Table 1. Transdiagnostic implications of GPD across disciplinary domains

Domain	Implication of GPD	Practical Consequence
Psychopathology	Symptoms are not disease-specific; they reflect common mechanism + contextual modulation	Dimensional symptom assessment; cross-diagnostic psychopathological research
Pharmacology	Agents modulating shared mechanisms will show cross-categorical efficacy; drug repurposing is theoretically grounded	Rational basis for off-label use; targeted development of agents on shared pathways (glutamate, neuroinflammation)
Psychotherapy	Transdiagnostic therapeutic mechanisms explain efficacy of unified protocols across diagnoses	Development of transdiagnostic protocols (UP, DBT, ACT, MBT); reduced need for disorder-specific manuals
Cognition Research	Cognitive alterations are transdiagnostic and should be primary research targets	Cognitive remediation applicable across diagnoses; cognitive outcome measures in clinical trials
Education/Pedagogy	Learning disorders, behavioral difficulties, and social cognition deficits share mechanisms with clinical psychiatric conditions	Integrated school-based early intervention; causal-cognitive stimulation over symptom management
Genetics	Genetic architecture is shared across categorical boundaries; polygenic risk confers transdiagnostic vulnerability	Pleiotropic gene discovery; familial risk counseling across diagnostic spectra
Clinical Training	Training limited to categorical diagnoses produces clinicians ill-equipped for transdiagnostic reality	Integration of GPD into residency curricula; case formulation emphasizing mechanism over category

Souce: The authors
Note: UP: Unified Protocol; **DBT:** dialectical behavior therapy; **ACT:** acceptance and commitment therapy; **MBT:** mentalization-based therapy.

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