Original article

Proportion of different anxiety disorders among outdoor patients attending a tertiary care psychiatry hospital

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Article info

Received	: 08 Mar 2023
Accepted	: 28 May 2023
Number of tabs	: 02
Number of figs	: 00
Number of refs	: 15

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Summary

As a common psychiatric disorder, anxiety disorder considerably impaired the mental wellbeing and functioning of an individual. This study aimed to estimate the proportion of different anxiety disorders among outdoor patients attending a tertiary care psychiatry hospital in Dhaka, Bangladesh. It was a descriptive cross-sectional study conducted among 150 conveniently recruited outdoor patients attending in National Institute of Mental Health (NIMH) from July 2018 to February 2023. Diagnosis of anxiety disorder was made clinically by consultant psychiatrist of NIMH outpatient department and sociodemographic data was collected by a semi-structured questionnaire through face to face interview. Data analysis was performed by statistical package for social sciences (SPSS) 23. The results showed that the most common diagnosis was generalized anxiety disorder (36.7%) followed by mixed anxiety and depressive disorder (20%) and panic disorder (15.3%). Most respondents were male (52%), urban habitants (80.7%), students (32%) and had completed honors and higher than honors education (42%) where the mean (±SD) age of the participants was 29.05 (±8.26) years. The study provided useful information regarding the proportions of different anxiety disorders and their characteristics which was expected to guide better management of this psychiatric condition as well as in-depth research in the future.

Bang J Psychiatry 2020;34(2): 30-32

Introduction

Anxiety disorders are common psychiatric occurrences, but their prevalence varied across culture. Globally 33.7% population are suffering from these disorders during their lifetime which are found to be highly comorbid with each other, other psychiatric disorders and physical health condition.[1] In Europe anxiety disorders are the most common mental illness with prevalence of 14% among adolescents and adults.[2] During corona virus induced disease (COVID) 19 pandemic, prevalence of anxiety was found 41.3% in South Asian subcontinent, where Bangladesh and Pakistan had higher rates.[3] In Bangladesh national mental health survey 2019, anxiety disorders are the second most common diagnoses where prevalence was 4.7%.[4]

Anxiety disorders are important not only because of its high prevalence but also of its impact on individual's physical, psychological and social functions. Apart from alarming years lived with disability statistics, they had very high morbidity with substance abuse, alcoholism, major depression and suicide.[5] In addition, constant anxiety increases the risk of adverse physical health outcomes including cardiac events and painful conditions.[6] A study on chronically ill patients in Bangladesh found 22% had definite anxiety symptom.[7] Finally, anxiety impaired the ability to develop social relationships and worsened the quality of life. This study aimed to estimate the proportion of different types of anxiety disorders attending the outpatient department of a tertiary care psychiatry institute.

Materials and methods

This descriptive cross-sectional study was conducted among the patients attending at the outpatient department (OPD) of the National Institute of Mental Health (NIMH), Bangladesh from July 2018 to February 2023. Convenient sampling technique was applied to select 150 patients who was diagnosed clinically as different types of anxiety disorders by the consultant psychiatrist of NIMH OPD. Irrespective of sex, patients with Bangladeshi citizenship with age 18 years or more were accepted as eligible for the study. A semi-structured questionnaire for sociodemographic information was developed by extensive literature review. Data collection was performed by face to face interview and recorded by paper and pencil method. After necessary editing, statistical analysis of the collected data was performed using statistical package for social sciences (SPSS) for Windows version 23. All the ethical issues were maintained throughout the study including approval from a review committee of the NIMH.

Results

The results showed that, regarding the socio demographic characteristics of participants, most of the participants were in the 18-28-year age group (51.3%), were male (52%), had urban background (80.7%), completed honors and higher than honors education (42%) and were students (32%). Mean (±SD) age of the participants was 29.05 (±8.26) years (Table 1).

Table 1: Sociodemographic characteristics of participants (n=150)

Characteristic	Frequency	Percentage
Age group (year)		
18-28	77	51.3
29-39	57	38
40-50	14	9.3
>50	2	1.3
Gender		
Male	78	52
Female	72	48
Education		
Illiterate and primary	23	15.4
Secondary	28	18.7
Higher secondary	36	24
Honors and higher	63	42
Residence		
Urban	121	80.7
Rural	29	19.3
Occupation		
Student	48	32
Business	9	6
Housewife	37	24.7
Service	32	21.3
Unemployed	21	14
Farmer	2	1.3
Others*	1	0.7
Married	88	58.7

*Others include day labor, lay person.

Regarding the diagnoses of the patients enrolled in this study, most common diagnoses were generalized anxiety disorder (36.7%) followed by mixed anxiety and depressive disorder (20%), panic disorder (15.3%) (Table 2).

Table 2: Clinical diagnoses of the patients enrolled in this study (n=150)

Principal diagnosis	Comorbidity	Frequency (%)
Generalized anxiety disorder	-	55 (36.7%)
Panic disorder	-	23 (15.3%)
Social anxiety disorder	-	13 (8.7%)
Agoraphobia	-	7 (4.7%)
Mixed anxiety and depression	-	30 (20%)
Major depressive disorder	Generalized anxiety disorder	17 (11.3%)
Schizophrenia	Anxiety disorder	5 (3.3%)

Discussion

The mean age of the patient enrolled in this study was 29.05 (±8.26) years. Separation anxiety disorder, specific phobia and social phobia had their mean onset before the age of 15 years, whereas agoraphobia, obsessive-compulsive disorder, posttraumatic stress disorder, panic disorder and generalized anxiety disorder began on average, between 21.1 and 34.9 years.[8] There could be a delay from 3 up to 30 years in seeking treatment for anxiety disorders.[9] Hence, our study population's age reflected typical persons who looked for treatment for anxiety in various settings. Nearly, 58.7% of our study population was married. The median age of marriage in Bangladesh for those who lived in the poorest and richest households were 15 and 18 years respectively and the overall mean age reported 20±4.8 in 2021.[10] As nearly 60% of our study population aged above 25, this marital trend is explainable.

In recent years, there had been a significant increase in the number of people living in urban areas in Bangladesh, with only 23.1% of the population residing in cities, while the majority, 76.9%, still lived in rural areas.[11] In our study, 80.7% of participants were from urban areas reflecting the urban location of the study hospital. In addition, 42% of the participants completed honors and higher than honors education and 32% were students. People with higher levels of education tended to have greater knowledge about health issues and available treatments, which might lead them to seek out medical care more readily. They might also be more likely to trust the healthcare system and healthcare providers, which could increase their likelihood of seeking treatment.[12] Additionally, people with higher levels of education might have more access to healthcare resources and information, which could make it easier for them to find and access appropriate medical care. For these reasons, more educated people were likely to seek treatment for neurotic conditions.

We found generalized anxiety disorder as the most common diagnosis (36.7%). The 2nd and 3rd most common diagnoses were mixed anxiety and depressive disorder (20%) and panic disorder (15.3%) respectively. An epidemiological study in India showed that anxiety disorder had the highest prevalence among all psychiatric disorders where generalized anxiety disorder was 5.8%, and phobia was 4.2%.[13] In contrast to this study, phobic disorder was the second highest among anxiety disorders, whereas we found mixed anxiety and depression as second in our study. Another epidemiological study which was done in the USA and UK had shown that phobias, including simple phobia and agoraphobia, had been identified as particularly widespread, emphasizing their ubiquitous presence in society. In contrast, panic disorder and obsessive-compulsive disorder exhibited lower lifetime prevalence rates, each hovering around

2%. Notably, the landscape of social phobia and generalized anxiety disorder presented a nuanced picture, with prevalence rates ranging from 2% to 16% for social phobia and 3% to 30% for generalized anxiety disorder. This study also showed that anxiety co-morbidity with depression was 75%. This high comorbidity explained our 2nd highest diagnosis of mixed anxiety and depression.[14] Moreover, our study was done in the outpatient department and the treatment-seeking rate might vary in different anxiety disorders compared with the prevalence rate. A German community survey showed that lifetime help-seeking in outpatient service, panic disorder was 61.3%, generalized anxiety disorder was 39.3%, and agoraphobia was 30.2%.[15] In our study, we found panic disorder as 3rd highest diagnosis attending outpatient service despite the low prevalence rate compared with other anxiety disorders. This discrepancy in prevalence rates between community and hospital settings could be attributed to several factors. In community-based studies, the focus was on the general population, on the other hand, hospital-based studies tended to involve individuals seeking treatment for mental health concerns. Understanding these variations was crucial for comprehensively addressing anxiety disorders.

Conclusion

Despite some limitations, this study provided some valuable information regarding the sociodemographic characteristics of patients with anxiety disorders. Detection of the proportion of different anxiety disorders indicated the highest prevalence of generalized anxiety disorder. Recognizing the variations in the prevalence of anxiety disorders across different sampling areas, such as community and hospital settings, was crucial for a comprehensive understanding and effective intervention strategies. This information would help the clinician to manage anxiety disorders with more sophistication. It was expected to guide the policymaker to fix appropriate strategy. The information from this study would also be used in future epidemiological studies. Further larger scale study regarding the proportion of anxiety disorder in different settings and associated factors of anxiety disorders in this country perspective was recommended.

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