they were asked to share if they had encountered any problems accessing care with regard to their non-GAD related physical health condition. This line of inquiry aimed to shed light on the healthcare landscape and identify potential areas for improvement in patient care and access.

People with GAD who reported experiencing problems accessing care most commonly faced issues with primary care providers

Out of the 105 people with GAD who reported experiencing problems accessing care because of their condition, **70%** cited issues with a GP in primary care, compared to **53%** of those without GAD *(P<0.05, statistically significant)*.



Other providers more commonly mentioned were practice nurses in primary care *(36% among those with GAD, compared to 28% among people without GAD, P<0.05, statistically significant)*.

The survey results also suggest a trend that women with GAD appear to struggle to access care more often than men because of their GAD *(38% compared to 24%)**. Additionally, women with GAD who reported experiencing problems accessing care, were also more likely than men to experience issues with GPs in primary care *(75% compared to 48% of men with GAD)**.

The results also indicated that young people aged 18–24 with GAD are more likely to struggle accessing care due to their GAD, compared to the overall population of GAD respondents who reported that they have or may have experienced problems accessing care *(75% vs 44%)*.

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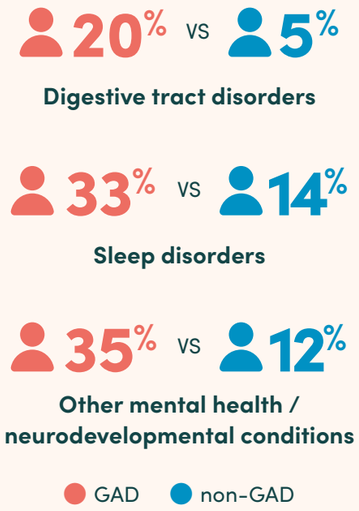
People with GAD struggle more to get care for digestive tract, sleep, mental health and neurodevelopmental conditions

To explore the challenges faced by individuals with GAD when seeking care for conditions with overlapping symptoms, participants who reported experiencing issues accessing care because of their GAD were asked to indicate the types of physical health conditions or diseases for which they encountered difficulties in obtaining professional medical help.

Understanding the specific barriers to care that these individuals face and how their GAD diagnosis may influence their healthcare journey is critical to develop targeted interventions and policies.

These insights can guide healthcare providers, policymakers, and support networks in creating a more inclusive and effective healthcare system that addresses the unique needs of individuals with GAD, ultimately improving patient outcomes and quality of life.

The survey found that people with GAD who reported experiencing issues accessing care, struggle more to get care for digestive tract disorders *(20% GAD vs 5% non-GAD, P<0.05, statistically significant)*, sleep disorders *(33% GAD vs 14% non- GAD, P<0.05, statistically significant)*, and other mental health/neuro-developmental conditions *(35% GAD vs 12% non-GAD, P<0.05, statistically significant)*.

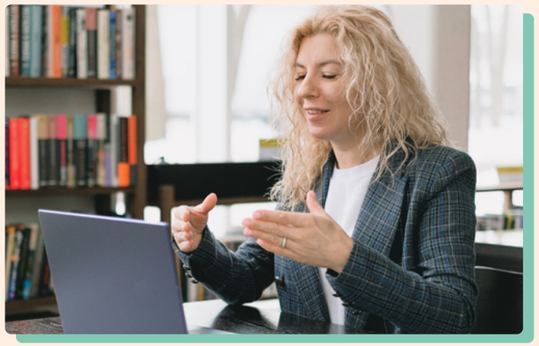


Barriers to care

Access to professional help for conditions like ME/chronic fatigue syndrome, sleep disorders, and chronic and neuropathic pain is reported to be more challenging for people with GAD by at least half of the GPs surveyed.

Additionally, **72%** of GPs believe that diagnostic overshadowing complicates care for people with GAD. Insufficient time to engage with patients, and a lack of continuity of care were also listed as barriers to care by **66%** and **47%** of GPs, respectively.

The COVID-19 pandemic saw a seismic shift from face-to-face appointments to virtual/telephone consultations; a practice which has largely continued following the ease of restrictions. The survey, therefore, aimed to understand what challenges GPs believe people with GAD face when it comes to accessing care in the wake of this shift.



The results reveal that 55% of GPs believe that the shift from face-to-face to telephone consultations has had a more negative impact on people living with GAD, compared to the general public.

Whether GPs perceive this to be an issue appears to be based on their gender and age. 60% of GPs aged 65 and above believe that the shift has not disproportionately affected people with GAD compared to the general population, compared to 23% of overall GP respondents.

Female GPs were more likely to cite insufficient time *(74% vs 60%)* and lack of continuity of care *(57% vs 39%)* as key challenges compared to their male peers*.

*Data from sub-populations is not statistically significant due to the small sample sizes. Further analysis with larger sample sizes is needed to determine statistical significance.

People with anxiety bear a larger impact and financial burden due to difficulties in obtaining care for physical health conditions

The survey also evaluated how experiencing difficulties accessing healthcare impacts the quality of life of people with GAD.

32% vs **10%**

GAD non-GAD

People with GAD who reported experiencing issues accessing care because of their GAD are also over three times more likely to report that their employment opportunities have been affected, with **32%** of people with GAD who experienced issues accessing care because of their GAD reporting such an impact, compared to just **10%** of those without GAD *(P<0.05, statistically significant).*

42% vs **48%**

This effect seemed particularly pronounced among people with GAD aged 18-24 and 55-64, with **42%** and **48%** respectively citing an impact on job prospects*.

43% vs **19%**

Additionally, people with GAD who reported experiencing issues accessing care, are more than twice as likely to resort to private care, with **43%** doing so compared to **19%** of those without GAD *(P<0.05, statistically significant).*

This trend* was more noticeable among the 18-24 and 55-64 age groups, with 58% and 61% respectively seeking private care. Furthermore, females living with GAD who reported experiencing problems accessing care were found to be more likely than their male counterparts to seek private care, with 46% of women doing so compared to 30% of men*. It is, however, important to note this question is related to people who had sought private healthcare *(not who would like to)* and for many people private healthcare may not have been affordable.

*Data from sub-populations is not statistically significant due to the small sample sizes. Further analysis with larger sample sizes is needed to determine statistical significance.

The results indicate a need for targeted interventions in primary care settings

The results of the survey indicate that medical gaslighting and diagnostic overshadowing are not only common issues in the primary care setting that many people with GAD face but are also statistically significantly higher than the general population without GAD *(P<0.05)*. This demonstrates that these earlier reported issues are not just anecdotal, but a real problem for people living with GAD across the UK. It is therefore critical we take action to address this.

The survey results further revealed a complex landscape of challenges including bias, which act as barriers to healthcare access for individuals with GAD, highlighting the pressing need for targeted interventions. The data suggests that primary care settings represent a particular issue and are therefore a key area for focus. As part of the analysis, trends amongst sub-populations of people with GAD, such as women and those aged between 18–24 years old, where analysed. This found that young adults, and women may also be more likely to be affected by medical gaslighting and diagnostic overshadowing. With this in mind, these groups should be a key area of focus when considering the development of improvement efforts*.

In primary care settings, there is a need for increased awareness and understanding of GAD and its potential impact on people's physical health, especially amongst older GPs* and those with fewer appointments per week*.

This could involve additional training for HCPs to better recognise and manage GAD, as well as strategies to facilitate more effective communication between patients and providers.

*Data from sub-populations is not statistically significant due to the small sample sizes. Further analysis with larger sample sizes is needed to determine statistical significance.

Both people with GAD and GPs are in need of increased support

When asked what support would be helpful to them when interacting with medical professionals to explain their physical health conditions/ disease symptoms or issues, people with GAD selected options from a pre-defined list *(or could select 'other')*.

These are the top 10 options people with GAD selected:

- More time with HCPs
- A means to record/reference what HCPs have told them in future appointments with other providers
- More face-to-face appointments with HCPs
- To have medical appointments when symptoms are present
- A prepared set of questions to ask
- To be able to see their medical record
- An app to support appointments
- To be calm/composed before appointments
- A helpline for before or after appointments with medical professionals
- To be able to communicate more effectively with HCPs

In both populations of GAD respondents *(overall and those who reported experiencing problems accessing care)* the majority cited that more time with HCPs *(70% and 71% respectively)*, more face-to-face appointments with HCPs *(56% and 58% respectively)* and a means to record/reference what HCPs have told them in future appointments with other providers *(56% and 55%)* would be helpful to them. However, the results also show that people with GAD have specific needs and preferences when it comes to their healthcare, and these can vary based on age and gender.

For instance, in the overall GAD population *(n= 237)* those aged 18–24 expressed a strong desire for digital tools to support their healthcare journey. 75% of this group wanted an app to support appointments and the ability to view their medical history, compared to 46% of the overall population with GAD. In comparison to this, 27% of those aged 55–64 in the overall population stated the need for an app to support appointments and 44% stated that the ability to view their medical history would be helpful.

Additionally, individuals with GAD aged 55–64 in the overall population showed a preference for more traditional forms of support. For example, 42% identified a helpline for before and after appointments as helpful, compared to 27% of overall respondents with GAD and 31% of respondents aged 18–24. Gender also played a role in these preferences. The majority of women with GAD in the overall population found it helpful to have a means to record symptoms before an appointment to show their healthcare provider *(58% compared to 36% of men)* and the ability to view their medical history *(49% compared to 36% of men)**.

Similarly, in the population of GAD respondents who reported experiencing issues accessing care *(n=105)*, 75% of those aged 18-24 wanted an app to support appointments, compared to 48% of the total respondents and 26% of the respondents aged 55–64. Likewise, 70% of GAD respondents aged 55–64 in this population identified a helpline for before and after appointments as helpful, compared to 32% of the total respondents in this group and 25% of people with GAD aged 18–24.

This data indicates that the support needed for people with GAD to help them interact with their medical professionals to explain their physical health conditions, are not one-size-fits-all but are likely to be influenced by factors such as age and gender.

Tailoring healthcare services to meet these diverse needs, including the integration of digital tools for younger patients, and maintaining traditional support systems for older ones, could greatly enhance the healthcare experience and outcomes for individuals with GAD.

*Data from sub-populations is not statistically significant due to the small sample sizes. Further analysis with larger sample sizes is needed to determine statistical significance.

To understand what would be helpful to GPs for them to provide the best care to people living with GAD as they access care for their non-GAD conditions, the majority of GPs selected the following options from a pre-defined list *(or could select 'other')*:

- Having a GP with an extended role/specialist interest in mental health within the practice *(85%)*
- Tools translated into different languages *(84%)*
- Extended appointment times for people with GAD *(84%)*
- Increased primary care access to a multi-disciplinary care team *(82%)*
- Patient education on medicine side effects that can cause or heighten anxiety *(81%)*
- Patient education on symptoms of anxiety that can overlap with other health conditions *(diagnostic overshadowing) (80%)*
- HCP education on symptoms of anxiety that can overlap with other health conditions *(diagnostic overshadowing) (80%)*
- Tools adapted for patients with different common co-morbidities *(physical or mental) (79%)*
- Patient education on different conditions where anxiety is a diagnostic symptom of an underlying condition *(e.g. thyroid disease, rare diseases) (78%)*
- Tools adapted for different cultures *(76%)*
- Increased primary care communication with secondary care *(78%)*
- More HCP training on engaging and communicating with people diagnosed with GAD *(75%)*
- HCP education on different conditions where anxiety is a diagnostic symptom of an underlying condition *(e.g. thyroid disease, rare diseases) (75%)*
- HCP education on medicine side effects that can cause or heighten anxiety *(74%)*
- More tools and resources to support understanding symptoms as they are experienced in real-time *(e.g., symptoms diary, online tools, etc.) (74%)*
- A dialogue tool to facilitate discussion on non-GAD related symptoms between the healthcare professional and people living with GAD *(69%)*
- Increased primary care access to a clinical pharmacist *(67%)*
- Tools adapted for different age groups *(66%)*
- Tools adapted for different gender identities *(64%)*

The survey results indicate a clear desire for enhanced support among individuals with GAD, as well as GPs recognising the issues and requesting further support in this area, with both audiences citing increased consultation time as a high priority.

Respondents expressed the need for more face-to-face appointments and the ability to have medical appointments when symptoms are present. They also expressed the desire for tools to better manage their healthcare journey, such as a means to record and reference what HCPs have told them, access to their medical records, a prepared set of questions to ask during appointments, and an app to support appointments. Additionally, they highlighted the importance of being calm and composed before appointments and having access to a helpline for support before or after appointments. To understand what other solutions would be helpful to both people with GAD and GPs, further detailed surveys are needed.

GPs on the other hand stated that all tools/resources/support detailed in the survey would be helpful—especially support from extended role GPs, tools translated into different languages, and extended appointment times.

These findings underscore the need for a more patient-centric approach in managing people with GAD presenting with physical conditions, with a focus on improving communication, accessibility, and support systems. Importantly, GPs also acknowledged the need for support and education tools, the development of which should be a key area of focus.

So what can HCPs do? ACT now

The data outlined in this report found that many people with GAD face challenges when accessing care for a physical health condition, which include experiencing bias and diagnostic overshadowing relative to the general population, particularly in primary care settings.

However, the results also highlight that there is a desire from both GPs and people with GAD themselves to receive increased and more effective support, through initiatives such as additional resources, tools, and training to help address barriers to receiving quality care. In this sense, there is a great opportunity for collaboration.

What can HCPs do?

A ssess objectively

C hallenge bias for people with anxiety

T hink & rule out underlying conditions

Assess, Challenge, and Think

The bias, whether conscious or unconscious, that can lead to people with GAD feeling they are being ignored, not taken seriously and experiencing medical gaslighting, whether intended or not, is not only unacceptable discrimination but potentially dangerous and needs to be urgently addressed through awareness and education. It is critical we challenge this perception of the 'worried well' and the bias this creates, taking an objective approach to assessing every person with GAD seeking care.

The results also underscore how challenging it can be to accurately diagnose in the context of overlapping symptoms. They highlight the need to address the issue of diagnostic overshadowing in people with GAD in the primary healthcare setting through investing in education, support tools, GPs with extended roles or considering simple options like longer face-to-face appointments to enhance communication between people living with GAD and GPs.

These issues are further compounded by systemic barriers to care, including the shift to telephone consultations and a lack of continuity of care.

The trends that showed differing perception of bias amongst GPs based on their experience, where GPs with over 25 years' experience had less awareness of bias and where female GPs had a greater awareness of the issues than their male peers, further highlight the complexity of this issue and the need for further investigation.

A more empathetic, patient-centered approach in healthcare is needed to ensure that all symptoms are taken seriously, thoroughly investigated, and appropriately treated, regardless of a patient's mental health status.

This shift towards a more holistic and inclusive healthcare model is not just a matter of improving clinical practice, but a fundamental step towards ensuring health equality, tackling stigma and discrimination and dignity for those living with GAD.

The results of this study serve as a call to action for all stakeholders in healthcare to address these issues and work towards a more equitable healthcare system.

Anxiety UK is therefore recommending that:

1. Guidelines should be developed for clinicians to improve the detection, diagnosis and treatment of non-GAD conditions in people with GAD.
2. Resources and support for people with GAD seeking care for non-GAD conditions in primary care settings should be developed to reduce the likelihood of being affected by medical gaslighting and/or diagnostic overshadowing. For example, a conversational tool for people with GAD to use when consulting with HCPs including their GP.
3. Training and awareness initiatives should be developed to address bias and diagnostic overshadowing in people with GAD, especially targeting male GPs and those with more than 25 years' experience.

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