

PREVALENCE OF ANXIETY AMONG PATIENTS WITH CHRONIC ILLNESSES IN SELECTED HOSPITAL OF DEHRADUN

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Abstract

A Quantitative non-experimental research approach with descriptive Cross-sectional survey design was used to find the prevalence of anxiety symptoms among chronically ill patients. Total 161 Patients diagnosed and admitted with chronic illnesses such as Diabetes Mellitus, Pulmonary Tuberculosis, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Chronic Liver disease, Coronary Artery Disease in selected hospital of Dehradun were selected through Purposive sampling and data was collected. Demographically more than half (58%) of the participants were between the age group of 46 to 63 years. More than half of the participants (59%) were male. Majority of the participants (60%) were unemployed or non-working. Participants according to chronic illness were approximately equal. Results revealed that majority of the participants had anxiety (73%). Majority of the patients with Chronic Liver Disease and Coronary Artery Disease (80%) had anxiety.

Keywords Assess, Prevalence, Anxiety, Chronic Illness Patients.

INTRODUCTION

Better health is central to human happiness and well-being.ⁱ There is a close relationship between good health and healthy mind. Physical illness increases the chances of deviated mental health. Chronic illness could cause mental disturbances. Patients with chronic illness almost give their entire life for the prevention and treatment regimen, so that they can lengthen time of their life and fulfill their desires, what they have always been wanted to accomplish in their lifetime.

Anxiety is a normal human emotion that everyone experiences at times. Many people feel anxious, or nervous, when faced with a problem at work, before taking a test, or making an important decision.ⁱⁱ For some people, anxiety is linked to an underlying health issue, mostly the chronic illnesses.⁴ the worldwide prevalence of anxiety disorders ranges from 0.9% to 28%.ⁱⁱⁱ Chronic illnesses are exponential, and we all know reasons behind it. It is important to control and abate chronic illnesses. Poor quality of life and progress to death is obviously a result of occurrence of chronic illnesses. Patients with chronic diseases also suffer from stigma from the family and friends that raises their depression and stress. This increase in stress and depression further lowers the quality of life.^{iv}

Other growing problems due to these chronic illnesses are those which can impinge the life of patients to the worst side. Psychological problems related to these chronic illnesses are those problems. S. C. Tiwari & Shrikant Srivastava (1998) in a study on Geropsychiatric morbidity in rural Uttar Pradesh reported that 42.21% of the total geriatric population was suffering with

psychiatric illness.^v Anxiety symptoms are common in all type of population and suggest a normal phenomenon. The severity of anxiety signals concern regarding prevention and treatment. If we focus on the prevalence severity, then it won't be tough for us to unleash people from sufferings. Anxiety and depression are also higher among COPD patients than the general population. Many of the studies shows prevalence of anxiety and depression more among COPD sufferers, compared with other chronic diseases.^{vi} The present study focused on providing a basis for further clinical management for chronic illness causing anxiety. They aimed to assess the prevalence and severity of Anxiety, so that a step towards the betterment of life of the patients can be taken.

METHODS

Quantitative Non-experimental Research Approach with Descriptive Cross-sectional survey design was used. 161 Patients diagnosed and admitted with chronic illnesses such as Diabetes Mellitus, Pulmonary Tuberculosis, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Chronic Liver disease, Coronary Artery Disease in selected hospital of Dehradun. Purposive sampling was used and data was collected with the help of Demographic variables Mini-International Neuropsychiatric Interview for Anxiety. Content and language validity was achieved by the experts in nursing and related fields. Reliability of the tool was established by test-retest method followed by Pearson's correlation formula and it was found to be 0.977.

ANALYSIS

Section 1: Socio-demographic characteristics of the study participants

Table No. 1 - Frequency and Percentage of Socio-Demographic Variables

(N=161)

S. NO.	SOCIO-DEMOGRAPHIC VARIABLES	FREQUENCY(F)	PERCENTAGE (%)
1	Age (in years)		
	28-45 Years	23	14
	46-63 Years	93	58
	64-82 Years	45	28
2	Gender		
	Male	95	59
	Female	66	41
3	Occupation		
	Non-Working	82	51
	Working	79	49
4	Chronic Illness		
	Diabetes Mellitus	31	19
	Pulmonary Tuberculosis	29	18
	Chronic Kidney Disease	25	16
	Chronic Obstructive Pulmonary Disease	26	16

Table No. 1 depicts that more than half (58%) of the participants were between the age group of 46 to 63 years. More than half of the participants (59%) were male. Majority of the participants (60%) were unemployed or non-working. Participants according to chronic illness were approximately equal.

Table No. 1b - Frequency and Percentage of Socio-Demographic Variables

(N=161)

S. NO.	SOCIO-DEMOGRAPHIC VARIABLES	FREQUENCY(F)	PERCENTAGE (%)
5	Duration of Illness		
	6 week-17 years	153	95
	18-35 Years	8	5
6	Educational Status		
	Uneducated	76	47
	Educated	85	53
7	Types of Family		
	Nuclear	28	17
	Joint	133	83
8	Monthly Income(In Rs.)		
	3000-22000	96	60
	23000-42000	49	30
	43000-62000	16	10
9	Area of Residence		
	Urban	39	24
	Semi-Urban	42	26
	Rural	80	50

Table No. 1b depicts that most of participants (95%) were diagnosed from 6 months to 17 years. Approximately half of the participants (53%) were educated. Most of the participants (83%) were from joint family. More than half (60%) of the participants were earning monthly income between rupees 3000 to 22000. Majority (50%) of the participants were from rural area. Mean age of the study participants is 58 years.

Section 2: - Prevalence of Anxiety, among patients with chronic illnesses

Figure No.2: Prevalence of Anxiety among patients with chronic illnesses

(N=161)

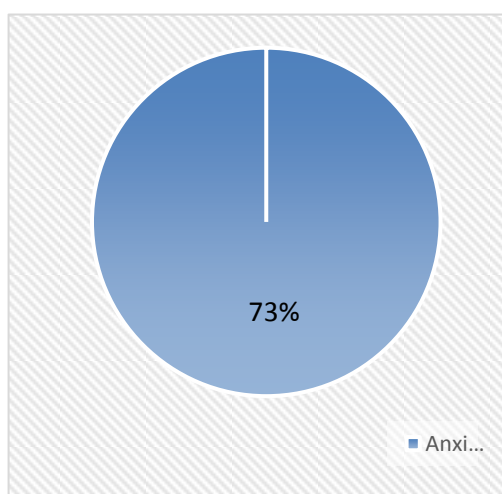


Figure No. 2 depicts that majority of the participants had anxiety (73%).

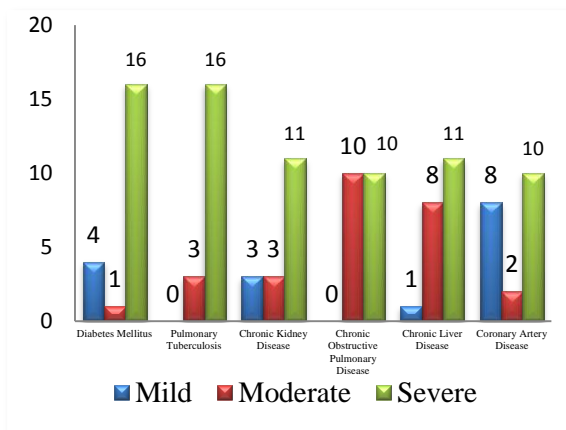
Section 2.1: - Level of anxiety among patients with chronic illnesses

Table No. 2 - Frequency and Percentage Distribution of anxiety among Patients with Chronic illness

(N=161)

S. NO.	CHRONIC ILLNESS	N	F	ANXIETY (%)
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1	Chronic Liver Disease	25	20	80
2	Coronary Artery Disease	25	20	80
3	Chronic Obstructive Pulmonary Disease	26	20	77
4	Chronic Kidney Disease	25	17	68
5	Diabetes Mellitus	31	21	68
6	Pulmonary Tuberculosis	29	19	66



Chronic illness

Table no. 2 depicts that majority of the patients with Chronic Liver Disease and Coronary Artery Disease (80%) had anxiety. Majority of the patients with Coronary Artery Disease (77%) had anxiety. More than half of the patients with Diabetes Mellitus (68%), Pulmonary Tuberculosis (67%) and Chronic Kidney Disease (68%) had anxiety.

Figure No. 3: Level of Anxiety among patients with Chronic Illnesses(into the left).

Figure No. 3 shows levels of anxiety patients with chronic illnesses. It represents that most of the patients with Diabetes and Pulmonary tuberculosis had severe level of Anxiety. In case of other chronic illnesses, most of the patients had severe level of anxiety. Only among patients with Chronic Obstructive Pulmonary Disease mild level of anxiety cases were not found.

Section 3: Association with socio-demographic variables

Association between anxiety and selected socio-demographic variables

N=161

S. NO.	SOCIO-DEMOGRAPHIC VARIABLE	NO(%)	YES(%)	X ² / FISHER	P VALUE
1	Age			0.34	0.843
	28-45 Years	26	74		
	46-63 Years	24	71		
	64-82 Years	7	76		
2	Gender			10.56	0.001
	Male	37	63		
	Female	14	86		
3	Occupation			8.851	0.003
	Non-Working	17	83		
	Working	38	62		

$\chi^2=3.84$, df=1; $\chi^2=5.99$, df=2; $\chi^2=11.09$, df=5; $P<0.05$

Above table represents association between anxiety and socio-demographic variables at the significance level of 0.05. Chi-square test was used to find out the association between anxiety and socio-demographic variables. Gender (0.001) and occupation (0.003) had significant association with anxiety, as P value was less than 0.05. Age has no statistical significant association with anxiety.

Association between levels of Anxiety with their Socio-Demographic Variables

(N=161)

S. NO.	SOCIO-DEMOGRAPHIC VARIABLES	NO(%)	YES(%)	X ² /FISHER	P VALUE
4	Diagnosis			2.990	0.702
	Diabetes Mellitus	32	68		

	Pulmonary Tuberculosis	32	66		
	Chronic Kidney Disease	32	68		
	Chronic Obstructive Pulmonary Disease	23	77		
	Chronic Liver Disease	20	80		
	Chronic Artery Disease	20	80		
5	Duration of Illness				
	6 weeks-17 Years	28	72	0.932	0.334
	18-35 Years	13	88		
6	Educational Status				
	Uneducated	18	82	5.752	0.016
	Educated	35	64		
7	Type of Family				
	Nuclear	25	75		
	Joint	28	72	0.093	0.761
8	Monthly Income				
	3000-22000	25	75	0.652	0.722
	23000-42000	31	69		
	43000-62000	31	69		
9	Area of Residence				
	Urban	39	62	3.388	0.184
	Semi-Urban	21	79		
	Rural	25	75		

$\chi^2=3.84$, $df=1$; $\chi^2=5.99$, $df=2$; $\chi^2=11.09$, $df=5$; $P<0.05$

Table represents P value of age, diagnosis of the patient, Duration of illness, Type of family, Monthly income and Area of residence was more than significant level of 0.05, so there is no statistical significant association is found with anxiety. Hence, it shows that females, unemployment with no education could increase the chances of developing anxiety, thus Hypothesis 1 is accepted.

DISCUSSION

Mean age of the study participants is 58 and similar finding was reported by Gerontoukou EI et.al (2015).^{vii}The findings revealed that majority of the participants had anxiety (73%). The findings showed that majority of the patients with Coronary Artery Disease (77%) had anxiety. This finding was supported by a study done by Gerontoukou I E (2015)^{viii}, revealed that participants who suffered from coronary artery disease had higher anxiety rates (72% anxiety disorder).^{viii}More than half of the patients with Diabetes Mellitus (68%), Pulmonary Tuberculosis (66%) and Chronic Kidney Disease (68%) had anxiety. Study findings showed that most of the patients with Diabetes and Pulmonary tuberculosis had severe level of Anxiety. In case of other chronic illnesses, most of the patients had severe level of anxiety.

The findings of association between anxiety and socio-demographic variables checked at the significance level of 0.05. It implies that female, unemployment and no education could increase the chances of developing anxiety. Findings have shown that anxiety is more among female (86%) gender than male (63%). These findings were parallel to the findings of study done by Vural M. et. al. (2009); they have also reported that anxiety scores were found to be significantly higher in female patients.^{viii} Female who have no occupation and are illiterate are more prone to increases the vulnerability of anxiety symptoms among patients with chronic illnesses.

LIMITATIONS

Generalization of the findings of the study could not be possible as the sample size was less.

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