



## Original Article

# Psychosocial Stressors among Generalized Anxiety Disorder Patients in a Tertiary Level Hospital of Bangladesh


Md. Jahangir Hossain,<sup>1</sup> Chayon Kumar Das<sup>2</sup><sup>1</sup>Associate Professor, Clinical Psychologist, Department of Psychiatry, Monno Medical College and Hospital, Manikganj, Bangladesh;<sup>2</sup>Associate Professor, Clinical Psychologist, Department of Psychiatry, Monno Medical College and Hospital, Manikganj, Bangladesh**Abstract**

**Background:** Psychosocial stressors are the most common perpetuating factors of the Generalized Anxiety Disorder (GAD) patients in Psychiatry outpatient departments. **Objectives:** The objective is to identify the psychosocial stressors among GAD patients visiting a tertiary level hospital. **Methods:** A cross-sectional study was conducted from June 2019 to December 2020, involving 227 individuals aged above 18 years and residing in Manikganj. Patients visiting Psychiatry outdoor department of the tertiary level hospital (Monno Medical College and Hospital, Gilondo, Manikganj) were taken as study subjects. Psychiatric diagnosis was confirmed by consultant Psychiatrist following standard definition. A semi-structured questionnaire was used to collect socio-demographic information and psychosocial stressors. Ethical issues were maintained throughout the study. **Results:** Our analysis shows a strong association between psychosocial factors and GAD as majority of the patients had at least one of the psychosocial stressors involved. During considering psychosocial factors, it was seen that higher number of the respondents mentioned to have financial crisis (154, 67.8%) and familial disharmony (109, 48%). Other factors (75, 33.0%) such as Covid-19 infection, effect of lockdown, home isolation had also contributed as psychosocial factors. Family member in the abroad were found among 67 (29.5%) and disease related anxiety among 57 (25.1%) of the respondents. Contraceptive use (45, 19.8%) was found as another contributing factor during the study period. **Conclusions:** Most of the patients with GAD have association with psychosocial stressors in this particular demographic region. Hormonal contraceptive use in female patients was an atypical finding- hence this study shows need of the larger research in this area and it points the association of psychosocial stressors among GAD patients.

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**Correspondence:** Dr. Md. Jahangir Hossain, Associate Professor, Department of Psychiatry, Monno Medical College and Hospital, Manikganj, Bangladesh. E mail: jhpsy2014@gmail.com. Cell: +880 1917-281728.

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**Introduction**

Anxiety is a discomforting feeling which includes worry or fear that ranges mild to severe in intensity. It is common for everyone to experience a feeling of anxiety at some point in his life. Anxiety disorder is an emotion, characterized by feelings of worried thoughts, tension, and physical changes such as increased blood pressure.<sup>1</sup> There are several forms of anxiety disorder including generalized anxiety disorder (GAD), social anxiety disorder, panic disorder, and specific phobias.<sup>2</sup>

The GAD can cause an excessive tension and worry in the daily calamities and problems on most days- it lasts for at least 24 weeks, where the person experiences difficulty in performing day-to-day works.<sup>3</sup> The emotional problem of GAD is characterized by autonomic hyperactivity, increased motor tension, and increased vigilance and scanning with

lacking of panic attacks.<sup>3</sup> Anxiety disorders had the highest 12-month prevalence (8.1%) of all psychiatric disorders. In Bangladesh, the prevalence of anxiety disorders was found 4.5%, which is second common mental disorders among the adult population of Bangladesh.<sup>4</sup> It was reported that the spread of GAD ranged from 1.5% to 3% among adults.<sup>5</sup>

The treatment of anxiety disorders may be complicated by the potential presence of co-morbid psychiatric disorders, including other anxiety disorders, mood disorders, substance use disorders and personality disorders. In addition to co-morbidity, psychosocial stressors and behavior such as self-harm, may require clinical attention as they have the potential to affect course, prognosis or treatment of the disorder.<sup>5</sup> Previously, GAD had found to be associated with a wide range of adverse psychosocial contexts of childhood, including parental psychopathology, disruption of attachment

between the child and parents, acute life events, abuse, overprotective parenting, loss experiences, parental avoidance and modelling of anxious behavior.<sup>6</sup>

The objective of this study was to identify the psychosocial stressors among GAD patients attending a tertiary level hospital in Bangladesh.

**Methodology**

This was a cross-sectional study, conducted at a tertiary level multidisciplinary teaching hospital, Monno Medical College and Hospital, Gilondo, Manikgonj from June 2019 to December 2020. Majority of the enrolled patients came from different Upazilas of Manikganj and some others from Nagorpur Upazila of Tangail. Among the patients attending Outpatient Department (OPD), who were 18 years and above, were evaluated by the consultant Psychiatrist according to standard diagnostic criteria<sup>3</sup> and those who were diagnosed as generalized anxiety disorder (GAD) were included in the study. Patients from both sexes were included. A semi-structured questionnaire was used to collect socio-demographic information including age, gender, marital status, educational attainment, occupation, and residence. Psychosocial stressors reported during consultation were recorded by the researchers. The patients were analyzed based on important socio-demographic variables, and psychosocial stressors. Informed written consents were taken from the study participants after explaining them the nature and purpose of the study, their right of not taking part in the study, their anonymity in the study, etc. The data was analyzed by using SPSS-17.

**Results**

Among the 227 enrolled patients, majority (92, 40.5%) were of 31-45 years age groups, followed by (62, 27.3%) of 18-30 years. The mean age ± was 40.68 years. Majority of the respondents (151, 66.5%) were female, from rural areas (191, 84%) and married (181, 79.7%). Based on education, the highest number of respondents (89, 39.2%), Based on education, completed in primary level and one third (72, 31.7%) did not attend any school education. Monthly income less than 15,000 taka (133, 58.6%) comprised of the major percentages of the respondents, followed by 15,001- 30,000 taka (82, 36.1%). (Table-1)

Among the respondents, the most prevalent co-morbid disorder was hypertension (23, #10.1%), followed by irritable bowel syndrome (20, 8.8%) and peptic ulcer disease (16, 7.1%). (Table-2)

During considering psychosocial factors, it was seen that higher number of the respondents had financial crisis (154, 67.8%) and familial disharmony (109, #48%). Other factors such as Covid-19 infection, lockdown effect, home isolation had considerable contribution (75, 33%,). Family member staying abroad were found among 67 (29.5%) and disease related anxiety were present among 57 (25.1%) of the respondents. Hormonal contraceptive use (45, 19.8%) was found another factor during study period. (Table -3).

Table -1: Socio demographic profile of the respondents (n-227)

Age groups	Frequency	Percentages
18-30	62	27.3
31-45	92	40.5
46-60	56	24.7
61 and above	17	7.5
<b>Total</b>	<b>227</b>	<b>100.0</b>
Mean age in years±	40.68 ±3.66	
<b>Sex</b>		
Male	76	33.5
Female	151	66.5
<b>Total</b>	<b>227</b>	<b>100</b>
<b>Marital status</b>		
Married	181	79.8
Unmarried	18	7.9
Divorced	6	2.6
Separated	4	1.8
Widow	18	7.9
<b>Total</b>	<b>227</b>	<b>100.0</b>
<b>Residence</b>		
Rural	191	84.1
Urban	36	15.9
<b>Total</b>	<b>227</b>	<b>100.0</b>
<b>Education</b>		
Not schooling	72	31.4
Up to primary	89	39.2
Up to SSC	40	17.6
Up to HSC	12	5.3
Graduation and above	14	6.2
<b>Total</b>	<b>227</b>	<b>100.0</b>
<b>Occupation</b>		
Farmer	29	12.8
House wife	117	51.5
Business	11	4.8
Service	22	9.7
Student	10	4.4
Un-employed	38	16.7
<b>Total</b>	<b>227</b>	<b>100.0</b>
<b>Monthly income</b>		
Less than 15,000 taka	133	58.6
15,000±30,000 taka	82	36.1
30,001±45,000 taka	12	5.3
<b>Total</b>	<b>227</b>	<b>100.0</b>

Table-2: Co-morbidity status of the respondents (n-227)

Co-morbid disorder	Frequency	Percentages
HTN	23	10.1
DM	11	4.9
HTN & DM	13	5.7
IBS	20	8.8
PUD	16	7.1
Others	10	4.4
No Co-morbidity		59.0
<b>Total</b>	<b>227</b>	<b>100.0</b>

Notes: HTN- Hypertension, DM-diabetes mellitus, IBS- Irritable bowel syndrome, PUD- Peptic Ulcer diseases

Table-3: Psychosocial factors among responded (n=227)

Psychosocial factors	Number (percent) of the patients	
	Present	Absent
Family member staying abroad	67 (29.5)	160 (70.5)
Familial disharmony	109 (48.0)	118 (52.0)
Financial crisis	154 (67.8)	73 (32.2)
Diseases related anxiety	57 (25.1)	170 (74.9)
Hormonal Contraceptive use	45 (19.8)	106 (70.2)
Other contributing factors	75 (33.0)	152 (67.0)

### Discussion

Age distribution among the participants of current study showed that more than two-fifths of the respondents (92, 40.5 %) were within 31 to 45 years of age. This finding is similar to study done in South Africa and Malaysia.<sup>7,8</sup> In this study, most of the patients were female (151, 66.5%) and this was consistent with many other studies.<sup>7-10</sup> Most of the respondents were married (181, 79.7%) and the similar finding was observed in a Malaysian study.<sup>8</sup> But one South African study found only 35% cases married, of which about 25% were divorced, separated and widowed.<sup>7</sup> In this present study, majority of the respondents came from rural area (191, 84.1%) and monthly incomes were mostly less than 15,000 BDT (133, 58.6%). Majority of the lower income patients usually attended this institute as it is situated in rural area and treatment cost is cheaper.

The highest number of the co-morbid disorders of this study was hypertension (23, 10.1%)- similar findings were found previously.<sup>8</sup> In addition, irritable bowel syndrome (20, 8.8%) and peptic ulcer disease (16, 7.0%) were found in significant numbers in this study which differs with the study mentioned above. Another study showed that in irritable bowel syndrome, up to 95% of the patients had generalized anxiety disorder (GAD) or panic disorder.<sup>11</sup> In another study, panic disorder and GAD were in sufferers with peptic ulcer disease.<sup>12</sup>

Among psychosocial issues, this study discovered that about 59% affected persons had financial crisis and 48.0% patients had familial disharmony- these findings are close to the comparable studies in abroad.<sup>7,8</sup> However, their extraordinary stressors discovered housing problems, problems at work (40%) in Malaysia,<sup>8</sup> as well as 25% patients had abuse and neglected history records in South Africa.<sup>7</sup>

In this study, disease related anxiety was found among 25.1% of the GAD respondents. Nurun Nahar et al in a study in BSMMU found that 59.6% of the patients had co-morbid GAD and chronic medical conditions,<sup>15</sup> which is distantly related with this observation. About 33% of different factors like COVID-19, impact of lockdown, and domestic isolation were the newly rising psychosocial factors in this pandemic, that is found similar with an internet survey in Bangladesh.<sup>16</sup> In this study, 19.1% of the patients gave the records of using hormonal contraceptives,

but no comparisons had been suggestive on the time. However, two observations in abroad showed exclusive findings. One in New work by Keely Cheslack-Postava et al found that hormonal contraceptive use reduced the sub thresholds anxiety disorders.<sup>17</sup> And the other study by Zettermark et al in Sweden confirmed that hormonal contraception increases the chance of psychotropic drug use in adolescent ladies.<sup>18</sup>

The methodological choices were constrained as there were few limitations including small sample size, public anxiety on visiting Hospital due to Covid-19 pandemic, short duration. One of the reasons of small sample size is supposed to be the increasing cases of COVID-19 during data collection for this study. Future studies are recommended overcoming the shortcomings with larger sample size and extended duration of study period.

### Conclusion

Based on the analysis of those who responded, it can be concluded that family member in abroad, familial disharmony, financial crisis, diseases related anxiety, oral contraceptive use and others like COVID-19 infection, lockdown effect, and home isolation are the factors causing Generalized Anxiety Disorder (GAD) in this particular demographic area. The results suggest that financial crisis and familial disharmony were the major psychosocial stressors among the patients with GAD in this area. The incidence of GAD would be less and the prognosis would be better if these factors could be managed carefully. To better understand the implications of these results further studies and community level approach could address the importance of stressors removal in treatment of GAD.

### Conflict of interest: None declared

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