



A RETROSPECTIVE STUDY OF PREVALENCE OF ANXIETY DISORDERS IN PATIENTS ATTENDING PSYCHIATRIC OUTPATIENT DEPARTMENT IN A TERTIARY CARE HOSPITAL

Dr V.U.KARTHIKEYAN

MBBS, M.D.Psychiatry Postgraduate, Department of Psychiatry, Meenakshi Medical College & Research Institute, Enathur, Kanchipuram, Tamilnadu – 631552, India

Dr POORNIMA.C

MBBS, M.D.Psychiatry Postgraduate, Department of Psychiatry, Meenakshi Medical College & Research Institute, Enathur, Kanchipuram, Tamilnadu – 631552, India

Dr JAYANANDHINI.A

MBBS, M.D.community medicine Postgraduate, Department of Community medicine, Meenakshi Medical College & Research Institute, Enathur, Kanchipuram, Tamilnadu – 631552, India

Dr MITHUN PRASAD.V

MBBS, M.D. Psychiatry Postgraduate, Department of Psychiatry, Meenakshi Medical College & Research Institute, Enathur, Kanchipuram, Tamilnadu – 631552, India

Dr TIJO IVAN JOHN

MBBS, M.D. Psychiatry Postgraduate, Department of Psychiatry, Meenakshi Medical College & Research Institute, Enathur, Kanchipuram, Tamilnadu – 631552, India

Dr ANANTHAKRISHNAN.V.S

MBBS, M.D. Psychiatry Postgraduate, Department of Psychiatry, Meenakshi Medical College & Research Institute, Enathur, Kanchipuram, Tamilnadu – 631552, India

ABSTRACT

AIMS: To study the prevalence of anxiety disorders in patients attending psychiatric outpatient department and to see the relationship between socio demographic data, clinical variables and outcome variables anxiety disorders.

METHODS & MATERIALS: After getting the required permission from the institute, medical records of psychiatric outpatients during the study period of 6 months were reviewed. 423 records of patients having psychiatric morbidity was reviewed and as per inclusion criteria, 54 patients (4 were excluded due to incomplete data) diagnosed with Anxiety disorders as per ICD 10 diagnostic criteria were included in the study. (N=50)

Study proforma containing socio demographic profile, diagnosis, physical co morbidity, family history were filled. Statistical analysis was done using SPSS 16.

RESULTS: 50 patients out of 423 patients having psychiatric morbidity, had anxiety disorders. Prevalence for the study period of Anxiety disorders is 12.8%. For statistical convenience, diagnostic groups were split into OCD and other anxiety disorders.

Among these 50 patients, 34 patients had OCD, 11 patients had social anxiety, 4 patients had panic disorders, 1 patient had specific phobia and 1 patient had agoraphobia. Statistical significant association was found between clinical variable like positive family history of psychiatry disorder and anxiety disorders and OCD ($\chi^2 = 9.598, p=0.003$).

KEYWORDS : prevalence, anxiety disorders, out- patient, tertiary care

INTRODUCTION

Anxiety disorders are the most prevalent psychiatric disorders. Anxiety is an emotion characterized by an unpleasant state of inner turmoil, often accompanied by nervous behaviour, such as pacing back and forth, somatic complaints, and rumination.^[1] It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death.^[2] Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder.^[3]

Anxiety disorders are a group of mental disorders characterized by feelings of anxiety and fear. There are a number of anxiety disorders: including generalized anxiety disorder, specific phobia, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder, and selective mutism. The disorder differs by what results in the symptoms. People often have more than one anxiety disorder.^[4]

According to epidemiological surveys, one third of the population is affected by an anxiety disorder during their lifetime.^[5] In Indian about 10% of the population are affected by anxiety disorders along with depression and other mood disorders.^[6] About 12% of people are affected by an anxiety disorder in a given year and between 5-30% are affected at some point in their life.^{[7][8]} They occur about

twice as often in females than males, and generally begin before the age of 25.^{[4][7]} Female population is more likely to be affected by neurotic disorders, phobic anxiety disorders, agoraphobia, and generalised anxiety disorders than compared to male population.^[6]

Mental illness has a chronic course and can have an impact on the patient's ability to take care of his health. In recent years, it has been increasingly acknowledged not only that anxiety disorders are highly prevalent, but also that the burden of illness associated with these disorders is often considerable.^[8]

Empirical knowledge of regional prevalence is fundamental to understanding the relative demand for services. Such knowledge is also necessary to identify the most appropriate avenues for intervention.^[5]

This research was undertaken to study the prevalence of different types of anxiety disorders and their co morbidity, relationship between socio demographic data, clinical variables and outcome variables (anxiety disorders).

METHODOLOGY

SOURCE OF DATA:

Retrospectively medical records of patients attending psychiatric

outpatient department in a tertiary care for 6 months during the study period were reviewed. The study period included from January 2015 to June 2015. The medical records had detailed psychiatric assessment and diagnosis of the patient including details of socio demographic profile, physical co morbidity, past history, personal and family history. Medical records with incomplete data were excluded from the study.

TYPE OF STUDY: Retrospective study.

SAMPLING TECHNIQUE AND PROCEDURE:

Medical records of 54 patients who were diagnosed with any one of the anxiety disorder were included. The diagnosis was based on ICD 10 diagnostic criteria. Out of 54, four records were excluded due to incomplete data.

The records satisfying the inclusion and exclusion criteria were recruited for the study. A study proforma was filled which included socio demographic profile, psychiatric diagnosis, physical co morbidity, history of substance use, past psychiatric history and family history of anxiety disorders.

INCLUSION CRITERIA:

1. Outpatients only
2. Age group >18 years of age
3. Study period – January 2015 to June 2015
4. Both sexes
5. Medical records with detailed work up of psychiatric out patients during the study period with anxiety disorder.
6. Diagnosis of Anxiety disorders such as Obsessive compulsive disorder, Social anxiety, generalized anxiety disorder, Specific Phobia, Panic attacks, Agoraphobia.

EXCLUSION CRITERIA:

1. All inpatients
2. All child and adolescent psychiatry out patients
3. Patients diagnosed with anxiety disorder not during the study period (Jan-June.2015)
4. Medical records with incomplete data (improper filling of details and assessment)

STATISTICAL ANALYSIS:

Descriptive statistics was done to describe the socio demographic data, clinical variables, psychiatric morbidity i.e. anxiety disorder. For statistical convenience; diagnostic groups were split into OCD and other anxiety disorders. Statistical analysis was done using SPSS 16. Associations between the independent qualitative variables and the outcome (psychiatric morbidity) were analysed by chi-square test.

RESULTS:

Mean age of the patients with anxiety disorders was 39.32, median age of the patients with anxiety disorders was 38 and standard deviation of age of patients with anxiety disorders in our study was 11.96.

Out of 423 patient's record, 54 patients were diagnosed with Anxiety disorders. Period prevalence for the study period of 6 months of Anxiety disorders is $(54/423) \times 100 = 12.8\%$. Four of the detailed work up records had only sociodemographic data, diagnosis (without sub typing of anxiety disorder) and pharmacological treatment and so these were excluded from analysis. Socio demographic profile of the patients with anxiety disorders is tabulated in Table 1. In our study Obsessive compulsive disorder was most common with prevalence rate of 8% among other psychiatric disorder and constitute about 68% among anxiety disorder, social anxiety disorder was the next common diagnosis with prevalence rate of 2.6% among psychiatric disorders and 22% among anxiety disorders followed by panic disorders with prevalence rate of 0.95% among psychiatric disorders and 8%

among anxiety disorders, specific phobia and Agoraphobia each had prevalence of 0.24% among psychiatric disorders and 2% among anxiety disorders, most common type of anxiety disorders are tabulated in **Table 2**

Among obsessive compulsive disorders, most common obsession was contamination obsession with 45% followed by pathological doubts 40% and most common compulsion was checking compulsion with 45% followed by washing 35% as tabulated in **Table 3**

Most common co morbid psychiatric problems was depressive disorders (60%), 67% of patients with obsessive compulsive disorders had co morbid depressive disorder. Second most common anxiety disorder was alcohol abuse/ dependence (40%) and it was found to be most co morbid condition among males with anxiety disorders (80%) as tabulated in **Table 4**

Statistical significance was found between family history of psychiatric disorders and anxiety disorders with Pearson Chi-Square (χ^2) value of 9.598 and P value of 0.003 as tabulated in Table 5, whereas there was no significant association found between age, sex, background, marital status, religion, socioeconomic status, family type, educational and employment status (independent variable) and anxiety disorders (dependent variable)

Table 1: SOCIO-DEMOGRAPHIC DATA OF THE PATIENTS

Socio-demographic variables		Study Group	
		Frequency	N %
Age (In Years)	19 to 30 years	10	20%
	31 to 40 years	18	36%
	41 to 50 years	12	24%
	51 to 60 years	7	14%
	61 to 70 years	3	6%
Sex	Male	20	40%
	Female	30	60%
Background	urban	22	44%
	rural	28	56%
Marital status	Married	27	54%
	unmarried	23	46%
Religion	Hindu	28	56%
	Muslim	2	4%
	Christian	20	40%
Socio-economic Status	Upper	4	8%
	upper middle	6	12%
	lower middle	5	10%
	upper lower	20	40%
	Lower	15	30%
EDUCATIONAL STATUS	LITERATE	30	60%
	ILLITERATE	20	40%
EMPLOYMENT STATUS	EMPLOYED	40	80%
	UNEMPLOYED	10	20%

Table 2: DISTRIBUTION OF TYPES OF ANXIETY DISORDERS (N= 50)

Diagnosis	Base	
	n	%
OCD	34	68%
SOCIAL ANXIETY	11	22%
SPECIFIC PHOBIAS	1	2%
PANIC DISORDERS	4	8%
AGAROPHOBIA	1	2%
GAD	0	0%

Table 3: OBSESSIVE COMPULSIVE DISORDER AND THEIR COMMON PRESENTATION

VARIABLES		BASE	
		n=	%
OBSESSIONS	PATHOLOGICAL DOUBTS	13	40%
	CONTAMINATION	15	45%
COMPULSIONS	CHECKING	15	45%
	WASHING	12	35%

Table 4: COMMON COMORBIDITIES WITH ANXIETY DISORDERS

COMMON COMORBIDITIES	BASE	
	n=	%
ALCOHOL	20	40
DEPRESSION	30	60 OCD(n=23) Others(n=7)
PANIC ATTACKS	10	20

Table 5: ASSOCIATION BETWEEN POSITIVE FAMILY HISTORY OF PSYCHIATRIC DISORDERS AND ANXIETY DISORDERS

FAMILY HISTORY OF PSYCHIATRIC DISORDERS	ANXIETY DISORDERS	
	OCD	OTHER ANXIETY DISORDERS
PRESENT	28 (82.4%)	6 (37.5%)
ABSENT	6 (17.6%)	10 (62.5%)
TOTAL	34 (100%)	16 (100%)
Pearson Chi-Square (χ^2) = 9.598; P = 0.003		

DISCUSSION

Period prevalence of anxiety disorders among psychiatric disorders was 12.8%, among the anxiety disorders most common diagnosis was obsessive compulsive disorders with 68%, social anxiety was 22%, panic disorder was 8%, agoraphobia was 2% and specific phobia was 2%, study done by Marchesi et al in a general hospital showed 38% of anxiety disorders among other mental illness and found generalized anxiety disorder to be most common among anxiety disorders with 52% followed by panic disorder 27.5%, this wide difference is due to the hospital settings in which the study has been undertaken, where our study has been done in a psychiatric outpatient and study by Marchesi et al had been done in an medical and emergency department where persons with GAD and panic disorders tend to visit more commonly than psychiatric setting Rasmussen et al, studied that most common obsession was contamination obsession in 45% of cases followed by pathological doubts in 42% of cases and most common compulsion in 63% was checking followed by washing in 50%. Current retrospective study also showed similar results as that of Rasmussen et al study, that is most common obsession was contamination obsession in 45%(n=15) cases followed by pathological doubts in 40% (n=13) of cases were found in our study, In spite of cultural differences contamination obsession and checking compulsion were the commonest type found in various studies.

Zlotnick et al studied that 42.6% co morbid depression was present among anxiety disorders, Regier et al studied that 47.2% patients with depression had anxiety disorders, In our study 60% of patients were found to have co morbid depression among anxiety disorders, this variation among co morbid depression might be due to race and cultural difference.

In our study there was an association between family history of psychiatric illness and anxiety disorders which is in concordance with McLaughlin et al showing that paternal and maternal psychiatric disorders were predictors of anxiety disorders among off springs.

IMPLICATIONS

This study emphasizes the fact that the type of anxiety disorder

varies with hospital settings. This study aims in providing information regarding the most common type of anxiety disorder in psychiatric outpatient department.

LIMITATIONS:

Hospital based study

Sample size and heterogeneous individual anxiety disorders were grouped into two groups of Obsessive compulsive disorder and other anxiety disorders and so the predictive factors of individual anxiety disorders like panic disorders, specific phobia, social phobia couldn't be deduced, Though the results were similar to many epidemiological studies on anxiety disorders, our results can't be generalized to community level as this is a hospital based study and also a retrospective study.

CONCLUSION

This study was done to find the prevalence of anxiety disorders in a psychiatry outpatient. We also found associations between family history of psychiatric illness and anxiety disorders and depression and alcoholism where found to be the co morbid condition. We conclude that there is high risk of anxiety disorders in patient's family history of mental illness. Family history of psychiatric illness must be assessed in all patients presenting with anxiety disorders. Future studies should aim at finding individual psychiatric illness in family especially anxiety disorders.

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