

A Survey on Anxiety on the Students of Pharmacy

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Abstract

➤ Background

Anxiety is a widespread mental health problem that is clinically serious and a public health issue. Anxiety can hit any age, although late adolescence and early adulthood are the most common times. There are various anxiety disorders, including generalized anxiety disorder (GAD), panic disorders, and phobias.

➤ Method

Participants were invited to participate in a three-month online survey using Zung's Self-assessment scale.

➤ Results

The 143 replies were collected using an online questionnaire. According to Zung's scale, the overall score represents the number of persons in the apprehensive stage. Males scored 31.64, 50.40, and 71.00 on average, while females scored 35.78, 50.94, and 63.25. The majority of nervous people score 20-44 on a scale of 100, followed by 45-59 and 60-74.

➤ Conclusion

Those afflicted with the condition need to be diagnosed and treated as soon as possible. Anxiety is a severe condition that requires the same level of attention as heart disease. The Zung's Self-Rating Anxiety Scale is a simple self-assessment instrument for determining a patient's anxiety level. The scale consists of 20 measures that evaluate the general effect, physiological equivalents, other difficulties, and psychomotor activity, the four primary characteristics of anxiety.

Keywords:- Zung's Self-Assessment Anxiety Scale, Anxiety Scoring, Anxiety Disorders, Survey Data.

I. INTRODUCTION

Anxiety is characterized by a sense of tension, worried thoughts, and physical changes such as elevated blood pressure. Recurrent intrusive thoughts or worries distinguish anxiety disorders. Because they are concerned, they may avoid certain situations. Sweating, trembling, dizziness, or a rapid heartbeat are all possible symptoms [1].

In the United States, anxiety disorders are among the most common and devastating mental conditions [2,3]. Anxiety disorders affect almost one out of every four persons at some point in their lives. Anxiety disorders cause significant physical and emotional distress and increased rates of substance abuse and medical illnesses. Co-occurring

anxiety disorders with other psychiatric diseases, such as major depressive disorder (MDD) or bipolar disorder, are linked to a more chronic and treatment-refractory course. These individuals are more likely to commit suicide. Anxiety disorders have an exceptionally high economic and social cost because of their high prevalence and severe functional impairment [4,5].

There are several types of anxiety disorders, including:

- Anxiety disorder (generalized) (GAD)
- Panic disorders
- Phobias.

Anxiety's origin is unknown. Genetics, brain biology and chemistry, stress, and your environment could all play a role [6].

Anxiety disorder symptoms include:

The symptoms of anxiety disorders differ according to the type. However, they all have a combination of:

- Difficult-to-control anxious thoughts or beliefs They make you feel agitated and disrupt your daily life. They do not go away on their own and can worsen over time.
- Physical symptoms such as a racing heart, unexplained aches and pains, dizziness, and shortness of breath
- Behavioural changes, such as avoiding everyday activities you used to do, Caffeine, other substances, and certain medications can aggravate your symptoms [6].

According to 48 international studies, women are nearly twice as likely as men to experience anxiety. According to the University of Cambridge review, pregnant women, people under the age of 35, and those with long-term health conditions are more likely to experience high anxiety levels [7].

According to some estimates dating back to the 1990s, anxiety affected 26.9 million people in the United States alone, resulting in direct and indirect costs of approximately \$46.6 billion [8]. In the period beginning in 2000, a prevalence of 13.6 percent for anxiety disorders was found in the European population, with women being significantly more affected than men. In addition, the highest percentage of affective disorders was found in 18 to 24 years [9]. Other research conducted up to 2013 discovered a global prevalence of 14.7 percent, with a double prevalence in the female subject pool compared to the male subject pool [10].

Nijhawan made the first attempt in 1972 to investigate the phenomenon of test anxiety among school children in India. She used a sample of Indian school children to

investigate the nature of test anxiety using the Test Anxiety Scale for Children (TASC; Sarason et al., 1960). Her preliminary research demonstrated the negative impact of test anxiety on task performance, prompting additional research on test anxiety in India [11].

II. PATHOPHYSIOLOGY

Anxiety disorders result from a complicated interaction of biological, psychological, temperamental, and environmental factors. Recent computational studies of anxious people discovered evidence for processing deficits in decision-making situations, resulting in an increased proclivity to make spurious connections between unrelated events [12,13]. Clinically, this can lead to overestimation of risk in situations and inappropriate pairing of neutral stimuli with danger, resulting in increased levels of activation of fear-related circuits in the brain and the associated behavioral responses seen in anxiety disorders [14]. These findings could be explained by common neurocircuit abnormalities across anxiety disorders and disorder-specific dysfunctions. Converging lines of evidence indicate that the perception of noxious stimuli activates a "threat circuit" in the brain, consisting of reciprocal connections between the dorsomedial prefrontal cortex, insula, and amygdala. Threatening stimuli have been shown to activate this circuit in healthy individuals [15,16]. This circuit's increased activation in individuals with anxiety disorders is positively correlated with state and trait anxiety levels. Somatic preoccupation, a common theme in anxiety disorders, may represent biases in interpreting interoceptive bodily cues as dangerous, resulting in the excessive cognitive elaboration and inappropriate threat-related processing of benign internal cues, resulting in anxiety sensitivity [17].

Significant progress has been made in neurobiological research to identify the molecular and neurocircuit changes that cause anxiety. Fundamental research has provided critical insights into the mechanisms that regulate fear behaviour in animals, and a plethora of animal models have

been developed to screen compounds for anxiolytic properties. Despite this progress, no mechanistically novel agents for anxiety treatment have been approved in more than two decades. The current animal models of human anxiety disorders have limited validity, posing a significant challenge to drug discovery in this area [18].

III. METHODS

The primary goal of this survey was to determine the prevalence of anxiety, which is the most common disorder that affects people of all ages. In this survey, we used Zung's self-assessment anxiety scale, which includes criteria for anxiety's most commonly observed features. The survey was conducted over three months.

IV. DATA COLLECTION

Using an online questionnaire, students from the pharmacy department were included in this survey to assess anxiety scoring using Zung's Self-assessment scale.

V. RESULTS

An online questionnaire was used to collect 143 responses, 39 (27%) of which were males and 104 (73%) were females. The majority of participants are between the ages of 18 and 24. The overall scoring shows the number of people in the stage of anxiety according to the Zung's scale, and the results show the number of people as 115, 23 and 5 for 20-44, 45-59 and 60-74 respectively. The prevalence of

Because there were more females than males, the scoring for female participants was higher, with 82, 18 and 4 for the scoring levels of 20-44, 45-59, and 60-74, respectively, and 33, 5 and 1 for males for the scoring levels of 20-44, 45-59, and 60-74. For the scoring level, the mean for females was 35.78, 50.94, and 63.25, and the mean for males was 31.64, 50.40, and 71.00.

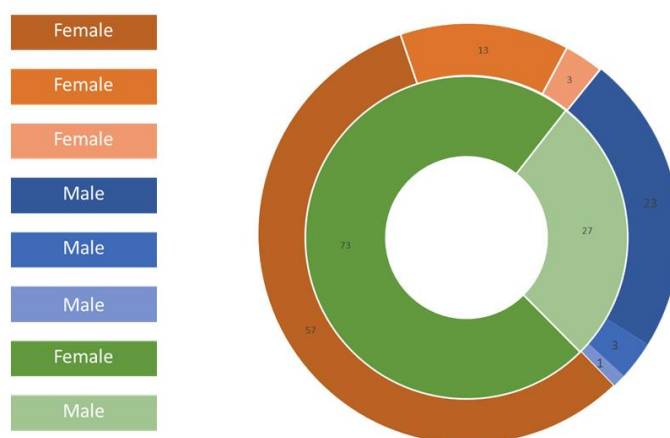


Fig 1:- Anxiety result with percentage.

Parameter Scoring	20-44 (n=115)	45-59 (n=23)	60-74 (n=5)
Male	33	5	1
Female	82	18	4
Minimum	24	45	60
25% Percentile	31	48	62
Median	35	52	64
75% Percentile	38	54	68
Maximum	44	58	71
Actual confidence level	96.00%	96.50%	93.80%
Mean	34.6	50.8	64.8
Std. Deviation	5.18	3.71	3.96
Std. Error of Mean	0.483	0.774	1.77

Table 1:- Data analysis of anxiety survey.
Descriptive analysis was performed on the data.

VI. DISCUSSION

Anxiety is a normal stress response that can be beneficial in some situations. It can warn us of dangers and assist us in preparing and paying attention. Anxiety disorders are distinguished from normal feelings of nervousness or anxiety by the presence of excessive fear or anxiety. Anxiety disorders are the most common type of mental illness, affecting nearly 30% of adults at some point in their lives. On the other hand, anxiety disorders are treatable, and a variety of effective treatments are available. Treatment enables the majority of people to live every day, productive lives. (19)

The Zung Self-Rating Anxiety Scale (SAS) measures anxiety levels in patients who have anxiety-related symptoms. The scale focuses on the most common general anxiety disorders; stress usually causes anxiety. The SAS test is self-administered, with each response graded on a 4-point scale ranging from "never" to "most of the time." There are 20 questions, 15 of which increase anxiety and five of which decrease anxiety. Formats, self-evaluations, and clinical evaluations are all available.

Scores vary from 20 to 74

20 to 44 – normal range

45 to 59 – mild to moderate anxiety levels

60 to 74 – severe anxiety levels

Anxiety is a severe disorder, and it should not keep untreated. So, we found that maximum people were in the score levels of 20 to 44, followed by 45 to 59 and 60 to 74, respectively.

VII. CONCLUSION

The self-assessment scoring surveys provide a basic questionnaire that may aid in scoring individuals, but it should not be concluded entirely on the question's score; it should be evaluated further using other clinical techniques and evaluation. For example, many studies have found that an increasing number of teenagers are suffering from untreated anxiety. The Zung self-rating anxiety scale (SAS) measures anxiety levels in patients suffering from anxiety-related symptoms. The scale focuses on the most common general anxiety disorders; anxiety is commonly associated

with stress management. The SAS test is self-administered, with each response graded on a 4-point scale ranging from "never" to "most of the time." There are 20 questions, 15 with increasing anxiety levels and 5 with decreasing anxiety levels. There are two formats, self-evaluations and clinical evaluations, used to measure anxiety levels in all age groups.

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