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Original Research Paper

Physiotherapy

PREVALENCE OF ANXIETY AMONG THE ELDERLY DURING THE COVID-19 PAMDEMIC: A QUICK SURVEY.

Dr. Chetna Seju*

Lecturer, College of Physiotherapy, SSG Hospital, Vaodara. *Corresponding Author

ABSTRACT
BACKGROUND AND PURPOSE: - Unusual cases of pneumonia caused by coronavirus (covid-19) were reported in December 2019 and in a less time it become global health threat pandemic though covid-19 is a new strain, in 2003 SARS(severe acute respiratory syndrome), in 2009, H1N1,(Influenza) in 2012, MERS(Middle east respiratory syndrome) in 2014, again Ebola virus.

With the various physical symptoms, Covid 19 affected mental health of people at the individual level, fear of sickness or death, helpless, socially detached are found such psychological changes are also associated with, fear, anxiety, or in security. Due to the pathogenicity of the virus, the rate of spread, the resulting high mortality rate, COVID-19 may affect the mental health of individuals at several layers of society, ranging from the infected patients, and health care workers, to families, children, students, patients with mental illness, and even workers in other sectors.

OUTCOME MEASURES: -The GAD-2 is an ultra-quick version of the seven-item scale that incorporates the first two questions of the GAD-7, which are also critical components of any anxiety disorder.

METHOD: -

 $\textbf{Participants} \ The \ methodological \ framework \ of this \ study \ was \ established \ as \ a \ quantitative \ surveys.$

In the quantitative component, we performed a cross-sectional survey design to evaluate the anxiety level of people aged 60 or over during the COVID-19 pandemic in the Covid ward of SSG hospital Baroda. The study was conducted with people who were selected by random sampling method from the elderly population during the pandemic in the Covid positive patients admitted in the Covid dedicated hospital. SSG hospital, Baroda and aged 60 and over, with verbal consent.

METHODS: A criterion-standard study was performed between august 2020 and December of 2020 on a general elderly population during the pandemic in the Covid positive patients admitted in the Covid dedicated hospital. SSG hospital, Baroda and aged 60 and over, with verbal consent, and those who are on room air and can communicate without distress.

A sample of 70 elderly persons (ages 60-84) of the large population-based from urban and rural areas of Baroda district was included in the study. The GAD-2 was administered to participants as part of a quick survey along with clinical evaluation.

RESULT: - There is no significant difference in mean GAD2 between male and female patients (p-value=0.705)

There is no significant difference in mean GAD2 between urban and rural area patients (p-value=0.732) and rural area patients (p-value=0.732) area of the control of the

Mean GAD2 is almost equal among Good, Fair and Poor socio economic conditions. (P-value=0.687)

CONCLUSION: -The final conclusion of the study is that, there is no difference in mean value of GAD2 between male and female patients among rural and urban area patients. GAD2 was almost similar among all the socioeconomic class i.e good, poor and fair

KEYWORDS: COVID 19, GAD2, Socioeconomic status, Rural and Urban population

INTRODUCTION

Unusual cases of pneumonia caused by coronavirus (covid-19) were reported in December 2019 and in a less time it become global health threat pandemic though covid-19 is a new strain, in 2003 SARS (severe acute respiratory syndrome), in 2009, H1N1,(Influenza) in 2012, MERS(Middle east respiratory syndrome) in 2014, again Ebola virus.

With the various physical symptoms, Covid 19 affected mental health of people at the individual level, fear of sickness or death, helpless, socially detached are found such psychological changes are also associated with, fear, anxiety, or insecurity. Due to the pathogenicity of the virus, the rate of spread, the resulting high mortality rate, COVID-19 may affect the mental health of individuals at several layers of society, ranging from the infected patients, and health care workers, to families, children, students, patients with mental illness, and even workers in other sectors

The anxiety in elderly can be due to both the fear of severity of disease and the uncertainty about the daily life and socialization activities as the process prolongs. Uncertainty as an emotion is directly associated with negative affect.

In addition to the measures implemented during the pandemic, the need to provide psychological and social support has been noticed to be essential for ensuring the mental, physical, and social well-being of individuals aged 60 and over.

In the light of existing studies, we assumed that the COVID-19 pandemic negatively affects the mental well-being and is

associated with the level of anxiety in the elderly population. This study aimed to determine the level of anxiety in elderly individuals during the pandemic in the Covid positive patients admitted in the Covid dedicated hospital. SSG hospital, Baroda.

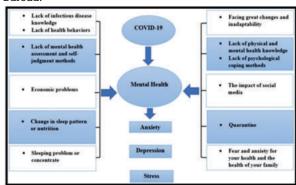


Fig. 1: Impacts of the COVID-19 pandemic on mental health

MATERIALS AND METHODS

Participants

The methodological framework of this study was established as a quantitative surveys.

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VOLUME - 10, ISSUE - 10, OCTOBER - 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

the elderly population during the pandemic in the Covid positive patients admitted in the Covid dedicated hospital. SSG hospital, Baroda and aged 60 and over, with verbal consent

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A sample of 70 elderly persons (ages 60-84) of the large population-based from urban and rural areas of Baroda district was included in the study. The GAD-2 was administered to participants as part of a quick survey along with clinical evaluation,

DATA ANALYSIS

The GAD-2 is an ultra-quick version of the seven-item scale that incorporates the first two questions of the GAD-7, which are also critical components of any anxiety disorder.

Acknowledgement

Performance as Screening Tool for Anxiety Disorders

Although designed as a screening tool for generalized anxiety, the GAD-2 is also performs reasonably well as a screening tool for three other common anxiety disorders—Panic Disorder, Social Anxiety Disorder, and Posttraumatic Stress Disorder.

Performance of GAD-2 as Screening Tool for Anxiety										
Disorders ³ (Using GAD-2 Score Cut-off of ≥3)										
Test	Sensitivity	Specificity	Positive							
			Likelihood Ratio							
Generalized Anxiety	86%	83%	5.0							
Disorder										
Panic Disorder	76%	81%	4.1							
Social Anxiety	70%	81%	3.6							
Disorder										
Post-Traumatic	59%	81%	3.1							
Stress Disorder										
Any Anxiety Disorder	65%	88%	5.2							

Sources

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RESULT AND DISCUSSION:

	gender N		N	Mean	Mean Std. Dev		/ic	riation		t-value		p-value		
GAD2 Male 49 Female 21		49	2.6939	2.6939 1.72245		-0.380			0.705					
		2.8571	1.45896											
area N GAD2 Urban 50		area N		Mean Std. D		ev	eviation		t-value		p-value			
		50	2.7000		1.75255		-0.344			0.732				
	Ru	Rural 20		2.8500)	1.34849		349						
	N	Me	αn	SD	T	Std.	T	95% C	fidenc	е	Mi	n	Max	
		GA	D2			Error]	Interval for Mean						
							Lowe		er	Upper				
								Boun	d	Bound	b			
Good	38	2.6	316	1.6993	0	.27566		2.073	0	3.190	1	.00	0	6.00
Fair	17	2.70)59	1.57181		.38122		1.8977		3.5140		.00	0	6.00
Poor	15	3.0	667	1.6242	2	.41937		2.167	2	3.966	1 .00		0	6.00
Total	70	2.7	129	1.6390	7	.19591		2.352	0	3.133	337 .		0	6.00
GAD	GAD2													
		Sum	Sum of		Γ	Diff	Mean		F		p-			
			Squo	Squares				Square					value	
Between Groups 2.06		2.067	7			2	1.033		.3	378		.687		
Within Groups		183.3	183.305		6	57	2.736							
Total		185.3	185.371		6	9								

There is no significant difference in mean GAD2 between male and female patients (P-value=0.705)

There is no significant difference in mean GAD2 between urban and rural area patients (P-value=0.732)

Mean GAD2 is almost equal among Good, Fair and Poor socio economic conditions (P-value=0.687)

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