

## Prevalence of Anxiety Disorders in Substance Related Disorders

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### Abstract

Tension problems are one of the most widely recognized mental issues. Up to 20% of grown-ups are influenced by tension issues every year. Nervousness issue produces dread, stress, and a consistent sentiment of being overpowered. It is additionally portrayed by steady, over the top and ridiculous stress over ordinary things. Substance reliance is an enormous worldwide general medical condition. Substance reliance is related with word related inability, expanded danger of burdensome and crazy issues, social weakness, detainment, and physical medical conditions. The reasons for drug misuse and reliance are not known, however past information propose that danger variables might be recognizable generally right off the bat throughout everyday life, even before the commencement of utilization and misuse. Epidemiological examinations have reliably settled high comorbidity between mental problems and substance use issues. The high commonness of comorbidity between substance use issues and other psychological instabilities doesn't really imply that one caused the other, regardless of whether one showed up first. Social and passionate issues may not be extreme enough for an analysis purported subclinical manifestations, and these subclinical emotional well-being issues may incite substance misuse. Comorbidity or the co-event of tension issues and substance use problem is normal. The commonness of comorbidity in the network and the mind boggling communications that happen between the two arrangements of issues should raise questions about the way in which we keep on managing every element independently, specialists need to consider these issues as an aspect of an entire complex marvels in which the two problems are firmly connected together. Accordingly, in trying to all the more likely comprehend the idea of comorbidities among nervousness and substance use issues, it is vital to analyze examples of the co-event of tension problems with substance use issues. Point of the examination: Evaluate the predominance of uneasiness issues in substance use issues and to explore the connection between explicit tension issues and substance use. This is a cross sectional enlightening investigation on patients going to the day by day outpatient enslavement center of El Matar Psychiatric Hospital. Various 200 patients with substance misuse issues were haphazardly picked. Assortment of the example was from the first of June 2017 till the first of December 2017. Patients were exposed to a full history taking, total physical and neurological assessment, mental appraisal, psychometric evaluation utilizing Hamilton Anxiety Rating Scale (HAM-A) and Drug screening in pee. Anxiety issues were found in 70.5% of substance misuse cases were 33% had a gentle degree uneasiness, 19% had a serious tension and 18.5% had moderate nervousness. The mean term of tension problem among substance misuse cases was 2.93 year. The most predominant tension issue among the substance misuse cases was alarm problem in 34% of cases, summed up uneasiness issue in 27.5%, agoraphobia in 20%, explicit fear in 18% and social fear in 15.5%.

**Keywords:** Anxiety disorders; Substance use; Prevalence.

### 1. Introduction

Tension problems are the most common mental issues (with a current overall predominance of 7.3% [4.8%-10.9%]). Among them, explicit fears are the most well-known, with a predominance of 10.3%, trailed by alarm problem (with or without agoraphobia) with a commonness of 6.0%, trailed by social fear (2.7%) and summed up uneasiness issue (2.2%). Proof is missing regarding whether these issues have gotten more predominant in late many years. As a rule, ladies are more inclined to create enthusiastic issues with a beginning at youthfulness; they are 1.5 to multiple times more probable than men to have a nervousness issue [13].

Egypt, as most non-industrial nations, is confronting a rising pattern in mental issues, with neuro-mental problems alone representing 19.8% of the weight of handicap. A public overview of grown-ups matured 18-64 years in 5 districts assessed the pervasiveness of mental problems to be 16.93%, of which mind-set issues, nervousness issues, and various issues were the most generally recognized

[10].

Overall restrictive pervasiveness has been assessed for tobacco (range 8.5%–67.5%), cocaine (range 16.7%–24.2%), heroin (21.1%–23.1%), liquor (4.2%–26.6%), and cannabis (3.9%–19.7%), Progression from use to SUD seems, by all accounts, to be fastest for heroin, trailed by cocaine, cannabis, tobacco and liquor [2].The lifetime commonness of any substance use in Egypt shifts somewhere in the range of 7.25% and 14.5%[5].

Substance use problems, disposition, and nervousness issues are far reaching among everybody and are related with generous social, financial, and wellbeing misfortune. Reports distributed in the Journal of the American Medical Association show that generally half of people with serious mental problems are influenced by substance misuse [6].

Nervousness is regular during withdrawal from substances of misuse, and indications related with substance use and withdrawal can imitate most uneasiness problems. Substances of misuse additionally effectly affect the neurobiological

frameworks associated with the pathophysiology of nervousness problems, and it is conceivable that substance use could expose weakness or lead to neurobiological changes that show as an uneasiness issue [1].

There are a few confirmations from epidemiologic and treatment contemplates demonstrating that tension problems and substance use issues ordinarily co-happen so the point of this examination is to survey the connection between uneasiness issues and substance use issues.

## 2. Subjects and methods

### 2.1 Participants

A cross sectional descriptive study on 200 patients chosen randomly. Any patient attending the daily outpatient addiction clinic of El Matar Psychiatric Hospital with substance use disorders of both genders and with the age ranging from 18 to 60 years was included till the number of cases was fulfilled. Collection of the sample was from 1st of June 2017 to 1st of December 2017 (Six months). Patients with other psychiatric, medical or neurological disorders were excluded.

### 2.2 Methods

All included patients were subjected to a full structured interview regarding age, sex, occupation, marital state. Also a full psychiatric history taking including onset, course, duration of substance abuse, and presence of risk factors, family history, admission to psychiatric hospital and prescription of medications was done. Patients were subjected to a complete physical and neurological examination, psychiatric assessment, psychometric assessment using Hamilton Anxiety Rating Scale (HAM-A) and Drug screening in urine.

### Hamilton Anxiety Rating Scale (HAM-A)

The HAM-A is a rating scale to measure the severity of anxiety symptoms. The scale consists of 14 items, each defined by a series of symptoms, and measures both psychic anxiety (mental agitation and psychological distress) and somatic anxiety (physical complaints related to anxiety). Each item is scored on a scale of 0 (not present) to 4 (severe), with a total score of 0-56, where <17 indicates mild severity, 18-

24 mild to moderate severity and 25-30 moderate to severe.

### 2.3 Statistical analysis

The gathered information was reconsidered, coded, organized and acquainted with a PC utilizing Statistical bundle for Social Science (IBM Corp. Delivered 2017. IBM SPSS Statistics for Windows, Version 25.0. Armonk, NY: IBM Corp.). Information were introduced and appropriate examination was finished by the sort of information acquired for every boundary. Huge information was viewed as nonparametric. Unmitigated information were introduced as recurrence and rates while quantitative information were communicated as mean  $\pm$  standard deviation and reach. In the factual examination between the various gatherings, Student T Test was utilized to evaluate the measurable noteworthiness of the distinction between two investigation bunch implies, for the correlation of multiple gatherings' methods, one route investigation of difference (ANOVA) was utilized, the connection between two subjective factors was inspected utilizing Chi-Square test, the connection between two subjective factors when the normal include is under 5 in over 20% of cells was analyzed utilizing Fisher's definite test, the quality of relationship between two quantitative factors was surveyed by correlational investigation. Pearson connection coefficients (r) were utilized to address the connection between guardian weight and study factors. P esteem is huge if <0.05 at certainty stretch 95%.

## 3. Results

### Demographic Information

The mean age of the included cases was 37.72 years with male predominance of 68% and most cases were married 39%, the education level showed that 39.5% of patients were illiterate, 30.5% had a primary school degree, 11% finished high school and 19% had a university degree. Regarding the occupation 44.5% of cases were unemployment, 25% had manual work, 15% work as Clerks, 5.5% were housewives and 10% were sales personnel. 52% of cases came from rural areas and 48% from urban, 72% of them were living with their families.

**Table (1)** Demographic data of the substance abuse cases.

Demographic data	No. (200)	%
<b>Sex</b>		
Male	136	68.0
Female	64	32.0
<b>Age</b>		
18 – 25	57	28.5
25 – 40	86	43.0
≥40	57	28.5
<b>Range</b>	19.0 – 65.0	
<b>Mean <math>\pm</math> SD.</b>	37.72 $\pm$ 12.03	

<b>Table (1) Continue</b>		
<b>Median</b>	35.0	
<b>Marital status</b>		
<b>Single</b>	61	30.5
<b>Married</b>	78	39.0
<b>Window</b>	17	8.5
<b>Divorced</b>	44	22.0
<b>Education</b>		
<b>Illiterate</b>	79	39.5
<b>Primary school</b>	61	30.5
<b>High school</b>	22	11.0
<b>Graduated from university</b>	38	19.0
<b>Employment</b>		
<b>Unemployment</b>	89	44.5
<b>Manual work</b>	50	25.0
<b>Clerk</b>	30	15.0
<b>Housewife</b>	11	5.5
<b>Sales personnel</b>	20	10.0
<b>Residence</b>		
<b>Urban</b>	96	48.0
<b>Rural</b>	104	52.0
<b>Living alone</b>		
<b>No</b>	144	72.0
<b>Yes</b>	56	28.0

Moreover it was estimated that 70.5% of the studied substance abusers suffered from anxiety disorders. Mild degree of anxiety was in 33%, moderate degree of anxiety was in 18.5% and severe anxiety was found in 19% of the studied cases. According to the clinical assessment of the anxiety

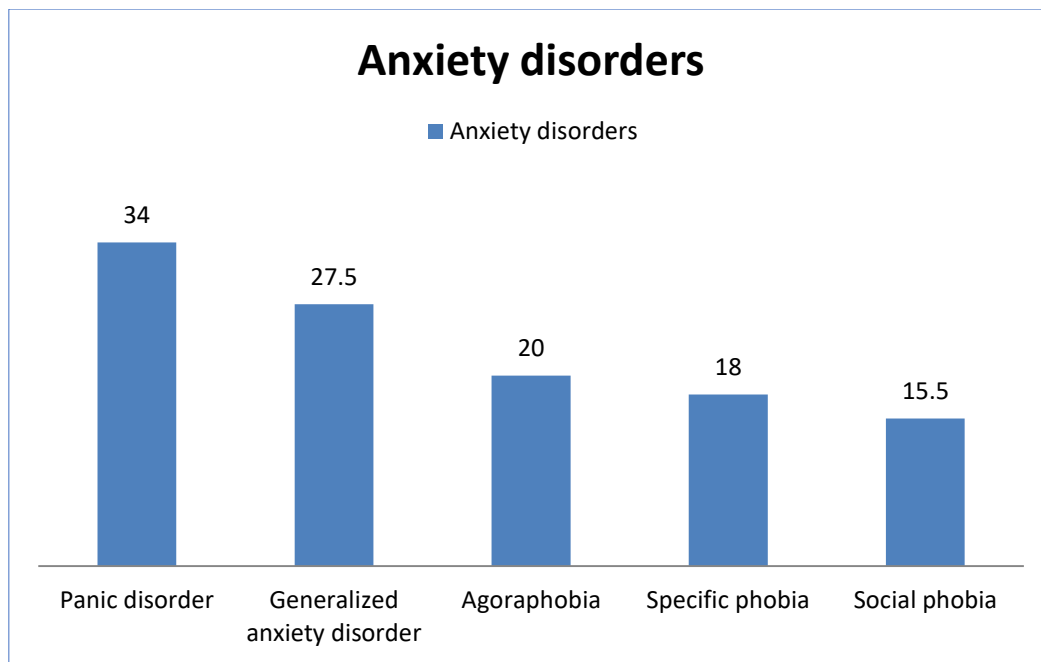
disorders the most prevalent anxiety disorder among substance abuse cases was; panic disorder in (34%), generalized anxiety disorder (27.5%), agoraphobia (20%), specific phobia (18%) and social phobia (15.5%). The mean duration of anxiety disorders among substance abuse cases was 2.93 years.

**Table (2)** Prevalence of anxiety disorders and among the substance abuse studied cases according to Hamilton scale of anxiety.

<b>Prevalence</b>	<b>No.</b>	<b>%</b>
<b>Anxiety</b>		
<b>No</b>	59	29.5
<b>Yes</b>	141	70.5
<b>Anxiety degrees</b>		
<b>No</b>	59	29.5
<b>Mild</b>	66	33.0
<b>Moderate</b>	37	18.5
<b>Severe</b>	38	19.0

**Table (3)** Types of anxiety disorders among the studied substance abuse cases.

<b>Anxiety disorders according to clinical assessment</b>	<b>No.</b>	<b>%</b>
<b>Specific phobia</b>	36	18.0
<b>Agoraphobia</b>	40	20.0
<b>Panic disorder</b>	68	34.0
<b>Social phobia</b>	31	15.5
<b>Generalized anxiety disorder</b>	55	27.5



**Fig (1)** Anxiety disorders among substance abuse studied cases.

#### 4. Discussion

Issues identified with substance misuse can cause huge handicaps in a high level of individuals. Unlawful medication misuse influences individuals on numerous useful zones and the synchronous recognition of different illnesses in 60 to 75 percent of patients with drug-related issues has been seen [12]. In the flow research the mean age of the included cases was 37.72 years with a male prevalence of 68%. This marginally can't help contradicting the examination by [15] who assessed that the mean age for SUD was 16.0 years (SD = 1.1, least age 14.1 years, most extreme age 18.0 years), and that (61.4 %) were young ladies. This distinction could be because of the trouble acquiring drugs at the youthful age and that it was a sort of untouchable for females to smoke also utilizing drugs.

Additionally in the investigation done by [4] who announced that the danger of episode of uneasiness problems was more noteworthy among ladies and danger of substance use issue was more prominent among men.

Most cases 39% of the current examination were hitched, 30% were single and the individuals who were separated from spoke to 22% of the patients contemplated and this isn't in concurrence with [6] who saw that 68% of his considered cases were hitched. This might be clarified that SUD patients have more conservative and homegrown issues that lead to separate and the disgrace of being a victimizer could be the explanation behind the high level of single cases.

Concerning instructive level, (39.5%) of patients were unskilled, (30.5%) had an elementary school degree, (11%) had a secondary school degree and (19%) moved on from colleges. This isn't in

concurrency with the investigation done by [9] who saw that (49.5%) had an elementary school degree, (1.9%) had a secondary school degree, (13.6%) had a four year certification and (1.9%) had post advanced education. The high level of lack of education among the cases might be because of the high percent of cases living in provincial zone.

The current examination is in concurrence with [3] who expressed that the occurrence of both nervousness problems and substance use issue expanded with diminishing instructive level. As to relationship among pay and mental issues [3] expressed that the pay was connected to the pervasiveness of mental problems with a lot higher relationship for occurrence. This may be clarified by the way that the pathway of the affiliation isn't just from lower pay to mental issues, yet additionally the reverse way around, [7] found that the advancement of these problems prompts a lower training level and subsequently to a lower pay. While benchmark work status itself was not related with any episode classification, done being in paid business was related with nervousness problems. Diminishing in pay was related with uneasiness problems. In the light of the current monetary emergency in numerous nations, these are significant discoveries, recommending higher occurrence paces of uneasiness problems and substance use issues. This is reliable with different examinations by [8] and [11] expressed that the ascent of joblessness rates and the diminished pay significantly increment frequency of tension issues.

A.Rahimi [9] demonstrated that the normal term of medication use in the subjects were  $9.102 \pm 6.131$  months. The base span was a year and most extreme one was 280 months. In the current investigation nervousness problems were comorbid in 70.5% of

substance misuse cases, where 33% of them had a gentle degree tension, 19% had serious uneasiness and 18.5% had moderate uneasiness, the mean term of uneasiness issue among substance misuse cases was 2.93 years, the most well-known tension issue analyzed among substance misuse cases was alarm issues in 34% of cases, summed up uneasiness issue in 27.5%, agoraphobia in 20%, explicit fear in 18% and social fear in 15.5% [14].

## 5. Conclusion

The current research revealed that (70.5%) of substance use disorders had comorbid anxiety disorder. Mild degree of anxiety (33%) was present followed by (19%) moderate anxiety and (18.5%) had severe anxiety. The mean duration of anxiety disorder among substance abuse cases was 2.93 years. A male predominance was revealed. Most anxiety disorder among substance abuse cases was panic disorders in (34%) of cases followed by generalized anxiety disorder in (27.5%).

## Reference

- [1] K.T.Brady, L.F.Haynes, K.J.Hartwell. Substance use disorders and anxiety: a treatment challenge for social workers. *Soc Work Public Health*,Vol.28(3-4), PP.407-423,2013.
- [2] L. Degenhardt, M.Glantz, C.Bharat. The impact of cohort substance use upon likelihood of transitioning through stages of alcohol and cannabis use and use disorder: findings from the Australian National Survey on Mental Health and Wellbeing. *Drug Alcohol Rev*,Vol.37, PP. 546-556,2018.
- [3] Graaf de Ron, Margreet ten Have, Marlous Tuithof,Saskia van Dorsselaer First-incident of DSM-IV mood, anxiety and substance use disorders and its determinants: results from the Netherlands Mental Health Survey and Incidence Study-2 *J Affect Disord Jul*,Vol.149(1-3), PP.100-7,2013.
- [4] B.F.Grant, R.B.Goldstein, S.P.Chou, B.Huang, F.S. Stinson, , D.A. Dawson, T.D. Saha, Smith, S.M. A.J.Pulay, R.P.Pickering, W.J. Ruan, W.M. Compton, Sociodemographic and psychopathological predictors of first incidence of DSM-IV substance use, mood and anxiety disorders: results from the wave 2 National Epidemiologic Survey on alcohol and related conditions. *Molecular Psychiatry* ,Vol.14, PP. 1051–1066,2009.
- [5] E.Hamdi , T.Gawad , A.Khoweiled, Lifetime prevalence of alcohol and substance use in Egypt: a community survey. *SubstAbus.*,Vol. 34(2), PP.97-104,2013.
- [6] S.H.Hassaan, I.I.Mohamed, H.E.K.Ahmad, Assessment of anxiety and depression among substance use disorder patients: a case-control study. *Middle East Curr Psychiatry* ,Vol.27, PP. 22-24,2020.
- [7] N. Kawakami, E.A. Abdulghani, J. Alonso, Early-life mental disorders and adult household inc,Vol.22, PP.152-154,2012.
- [8] M.Madianos, M.Economou, T.Alexiou, C.Stefanis, Depression and economic hardship across Greece in 2008 and 2009: two cross-sectional surveys nationwide. *Social Psychiatry and Psychiatric Epidemiology*,Vol.46, PP.943–952,2011.
- [9] A.Rahimi, M.K.Zarabian, M.Nazaribadie. Personality and Mental Disorders in Patients with Substance-Related Disorders Admitted to Addiction Clinics in Hamadan in 2014.*Avicenna J Neuro Psych Physio*,Vol. 3(4), PP. 46-58,2016.
- [10] N.Sabry, O.Odejimi, G.Tadros.Prevalence of Mental Disorders, Cognitive Impairment, and Dementia Among Older Adults in Egypt: Protocol for a Systematic Review *JMIR Res Protoc*,Vol.9(7), PP.37-42, 2020.
- [11] J.Sareen, T.O. Afifi, K.A.McMillan, G.J.G.Asmundson, Relationship between household income and mental disorders. Findings from a population-based longitudinal study. *Archives of General Psychiatry*,Vol.68, PP.419–427,2011.
- [12] M.B.Stein, L.Campbell-Sills, J.Gelernter. Alcohol Misuse and Co-Occurring Mental Disorders Among New Soldiers in the U.S. Army. *Alcohol Clin Exp Res*,Vol.41(1), PP.139–48,2017.
- [13] F.Thibaut. Gender does matter in clinical research. *Eur Arch Psychiatry Clin Neurosci*,Vol.267(4), PP.283–284,2017.
- [14] G.B.Kaplan, S.C.Heinrichs, R.J. Carey. Treatment of addiction and anxiety using extinction approaches: neural mechanisms and their treatment implications.*PharmacolBiochemBehav*,Vol.97, PP.619-625,2011.
- [15] Korsgaard Ole Hans, Svenn Torgersen, Tore Wentzel-Larsen and Randi Ulberg Substance abuse and personality disorder comorbidity in adolescent outpatients: Are girls more severely ill than boys. *Child and Adolescent Psychiatry and Mental Health* ,Vol.10, PP.631-632, 2017.