A review on Anxiety, Prevalence and Risk Factors

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ABSTRACT: Anxiety is the most common outcome of harshness of life and an important part of every individual life. Anxiety often refers to discomfort with an unknown etiology, which can affect physical, cognitive, and behavioral aspects. Anxiety consists of physical and mental components, which may be associated with such symptoms as fear of an adverse event, fear of death, respiratory problems like asthma, inadequate heart rate, lack of peace, feeling of tremor in body organs, especially the hands. This study was conducted to identify the prevalence and risk factors of anxiety.

Keywords: Anxiety, Prevalence, Risk Factors

INTRODUCTION

Anxiety is the most common outcome of harshness of life and an important part of every individual life (1, 2). Anxiety often refers to discomfort with an unknown etiology, which can affect physical, cognitive, and behavioral aspects, etc. Various psychological, behavioral, and biological approaches have proposed different theories to identify the causes and origins of anxiety. On one hand, lack of sufficient understanding and knowledge of environmental circumstances and on the other hand, lack of self-confidence lead to manifestation of anxiety symptoms, which threaten physical health and psychological functioning. It is believed that a little anxiety positively help people to be more adaptable in their lives. However, high anxiety level absolutely affects many personal, social aspects as well as psychological health (2). Anxiety refers to an extensive unpleasant feeling (3). If individual anxiety was so high that he may lose his adaptability, he may be no longer a normal individual (1).

Anxiety consists of physical and mental components, which may be associated with such symptoms as fear of an adverse event, fear of death, respiratory problems like asthma, inadequate heart rate, lack of peace, feeling of tremor in body organs, especially the hands (4). However, high anxiety represent the symptoms in a relatively long time, which is often associated with such physiological activities as decreased immune function and increased functioning of various body systems (2). In the fourth edition of Diagnostic and Statistical Manual of Mental Disorders, the anxiety occurring in most days and persisting at least for 6 months is considered an anxiety disorder with valuable clinical diagnosis. (1) These findings suggest that the prevalence of anxiety disorders in public population is higher than other psychological disorders. The prevalence of this disorder is reported as 40 million individuals in America. This disorder is more common among women. Women are twice as likely to experience anxiety as men (4). Postpartum Anxiety has also increased the prevalence of anxiety among women. Akbar-Zadeh et al. conducted a research in this area and showed that 85.5% of pregnant women significantly suffer from high level of postpartum anxiety (5). Anxiety disorder was also diagnosed among 12 percent of people who visited psychiatric centers (1). Anxiety disorder leads to widespread functional impairment, which may probably worsen if the disorder was not treated well. Chronic nature, prevalence and co-morbidity of anxiety disorder with other psychiatric disorders have increased importance of this disorder. It is necessary to reflect on destructive barriers to optimal human functioning human in individual and social lives. This is due to widespread impact and role of active and healthy human resources in comprehensive societal development, especially the widespread impact of educated class in this process (2).

Investigating prevalence of anxiety in different statistical populations with specific characteristics revealed various results (2-4, 6). Movahedi Rad et al. examined the prevalence of anxiety among 600 high school students.
and showed that 135 students were diagnosed with 22.8% apparent anxiety. According to the former study, anxiety among students is more than the average level (2). On the other hand, anxiety is associated with multiple physical ailments. Several studies reported the prevalence of anxiety among those patients with heart failure as 90% (7). Ahmadi et al. reported the prevalence of anxiety among high school adolescents as 5.54%. In the former study, a significant relationship was found between gender and anxiety (2). These results are consistent with those obtained by Ministry of Health. The latter assessed the extent of development of anxiety in adolescence as 43%. However, these results are not consistent with those obtained by Movahedi Rad et al. Maleki et al. reported anxiety level among students as 33.4%. The former study suggested that anxiety level is high among students. Accordingly, 20.8 percent of students showed symptoms of anxiety and depression (6). Labbafinejad et al. conducted a study among 196 female students among which 20.8% showed anxiety symptoms in total. In this study, the prevalence of apparent anxiety was higher than hidden anxiety. These results are consistent with those obtained in other studies (4). Mirzayi Alaviceheh et al. conducted a descriptive-analytical study on 144 students in Payam Noor University of Miandashi Isfahan. They suggested that 47.9% of people who had participated in the test had different anxiety levels (8). On the other hand, 25% of those who visited anxiety disorders rehabilitation centers had generalized anxiety disorder (1) while 25% of those who visited practitioners due to mental disorders suffered from generalized anxiety disorder (9).

In general, human society is affected by this disorder. Pupils and students also suffer from anxiety due to numerous academic and financial stress. Anxiety significantly increases with diverse academic, personal and social stresses (2). Ali Mohammad Zadeh and Mahmoud Najafi identified major psychological stressors among students using factor analysis. Such issues as loss of parents, betrayed spouse, disability have the greatest stressor impact. In this study, the effect of these factors on stress was greater among women than men. This is probably due to response styles in women compared to men. According to the definitions of gender roles, women are more likely to cope with stress and stress-causing factors; i.e. women accept to cope with stress sooner than men. On the other hand, boys are encouraged to fight and change the barriers to anxiety actively due to gender roles. In addition to these factors, more restrictions imposed on girls in using social opportunities and more active emotions in girls can be noted as the reasons why anxiety level is higher in girls compared to boys. (10)

Adolescence and adulthood are the most challenging period of life due to issues related to education, maturity and other social crises. Similarly, a number of studies have confirmed that anxiety levels are higher in this period. However, Movahedi Rad et al. found no significant relationship between adolescence and youth and anxiety disorders (2) while Maleki et al. found a relationship between age and anxiety. They showed that anxiety mean scores decrease as age increases (6).

Several factors play a role in incidence and prevalence of anxiety. Academic discipline may have specific effect since it determines the future individual position in society. Individual academic discipline varies depending on familial structure and level of involvement in making decisions. Movahedi Rudd et al. found no significant relationship between field of study and level of anxiety (2). On the contrary, Maleki et al. found a significant relationship between academic discipline and anxiety level (6). Movahedi et al. found a significant relationship between family members and anxiety level, which is a questionable issue since overcrowded families should deal with unfavorable financial situation and the possibility of paying less attention to children. In this study, a significant relationship was found between the anxiety level and parental educational level. It is anticipated that those parents with higher education are more knowledgeable, which has a positive impact on children's psychological state and calmness. The relationship between family members was also associated with anxiety in this study. No significant relationship was found between individual physical health and anxiety level in this study. These results not consistent with those obtained in several other studies in which individual physical health status was effective in anxiety level. Physical diseases and defects create a sense of comparing ourselves with others. Disability both directly and indirectly affects anxiety. (2)

Labbafinejad et al. found no significant relationship between marital status and anxiety level. According to this study, the level of apparent anxiety is higher than the level of hidden anxiety (4). Apparent anxiety refers to individual feelings of stress of future events and activation of autonomic nervous system (2).

Mirzaei Alavijeh et al. showed a significant relationship between Irritable Bowel Syndrome and anxiety, so that all the people diagnosed with irritable bowel syndrome had anxiety too. According to this study, there is a significant relationship between history of anxiety, marital status and academic discipline and anxiety. In this study, a significant relationship was found between gender and anxiety (8).

Afsane Ahmadi et al. assessed the impact of food in anxiety. They found a significant relationship between anxiety and gender. They also found a significant relationship between anxiety and weight loss. Anxiety is associated with anorexia nervosa. Based on this research, digestive disorders, diarrhea, and constipation, etc. due to anxiety ultimately lead to decreased food intake. Those with anxiety consumed lower than normal diary products.
Grain intake was low among the anxious people. Less consumption of these nutrients may be associated with anxiety due to presence of omega 3, magnesium and vitamin E (3).

Maleki et al. reported higher anxiety scores for girls compared to boys. Marriage is associated with lower levels of anxiety. Based on this research, dissatisfaction with familial economic status and lack of emotional problems are associated with increased anxiety. In addition, the type of residency considering the distance being away from the family and independence due to living in a place like a dorm are associated with high anxiety levels. Lower anxiety levels are observed among employed students (6).

Shafeei Sang et al. conducted a study on effectiveness of meta-cognitive treatments on anxiety. They showed that metacognitive therapy has decreased anxiety. Metacognitive therapy improves thought regulation and control strategies. It is believed that individual response to inner experience with metacognitive is associated with continuing negative and non-constructive emotional pattern. In fact, the cause and continuity of anxiety lie in thought controlling and monitoring processes (1). These results are consistent with those studies in which a significant relationship was found between effectiveness of metacognitive therapy on anxiety (11). Metacognitive therapy moderates stabilizer anxiety thoughts and helps the individual to create a new cognitive and contemplative pattern. This new pattern reduces the cycle repeating negative thoughts. These results showed stability in subsequent studies. In this research, the treatment was effective in controlling future anxious thoughts. These results help to stabilize similar results in this regard. Metacognitive therapy assumes that worriedness will be uncontrollable if anxiety increases, which facilitates the process of changing individual thoughts. This process is effective in reducing stress and anxiety and even depression. Therapeutic principles are based on replacing positive thoughts with negative evaluations to deal with maladaptive beliefs leading to anxiety. (1)

ACT is another form of effective treatment in the field. Acceptance-based treatments are based on the belief that the individual should accept the irritating thoughts although trying to cope and respond to these thoughts are ineffective or have counterproductive effect. The process of this therapy is defined as follows: individual psychological knowledge, separating the individual from perceived experience in mind, reducing individual story building effects such as assuming the patient as a victim, understanding personal values and finally pushing the individual to do commitment-based actions. Rajabi et al. showed a significant decrease in anxiety symptoms in the population under study (12).

Meaning Treatment (Logo therapy), Gestalt therapy, and other treatments are proposed to treat anxiety. Logo therapy put an emphasis on finding meaning to life. The therapists focus on the opposite term, which refers to actively searching for undesirable phenomena. Gestalt therapy put an emphasis on individual awareness of the relationship with themselves and their surrounding world, which directs the steps on the path to eliminate barriers to individual awareness. Yousefi et al. found out that Gestalt therapy approach significantly reduces anxiety level. Gestalt therapists shift the individual thought to current status rather than a vague future, which affects and reduces the anxiety. Gestalt therapists focus on accepting and resolving the cause of anxiety rather than trying to escape from it in order reduce anxiety (13).

On the other hand, individual ability to cope with emotions helps the individual to recognize his and others’ emotions and realize how to affect their behaviors. Emotional coping strategies focus on two methods: Problem-oriented coping strategies and emotion-oriented strategies. Problem-oriented strategy focuses on how to deal with the issue or changing the external conditions. In problem-oriented strategy, the individual redefine his emotions rather than focusing on his problem. In this regard, Pashaei et al. confirmed that coping skills are effective in reducing anxiety levels (14).

Assertiveness training is another type of treatment in which the adaptive behavior to express individual feelings, opinions and beliefs are taught. Alami et al. showed that level of anxiety was significantly reduced in the patients before and after training (15).

DISCUSSION AND CONCLUSION

Rapid changes and developments in everyday life with the growing complexity of current modern era have raised anxiety as a predictable reaction due to uncertainty about the unknown future. Numerous studies have confirmed that anxiety disorder has significantly increased. Statistics have confirmed epidemic prevalence of anxiety from 20% to 50% and even more than that. The difference between statistics may be due the statistical population and representativeness of the sample size and method of scoring. However, more research justified the extent of anxiety prevalence. Education and job stress and family pressures associated with loss, gender characteristics and financial situation are the most important environmental factors effective in creating anxiety. In total, it seems that women are vulnerable to anxiety, which is better justified by gender stereotypes and traditional roles. In addition, the youths are vulnerable to anxiety since they are experiencing the most important period of
their lives and numerous academic, job and financial stresses. On one hand, the importance of a healthy society and on the other hand, the role of anxiety in decision-making and focusing on useful activities have increased the importance of paying attention to prevention and treatment of this disorder. Therefore, many treatment methods have been proposed in the field of psychotherapy. Methods such as logo therapy, Gestalt therapy and commitment-based and acceptance-based treatments have focused on individual responsibility to accept emotions and focusing on the current situation instead of the past and the future. These methods have attempted to reduce the anxiety levels. Studies also confirmed the effectiveness of these treatments. Similarly, assertiveness training helps the individual to better express himself and ultimately helps to reduce anxiety. Metacognitive therapies improve the process of reflection and thought self-regulatory and self-control processes.

REFERENCES


