


Generalized Anxiety Disorder and Its Associated Factors among Female Students

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ABSTRACT

Background of the study: To determine the Generalized Anxiety Disorder and its association with factors like hormonal changes, chronic illness among female students of university.

Methodology: Perceptions and preferences of Female Students were determined in well-organized Institute (Superior University) with ages between 16-28 years old of all disciplines. Electronic self-administrated questionnaires consisting of two parts; demographics factors (Age, Gender, Designation, education Discipline, socioeconomic status and medical history) and Generalized Anxiety Disorder GAD-7, were then filled by the participated female students with sample size of 231. Then the perceptions and preferences were evaluated using a pre validated questionnaire (GAD-7) from previous research article.

Results: A total of 231 responses were returned. All respondents were females. About (62.7%) of total respondents reported feeling nervous, anxious, or on edge to some

degree; 10% of respondents said that they experience this feeling nearly every day. A significant proportion of respondents reported mild to moderate anxiety levels. The mean score of anxiety scale was 3.87 ± 3.32 with minimum and maximum score of 0 and 19. The study findings give us a better considerate that Traumatic disorders (39.4 %), hormone issues (45.2%), were the main causes of anxiety. 39.8% indicated that they had a family history of anxiety. Overall, moderate to high levels of anxiety among the participants were observed.

Conclusion: These results illustrate the need to devise treatment strategies to alleviate symptoms of generalized anxiety and reduce the prevalence of Generalized Anxiety Disorder among students. It is suggested that to decrease the level of anxiety among university students, regular counseling sessions should be implemented.

Keywords: *Generalized Anxiety Disorder, Female, University Students, associated factors, counselling sessions, anxious, nervous, respondents.*

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INTRODUCTION

General Anxiety Disorder (GAD) was introduced as a latent category into 1980. When anxiety neurosis divided into disorders named as panic disorder and Generalized Anxiety Disorder and the Generalized Anxiety Disorder was appeared as a diagnostic category. One of the many signs of neurasthenia that vaguely described as illness is generalized anxiety disorder and should only be treated if there is no other anxiety condition¹. GAD patients are at an elevated risk of suicide, cardiovascular events and death. Primary care physicians can diagnose and treat most patients². The residual status of generalized anxiety disorder not discontinued and was ruining our society badly. A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things²⁴. Anxiety and Depression are the most common mental disorder and biggest factors of impairment among Primary care as well as medical specialty population over the worldwide. Individuals who meet Generalized Anxiety Disorder and any other anxiety disorder parameters may be diagnosed with both conditions. When peoples are appearing to think about issues that are connected to anxiety provoking situation or a few things that make them nervous, then people experienced regular anxiety. While, People suffering with Generalized Anxiety Disorder, tends to be described as “all the time worrying about everything”³.The feeling of unease (excessive worries) that can be mild and severe, such as anxiety or fear is generalized anxiety disorder. Everybody has feelings of fear for example a person might become nervous and anxious about sitting an exam or getting a medical assessment and a job interview. This feeling of anxiety can be normal and natural at times like these. Yet, some people have trouble managing their worries and they have a more intense feeling of fear. Their anxiety is more persistent, and can affect their everyday lives. Furthermore, this disorder shows around the middle age. It is found that many of those diagnosed suffered with symptoms for years before seeing a doctor and then being properly diagnosed⁴.Generalized Anxiety Disorder gradually progresses, with the greatest risk between childhood and middle age. It was described as an unreasonable and uncontrollable concern over a truthful situation. Anxiety disorder raises a big public health problem. If left untreated, Generalized Anxiety Disorder tends to an extremely severe condition and can lead to other conditions such as depression. Generalized anxiety disorder is marked by persistent, non-specific and difficult in managing worry. Academic pursuits take a heavy toll on the mental capacities of all students and medical students are more prone to depression than their non-medical peers. Female students can be particularly vulnerable; in a study among medical students in Shiraz, Islamic Republic of Iran, women were reported to be more anxious, phobic and depressed than men²⁵. GAD (generalized anxiety disorder) prevalence is more severe among women (6%) than man (3%). The frequency of anxiety disorder in woman is significantly greater than man. Females showed more anxiety than males, and minority tribal members showed more anxiety than majority tribal members. Two of the most familiar anxiety disorder are panic disorder (PD) and generalized anxiety disorder (GAD), with an incidence rate of 0.8-2.7% and 1.0-3.7% respectively in the general population over 12 months⁵.Generalized Anxiety Disorder occurs as a multi-factorial stress-related anxiety or depression arising from both distal and proximal factors, some of which can be modifiable by intervention in the health care. Social anxiety disorder usually began before the age of 18 years; one study found that nearly 80% of individuals with diagnosis of the condition encountered before the age of 18 years. However, whether social anxiety disorder onset occurs more frequently with puberty or has been addressed earlier in growth⁶.

The objective of my study is to determine the Generalized Anxiety Disorder and its association with factors like hormonal changes, chronic illness and traumatic conditions among female students of university.

Rationale of Study

Anxiety is a generalized mood condition that occurs without an identifiable triggering stimulus, while many symptoms of depression include, persistent sad, anxious, or “empty” feelings, feelings of hopelessness, feelings of guilt, worthlessness and/or helplessness, irritability, restlessness, and loss of interest in activities or hobbies once pleasurable. All these conditions create a gap between the students and institutions of learning.

1. The university counselors, practitioners, and public health policymakers should address these risk factors in trying to facilitate a student-friendly environment that protects against mental health problems among them.
2. By making such mental health policies on priority will save the future generation.

METHODOLOGY

It was a Descriptive study conducted in six months.

Inclusion Criteria

1. University Females students were included.
2. Age 16 and above were included.
3. Age limit 16 - 28 years' old
4. All Allied health disciplines were included in the study.

Exclusion Criteria

1. Any past history of trauma was not included.
2. Male Students were not included in the study.

Sample size was calculated by following formula is 231.

$$\text{Sample Size} = \frac{Z^2 \cdot 1-\alpha/2^2 \cdot p(1-p)}{d^2}$$

Convenient sampling technique was used and Participants willingly filled the asked questionnaire. GAD-7 Scale was used to measure the Level of GAD. Data analysis was done by SPSS version 22. Descriptive data was represented as numbers and percentages, for categorical variables, frequency was calculated while for continuous variables.

Outcome Measures

A total of 231 responses were returned. All respondents were females. About (62.7%) of total respondents reported feeling nervous, anxious, or on edge to some degree; 10% of respondents said that they experience this feeling nearly every day. A significant proportion of respondents reported mild to moderate anxiety levels. The mean score of anxiety scale was 3.87 ± 3.32 with minimum and maximum score of 0 and 19. The study findings give us a better considerate that Traumatic disorders (39.4 %), hormonal issues (45.2%), were the main causes of anxiety. 39.8%

indicated that they had a family history of anxiety. Overall, moderate to high levels of anxiety among the participants were observed.

DISCUSSION

The aim of discussion is to analyze outcomes in the context of current psychiatric condition of Generalized Anxiety Disorder in descriptive manner. GAD is one of the most common disorders of anxiety and can lead to other significant issues, such as extreme depression. To solve this problem and to improve the quality of life, early detection is essential. The GAD-7 scale, created in 2006 by Spritzer and colleagues⁷, is highly recommended in various disciplines as a reliable method for screening GAD and assessing its severity. Because in some previous papers⁽¹³⁾, the GAD-7 scale was used as a tool for evaluating GAD and determining its prevalence in a student sample at the Superior University of Lahore. In particular, to our understanding, this is the first research from Lahore to evaluate the prevalence of GAD among female students using this version of the questionnaire.

Factors Causing Generalized Anxiety Disorder	(Yes) Frequency	Percentage	(No) Frequency	Percentage
Do you have any hormonal problem?	110	45.2%	121	54.8%
Do you have any long-term disease and chronic illness?	44	19.0%	187	81.0%
Do you have any history of self-harm?	35	15.2%	196	84.8%
Do you have social connection and environmental threats?	50	21.6%	181	78.4%
Do you have habit of smoking, alcohol, drugs?	6	2.6%	225	97.4%
Do you suffer any traumatic condition?	91	39.4%	140	60.6%
Do you have ethnicity issue?	17	7.4%	214	92.6%
Do you have good relationship with your family?	213	92.2%	18	7.8%
Anxiety disorder tends to run in the family	92	39.8%	139	60.2%

Table 01: Factors causing Generalized Anxiety Disorder.

Previous research has shown that an increased prevalence of anxiety among university students is expected¹⁴. There are many factors that can explain this study i.e. socio-demographic, socio-economic and psychopathology factors. This study found a high prevalence of mild-to-moderate GAD among these students (54.5%, $m = 231$)¹⁵. The mean total score on the GAD-7 was 3.87 ± 3.32 (mild anxiety), which was also consistent with previous studies^{8, 9, 10}. Our results indicate the following distribution of scores according to GAD-7 severity cut-offs: no anxiety (4.8%), mild anxiety (37.7%), moderate anxiety (57.6%), and severe anxiety (0%).

Generalized Anxiety Disorder	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	86 (37.2%)	94 (40.7%)	28 (12.1%)	23 (10%)
Not being able to stop or control worrying	60 (26%)	106 (45.9%)	31 (13.4%)	34 (14.7%)
Worrying too much about different things	39 (16.9%)	88 (38.1%)	37 (16%)	67 (29%)
Trouble relaxing	78 (33.8%)	88 (38.1%)	42 (18.2%)	23 (10%)
Being so restless that it is hard to sit still	72 (31.2%)	78 (33.8%)	37 (16%)	44 (19%)
Becoming easily annoyed or irritable	77 (33.3%)	75 (32.5%)	40 (17.3%)	39 (16.9%)
Feeling afraid as if something awful might happen	78 (33.8%)	94 (40.7%)	25 (10.8%)	34 (14.7%)

Table 02: Generalized Anxiety Disorder

Questionnaires' first question based on hormonal problems of the female. In the light of previous researches, it is possible that pre-existing abnormalities might pre-dispose Generalized Anxiety Disorder or. However, it is evident from Pigott study (2003) that a risk factor has a more precise effect on the severity of symptoms in GAD is hormonal cycle for female reproduction. Generalized

Anxiety Disorder was significantly correlated with Estriol. The adverse direction of this relationship suggested that higher levels of Generalized Anxiety Disorder were correlated with lower Estriol levels¹⁶.

Level of Anxiety	Frequency	Percentage
No Anxiety	11	4.8
Mild Anxiety	87	37.7
Moderate Anxiety	133	57.6
Total	231	100.0

Table 03: Level of Anxiety

The females with ratio of 15.2% have history of self-harm. In Brazil, reports of past-year suicide attempts in public schools (12-14 years old) and in Greater São Paulo (15-18 years old) were 6.7% and 10 %, respectively^{17,18,19,23}. Another study in the state of Sergipe recorded a 6 % prevalence rate of suicide attempts in adolescents aged 13 to 18 years. The variations between the results of studies may be attributed to our sample and method of assessment^{20, 21, 22}.

Minimum	Maximum	Mean	SD
0	19	3.87	3.32

Table 04: Score of Anxiety Scale

Does each GAD-7 problem involve the distribution of students as approximately 68 % of total respondents reported feeling to some degree “nervous, anxious, or on the edge”, with 10 % saying they experience this feeling “nearly every day”. 29 % students reported the feeling of “worrying too much” about different things while 19% reported that it’s difficult for them to sit still. Some studies observed comparable rates across all questions of screening scale of Generalized Anxiety Disorder, which is consistence with our studies^{8,11,12}.

CONCLUSION

In our research, it was concluded that under-graduate female students (16-19, 20-24) age group with middle socioeconomic status are more anxious and nervous, the factor responsible for the anxiety is hormonal problems, chronic illness and traumatic conditions. Generalized Anxiety Disorder has a relation with those females who have a strong family history of anxiety. These results illustrate the need to devise treatment strategies to alleviate symptoms of generalized anxiety and reduce the prevalence of Generalized Anxiety Disorder among female students. It is suggested regular counseling sessions should be implemented to decrease the level of anxiety among university students.

AUTHORS' CONTRIBUTION:

The following authors have made substantial contributions to the manuscript as under:

Conception or Design: Dr. Umar Sadiq, Dr. Amirah Zafar, Dr. Aziz Subhani

Acquisition, Analysis or Interpretation of Data: Dr. Saad Kamal Akhtar, Mehwish Niaz

Manuscript Writing & Approval: Dr. Umar Sadiq, Dr. Amirah Zafar, Dr. Aziz Subhani, Dr. Saad Kamal Akhtar, Mehwish Niaz

All authors acknowledge their accountability for all facets of the research, ensuring that any concerns regarding the accuracy or integrity of the work are duly investigated and resolved.

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