

Original Article: Examining the Prevalence of Anxiety Disorders in Patients with Chronic Illnesses and the Factors Influencing It

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ABSTRACT

In the present study, the prevalence of anxiety disorders in patients with chronic diseases and the factors influencing it have been investigated. The prevalence of anxiety disorders is higher than other psychiatric disorders. 7.3% prevalence of this disorder in the United States of America has been higher than ever before. Its lifetime prevalence also reaches 14.6%. Almost all anxiety disorders are more prevalent among women and lower economic and social groups. Anxiety disorders are one of the most common classes of mental disorders. At the same time, in the national study of the United States of America, it has been reported that one out of every 4 people meets the diagnostic criteria of anxiety disorder and the 12-month prevalence of these disorders is 17.7%. Women are more likely to have an anxiety disorder with a lifetime prevalence of 19.2%. In order to determine the extent of the many aspects of anxiety, surveys of the general population indicate that more than one-third of adults suffer from a nervous disorder, especially anxiety. Regarding anxiety, by reviewing 22 studies conducted in this field, Max and Leader have estimated that approximately 3% of the general population suffers from anxiety. Cooper in 1969 reports that 27% of patients who present to their general practitioners with psychiatric symptoms are in a state of anxiety. 13% of children between 9 and 17 years old have anxiety. This classification includes a set of diseases such as obsession and fear of being in public.

Introduction

Musculoskeletal disorders refer to any tissue damage to the musculoskeletal system and nerves that disrupts their function [1-3]. In addition, these disorders affect a wide range of muscles, tendons, ligaments, joints, peripheral nerves and blood vessels [4-6]. Musculoskeletal disorders related to work are the main cause of loss of

working time, increase in costs and human injuries of the workforce and one of the biggest anatomical problems related to work in industrialized countries and are among the most important issues faced by ergonomists all over the world [7-9].

Among physiotherapists and radiologists, these disorders are considered as a problem, but among them, the nursing profession due to the nature of work, repetitive movements,

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static and clumsy postures during work, repetitive bending and turning, lifting objects, pushing and pulling [10-12]. And psychological and psycho-social stress is one of the occupations in which work-related musculoskeletal disorders have a higher prevalence [13-15]. The prevalence of musculoskeletal disorders among hospital workers in different countries is different. So that its prevalence is 76% in the Netherlands, 70.9% in Kuwait, 67% in Greece, 57.7% in Tunisia, 46% in Ireland and Nigeria, 39% in Hong Kong, and 17.8% in the United States of America [16-18].

It has been reported. In addition to disorders related to physical health, mental health problems can also have a negative impact on the efficiency and productivity of employees and lead to increased absenteeism, impaired personal communication, decreased safety levels [19-21], and increased physical complaints. The central part of health is mental health. Because all interactions related to health are done by the mind. The World Health Organization defines mental health as the ability to communicate harmoniously with others, change and modify the personal and social environment, and resolve conflicts and personal desires in a logical [22-25], fair and appropriate manner. Problems in the field of mental health have existed since the beginning of humankind, and no person from any particular socio-economic class is immune to them, and it is a danger that threatens mankind regularly. Job problems and difficult working conditions are one of the underlying factors of mental disorders [26-28].

Jobs may directly or indirectly make a person susceptible to mental disorders. On the other hand, the efficiency and performance improvement of nurses provides job satisfaction and their mental health, but the lack of mental health indicators as well as non-observance of correct musculoskeletal

principles causes staff burnout and ultimately a drop in service delivery in healthcare. Considering the various factors that threaten nurses' mental health and the complexity of nursing services [29-31], it can be said that today's nurses are tomorrow's potential patients [32].

In the study conducted by Nasiri Zarin Qobaei et al. (2014), there was a significant relationship between the two dimensions of occupational stress, including demand and support from colleagues with musculoskeletal disorders [33].

In the study of Tabatabai et al. (2014), there was also a positive relationship between depression and pain in the neck and thigh areas, as well as between stress and back pain of employees working in the emergency room [34].

In the study of Dehdashti (2017), a significant relationship was also observed between the common complaints of the musculoskeletal system in the neck and upper limbs and the stress of nurses. Musculoskeletal disorders related to work are often multi-caused and are influenced by various factors. In general, all effective factors and risk factors can be classified into four groups including genetic factors, morphological factors, psycho-social factors and biomechanical factors, the first two factors are unchangeable and psycho-social factors and biomechanical factors in order to prevent this Injuries can be manipulated and changes can be made during intervention programs [35]. Therefore, taking into account that nurses perform repetitive tasks and tasks with inappropriate posture, probably the prevalence of musculoskeletal disorders in them is high, and these disorders are probably related to mental health [36-38]. The term anxiety can cover four aspects of a person's experiences: psychological worry, physical tension, physical symptoms, and dissociative anxiety. Anxiety occurs in a person when

stressful situations in his life are too long, occur repeatedly, or when the body's nervous system cannot end the stage of stress resistance and the body remains resistant for a long time [39-41]. In this case, the body becomes worn out and vulnerable to physical and mental diseases. Anxiety is an unpleasant state of inner turmoil

that is often accompanied by nervous behavior. Anxiety is a feeling of fear [42], worry, restlessness, usually generalized and unfocused as an extreme reaction to a situation, and is often accompanied by muscle tension, restlessness [43], fatigue, and difficulty concentrating (Figure 1).

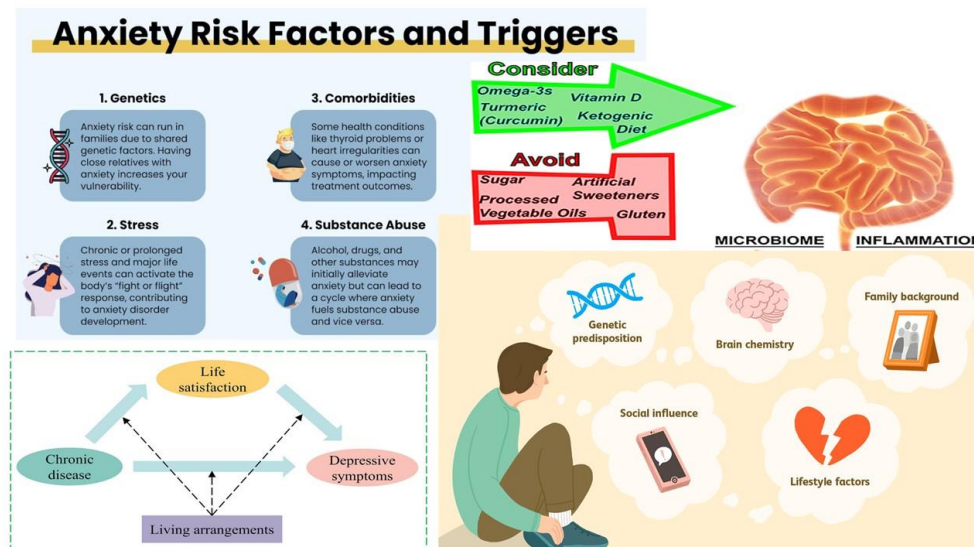


Figure 1. Examining the Prevalence of Anxiety Disorders in Patients with Chronic Illnesses and the Factors Influencing It

Anxiety can be okay, but when it is too intense and too long, it may be a sign of an anxiety disorder. Among other symptoms of anxiety can be the feeling of excessive fatigue, problems in concentration [44-46], feeling irritable, muscle pains, sleep problems, feeling hot and cold all at once, high heart rate, tightness and heaviness of the chest, increased number and speed of breathing, Obsessive thinking and obsessive behavior noted. Anxiety is a natural human feeling that every person experiences at a certain time [47-49]. All humans experience anxiety in their lives, but chronic and severe anxiety is defined as abnormal and problematic. Stress is not always harmful. In small amounts, it can help motivate a person and get things done better [50-52]. In fact, stress is a way to have focus, energy and caution, but beyond a certain limit, if stress cannot be controlled and stopped, it causes

major damage to physical and mental health, mood, productivity, social relationships and quality of life. It becomes people [53-55]. Anxiety is the advanced stage of chronic stress and it becomes a mental health problem when it causes suffering or discomfort to the person or those around him, or prevents him from reaching his goals, or interferes with his daily and normal activities [56-58]. In general, the causes of anxiety go back to three general factors:

- ✓ Biological and physical factors [59].
- ✓ Environmental and social factors [60].
- ✓ Genetic and hereditary factors [61].

Types of anxiety disorders

Anxiety disorder may manifest itself in different ways in each person. The most common anxiety disorders are:

1- Generalized anxiety disorder: Generalized anxiety disorder includes constant and excessive worry that interferes with daily activities. This constant worry and tension may be accompanied by physical symptoms such as restlessness, feeling tired or fatigued early, difficulty concentrating, muscle tension, or sleep problems. Worries often focus on everyday things like work responsibilities, family health, or minor issues like housework, car repairs, or appointments [62-65].

2- Phobia: A phobia is an excessive and persistent fear of a specific object, situation or activity that is generally not harmful. Patients know that their fear is excessive, but they cannot overcome it. These fears cause so much discomfort that some people try their best to avoid what they fear, but fail. For example, a few of these false fears include public speaking, fear of flying, or fear of spiders [66-68].

3- Panic disorder: The main symptom of panic disorder is "frequent panic attacks", which is a combination of physical and mental distress. During an attack, several of these symptoms occur in combination:

- ✓ Sweating.
- ✓ Chest pain.
- ✓ Feeling dizzy, lightheaded, or fainting.
- ✓ shaking
- ✓ Shortness of breath or suffocation.
- ✓ Rapid heartbeat [69].
- ✓ Numbness or tingling.
- ✓ Chills or hot flashes.
- ✓ Fear of losing control.
- ✓ Fear of dying.
- ✓ Nausea or abdominal pain [70].
- ✓ Feeling separated.

Because the above symptoms can be quite severe, some people experiencing a panic attack may think they are having a heart attack or some other threatening illness. Panic attacks can be expected, just like in response to seeing a frightening object, or they can be unexpected and appear for no apparent reason [71-73]. The

average age of onset of panic disorder is 20 to 24 years. Panic attacks may occur with other mental disorders such as depression or PTSD.

4- Agoraphobia: The fear does not match the real situation and generally lasts for six months or more and causes problems in the person's performance. Agoraphobia is the fear of being in situations from which escape may be difficult or embarrassing, or where help is not available if panic symptoms occur. A person with agoraphobia experiences this fear in two or more of the following situations:

- ✓ Being in open spaces.
- ✓ Using public transportation.
- ✓ Being in closed places.
- ✓ Being alone outside the house.
- ✓ Standing in line or being in a crowd.

A person with this problem actively avoids being in high places. He either needs a companion, or has to endure intense fear and anxiety. If left untreated, agoraphobia can become so severe that the person cannot leave the house. Agoraphobia can only be diagnosed in a person when the fear is extremely distressing, or significantly prevents them from performing normal daily activities [74-76].

5- Separation anxiety disorder: A person suffering from this disorder is extremely afraid or anxious of being separated from those they depend on. This feeling lasts for at least four weeks in children and six months in adults and causes problems with performance. A person with separation anxiety disorder may:

- ✓ Constantly worry about losing the person closest to you.
- ✓ He may not want to leave the house or sleep away from that person.
- ✓ He may experience nightmares about separation.
- ✓ Often in childhood, this disorder is accompanied by physical symptoms of distress, but these symptoms may persist into adulthood.

6- Social anxiety disorder or social phobia:

A person with social anxiety disorder feels excessive anxiety and discomfort from being embarrassed, humiliated or rejected in social interactions. People with this disorder try to avoid such situations, or tolerate them with great anxiety [77].

7- Selective Latism: Children with Latism speak at home or with close family members, but usually do not speak in front of others such as close friends or grandparents. Lack of speech interferes with social communication. Of course, children with this disorder sometimes use non-verbal or non-verbal tools. Lack of speech can have significant consequences in school and lead to academic problems and social isolation. Many children with selective latism experience extreme hypostatism, feelings of embarrassment in social settings, and high social anxiety, while having normal language skills. This anxiety disorder usually begins before the age of 5, but may not be formally diagnosed until the child goes to school [78].

The roots and causes of anxiety

In their reports, researchers report the following as the roots of anxiety:

- 1- There is evidence that the predisposition to anxiety is found during prenatal development.
- 2- Autorank considered the birth blow as the first anxiety.
- 3- The theory of psychoanalysis emphasizes the issue of separation from the mother as a source of anxiety.
- 4- The emotional trauma resulting from separations is also considered the main cause of anxiety.
- 5- Some researchers consider the anxiety response as a learned response.

Degrees of anxiety

Anxiety can be divided into degrees:

1- Free wave anxiety: it is anxiety, intense, continuous, general and unrelated to a certain thing, which is usually seen in anxiety disorders and is often a precursor to panic.

2- Impatience: a state of restlessness and discomfort, often accompanied by muscle symptoms such as motor restlessness, mental excitement. It is clear that anxiety has spilled over into the muscular system.

3- Tension: It means: tension, movement and mental restlessness and fear.

4- Panic: It is: an intense anxiety attack that leads to disorganization in actions and causes physiological changes and panic.

5- Natural anxiety: stress in which the origin and source of real anxiety is real [79].

Behavioral therapy

The first solution for treating pervasive anxiety is counseling and behavioral therapy with a mental health specialist. In this method, the consultant tries to influence your thinking and behavior and help you reduce your stress and anxiety by providing effective solutions. Usually, treatment in this way will be effective after 12 months. In counseling and behavioral therapy sessions, a person learns how to recognize and manage his anxious thoughts. The therapist teaches the patient how to calm down and reduce stress in stressful situations.

Use of medication for generalized anxiety disorder

The next strategy for treating generalized anxiety disorder is to use a judge. Usually, the period of drug use and its type are different according to the severity of the disease. Some people need short-term medication and others are cured after a long period. Taking short-term medications can help reduce symptoms of anxiety, muscle tension, and stomach cramps. Below are some of the most common short-

term medications for treating generalized anxiety disorder:

- 1- Alprazolam.
- 2- Clonazepam.
- 3- Lozarpam.

Some medications, known as antidepressants, must be taken for a long time. In fact, the effectiveness of these drugs appears a few weeks after taking them. The most common side effects of these drugs are dry mouth, nausea and diarrhea. Sometimes the doctor uses anti-anxiety or anti-depressant drugs to treat general anxiety. For the treatment of generalized anxiety disorder, counseling and medication alone cannot be effective. A person who is under constant stress and anxiety should try to change his lifestyle in general. In the following, effective strategies for changing lifestyle and treating generalized anxiety are mentioned:

- ✓ Follow a healthy and nutritious diet.
- ✓ Exercise.
- ✓ Enough sleep.
- ✓ Doing yoga and meditation.
- ✓ Avoiding stimulants such as coffee, diet pills and caffeine pills.
- ✓ Talking to a friend or trusted person about concerns.
- ✓ Stop using alcohol and drugs.

Generalized anxiety disorder diagnosis method
To diagnose the pervasive disorder, the psychologist examines the patient's conditions and symptoms carefully. If you experience chronic stress along with other symptoms for more than 6 months, it means that you have generalized anxiety disorder. In most cases, the psychiatrist uses the generalized anxiety disorder test to diagnose the disease. To diagnose generalized anxiety disorder, the psychologist examines the patient's symptoms and asks him to answer the questions of the generalized anxiety disorder test.

General anxiety prevention methods

There is no known way to prevent the widespread disorder, and it is only possible to prevent the progression of the disease by observing minor symptoms. People who experience anxiety and depression can prevent serious and chronic problems as soon as possible by using effective solutions. Here are some ways to prevent generalized anxiety:

- ✓ Learn more about anxiety and how to control it.
- ✓ Taking medication to prevent stress and anxiety.
- ✓ Getting help from counseling and treatment.
- ✓ Stop using caffeine and other stimulants.
- ✓ Manage stress through regular sleep and exercise.
- ✓ Maintaining social interactions.
- ✓ Join walking or sports groups.
- ✓ Volunteer to help out at a charity.

Complications of generalized anxiety disorder

If generalized anxiety disorder is not treated, it can cause serious problems in the person and cause different mental and physical problems for the person. The following are the most important side effects of pervasive anxiety:

- ✓ Depression.
- ✓ Difficulty sleeping.
- ✓ Turning to alcohol and drugs.
- ✓ Digestive problems.
- ✓ Social isolation.
- ✓ Difficulty working and studying.
- ✓ Decreased quality of life.
- ✓ Attempted suicide.

In a study conducted in America in 2009, the aim was to investigate the relationship between weight gain and anxiety and depression among people. The findings showed that age-appropriate prevalence of current depression, lifetime diagnosis of depression

and anxiety were significantly different by gender. The results show that the difference in the prevalence of depression and anxiety in people with different levels of BMI was independent of their disease status, due to other psychosocial factors and lifestyle. Anxiety prevalence was significant in men and women with high BMI compared to other populations [80].

A 2-year longitudinal study was conducted in 2000 in New York, America, on AIDS patients, in which the prevalence of axis I anxiety disorders and anxiety symptoms and its relationship with the manifestations of HIV disease were evaluated in a sample of drug users. The sample includes 173 men with HIV+ and 84 men with HIV-, and a significant difference in the prevalence of anxiety with HIV+ was observed. However, in both the HIV+ and HIV- groups, anxiety and stress symptoms are reported to be higher compared to the general population. For the HIV+ group, there is a positive correlation between anxiety symptoms and physical limitations.

In a research conducted in Hamedan in 2012 to investigate anxiety and depression after bypass surgery in patients, it was found that the mentioned mental illnesses not only delay the healing process, but can also cause the disease to relapse. In addition, reduce the quality of life of the patient and those around him.

In another study that was conducted in the same city in 2010 to investigate the mental health and anxiety component in high school girls, it was found that 46.5% of students suffer from severe anxiety and their mental health is related to the course, level and age. 172 women were randomly selected in Zimbabwe in 1997 to investigate mental disorders and to assess symptoms suggestive of mental distress. 30.8% of women with depression and anxiety disorders were diagnosed during the past years. 65% of these people also had anxiety characteristics. Compared to London, the

annual prevalence of anxiety disorders was higher in Zimbabwe. Women's self-reports of anxiety included overthinking, deep sadness, heartache, sadness, fear, and having an intractable problem. To prospectively examine the association between anxiety symptoms and phobias with subsequent risks of coronary heart disease, a 2-year follow-up study of a cohort of 33,999 US men aged 42 to 77 years was conducted in 1994, at baseline. People free of cardiovascular diseases were diagnosed. The level of psychological anxiety was evaluated using the relevant indicators used for common fears and anxieties. The main outcomes of coronary heart disease included non-fatal (MI) and fatal myocardial infarction (CHD), which showed a significant association between death from MI and severe anxiety during the lifetime. Since being anxious is a very normal issue, it is important to understand and know the difference between the true feeling of anxiety related to the conditions and the symptoms and complications of anxiety disorder. Anxiety disorders are not only one disease, but also a group of diseases, all of which are characterized by a constant feeling of high anxiety, excessive discomfort and tension. It is usually possible to recognize that a person is suffering from anxiety disorders when these disorders have reached their limit, interfered with his daily activities and prevented him from performing his daily duties [81].

Anxiety disorders are the most common type of mental illness and at least one out of five people is affected by this disease at any time. This disease often starts in adolescence, but sometimes it also starts in childhood and middle age. Anxiety disorders affect the way of thinking, feelings and individual behaviors. If this disease is not treated, it may lead to significant anxiety and disturbance in the person's life.

Fortunately, it can be seen that the treatment of anxiety is usually successful, and with more

studies, it is possible to identify the disease in its early stages and prevent harmful events with its timely treatment. Carrying out additional studies in the form of cohorts on different groups of students, students and ordinary people in different occupational and age groups with different conditions can lead us to the control of factors affecting the mental health of people and of course prevent harmful physical and mental events.

In a cross-sectional study on 420 nurses working in Greek hospitals, no significant relationship between stress and back pain was observed. In the direction of this difference, it can be said that the evidence indicates that the ratio of nurses per hospital bed varies between 0.5 and 0.8 in our country, but in other countries, the minimum number of nurses is 1.8 per hospital bed. is The continuation of this huge gap causes a decline in the quality of nursing services, damage to the nursing workforce due to work pressure, and subsequently increases the levels of occupational stress, and leads to a lack of attention or even inattention to the principles of occupational safety, which leads to the occurrence of musculoskeletal disorders?

Palazzolo stated that the anxiety and depression of the elderly is a result of factors such as pain, weakness, drug use, lack of social relationships or emotional support as a result of the death of a spouse or isolation and distance from others, functional disability, loneliness and worry about death. Also, financial issues and the presence of mental illnesses or previous traumatic experience increase fear and anxiety in the elderly and can activate anxiety and depression disorders.

Lug et al.'s research showed that left-dominance is a phenotypic risk factor for psychiatric disorders such as depression and anxiety and increasing the severity of these disorders, although it is possible that the stability of the dominant hand is an important

individual difference in personality and cognition. In another study, compared to patients with major depression without an anxiety disorder, patients with major depression with a co-occurring anxiety disorder showed a lower right ear superiority for compound words test and a greater left ear superiority for complex tones.

Alizadeh et al. stated in a study that 9.10% of the elderly always or most of the time had severe anxiety and depression disorders, and about half of the elderly were in the moderate level of anxiety and depression disorders, and the rate of anxiety and depression disorders was higher in women than in men.

Babazadeh et al showed that anxiety, depression and stress are common among the elderly living in nursing homes.

Ghafari et al stated in a study that the investigation of depression, anxiety and stress of the elderly in Tehran shows the prevalence of these factors in this group.

Mubasheri et al stated in a research that 64.9% of people had mild depression, 8.15% had moderate depression, 8.15% had no symptoms and only 5.3% had severe depression.

Sohrabi et al. reported in Shahrood city in 2017 that 56% of elderly people living at home have mild depression, 31% moderate depression and 11% severe depression.

Nasiri et al consider assuming roles in the family and participating in the community and social relations, feeling more self-sufficiency and empowerment, self-respect and better happiness as the reason for the better condition of the elderly living in families compared to the elderly living in boarding centers. Rezaei and Manouchehri have also introduced better social relations, emotional state and feeling more respected as positive parameters of the life of the elderly in the family.

In the study of Mirzaei et al., 75% of the elderly had unfavorable sleep quality. Considering that

Iran's society is aging and entrusting the elderly to institutions is accepted more than ever, and considering that according to studies, sleep disorders in elderly care centers reach more than 75%, it is necessary to conduct studies on the sleep disorder of the elderly. It seems According to various studies, factors such as illness, pain, health status, social support status and other factors have been effective on the sleep quality of the elderly. As a result, this study was conducted to investigate sleep disorders in the elderly and the predictive power of the aforementioned factors in the occurrence of sleep disorders. Examples of anxiety disorders are separation anxiety disorder, panic disorder, agoraphobia, specific phobias, social anxiety disorder, generalized anxiety disorder, substance abuse disorder.

Causes of anxiety disorder

It is possible that some people are genetically more prone to anxiety, but this is a general impression. Your background and experiences are also important. It seems that brain chemicals called neurotransmitters as well as a pair of structures in the brain called amygdala play a role in this disease.

Symptoms of anxiety disorder

People with anxiety disorder always feel fear and worry, without the reason being clear. For example, in generalized anxiety disorder or some panic disorders, a person always feels fear and worry for no reason. The feeling of fear in those with an anxiety disorder is excessive and out of proportion to what they feel threatened. For example, in phobias, a person is abnormally afraid of something. Worry and fear are always seen in a person and bother him, to the extent that the daily life of a person is disturbed. In such a situation, a person faces challenges in his personal, family and professional life and may not be able to have

emotional relationships with his family, friends and relatives for a long time.

Conclusion

According to the World Health Organization (WHO), mental health disorders account for almost half of the burden of disease among the adolescent and youth population. People aged 10 to 24 make up 27% of the world's population. Public health should pay attention to this age group. Because health problems and risk factors for adult diseases often appear in these years. Because mental health problems in adulthood often originate in childhood and adolescence. Mental illness as a permanent change in feelings, thinking and behavior may cause discomfort and disruption in people's functioning. Chronic mental disorders begin in childhood. Therefore, there is an urgent need to identify the symptoms of these conditions early in life. In a US study, approximately 40% of participants had at least one co-occurring disorder. These results showed that the highest prevalence was related to anxiety disorder (9.31%). After that, behavioral disorders (1.19%) and mood disorders (14.3%) were the most prevalent. A meta-analysis reviewed 41 studies in 27 countries. This study showed about 1.13% as the prevalence rate of mental illness in children and adolescents, but this rate is different in different parts of the world. For example, 8.14% of Japanese teenagers had at least one psychiatric disorder at the beginning of high school, and another study found that 5.15% of Irish teenagers aged 12-15 suffered from at least one psychiatric disorder. In Iran, according to the study conducted by Mohammadi et al., among adolescents aged 12 to 17 years, the most common psychiatric disorders were attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), depressive disorders, and separation anxiety disorder (SAD). . Surveillance studies on psychiatric disorders among children and

adolescents are necessary to promote mental health and are useful in evaluating the social and demographic correlations of mental disorders in a society. Physical and mental health of children and teenagers is affected by social, cultural, political and economic changes. In a study conducted by Mohammadi et al., they found that behavioral problems are the most common psychological problems and social problems have the lowest prevalence in all provinces. Many of the roots of behavioral problems start from childhood and adolescence and are transferred to later periods of life. Screening and treatment for behavioral problems in children and adolescents is very important. The examination of epidemiological studies conducted in the field of psychiatric disorders of children and adolescents in Iran indicates the existence of defects that make it difficult to compare the results and generalize them to the society. Due to the lack of accurate and up-to-date information about the prevalence of psychiatric disorders in children and adolescents in the country, the National Survey of Psychiatric Disorders in Children and Adolescents in Iran (IRCAP) is an accurate, standardized, nationwide and coordinated assessment of psychiatric disorders in children and adolescents. Adolescent in Iran. This study is part of a national plan to determine the prevalence of psychiatric disorders in children and adolescents in Yazd city and surrounding villages.

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