



Relation of Demographic and Impact of Psych educational Program on Anxiety Level in Patient Diagnosed with Generalized Anxiety Disorder in Garmian Psychiatric Center/Kalar

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ABSTRACT

Background and aim: anxiety disorders are among the most frequent psychiatric disorders that nearly one-third of the population is being affected by an anxiety disorder during their life. Psychoeducation has been used as the main anxiety management for patient diagnosed with anxiety disorder. The aim of the study to asses effectiveness of psycho- educational program among patients diagnosed with anxiety. **Methodology:** A quasi-experimental design was carried out on 82 patients diagnosed with anxiety disorder. The patients attended a knowledge-based psycho-educational program, and anxiety level was measured using the Zang anxiety self-rating scale in pre- post- intervention status. The data was analyzed using the statistical package for social sciences (SPSS) version (23). **Results:** this study has demonstrated that anxiety was high among female (67.1%) and high educated (44.9%) comparatively. The study has also indicated that psychoeducation program has significant impact on decreasing the anxiety severity. The percentage of severe anxiety in pre-intervention state was (40.2%), mild and moderate anxiety level was (9.8%) and (50%) respectively, while in post-intervention status, severe anxiety level was (20.7%), mild and moderate anxiety level were (15.9%), (63.4%) respectively. **Conclusion:** This study concluded that psych-education intervention could significantly reduce level of anxiety among anxiety patients. The impact of a psychiatric education program is primarily due to increased knowledge about anxiety and improved problem-solving skills for anxiety sufferers. Anxiety was observed less frequent in male, single and less educated, while anxiety was more severe comparatively.

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Keywords: Anxiety disorder, psycho education, demographic, Level of anxiety.

1. Introduction

Anxiety disorders are among the most frequent psychiatric disorders, together with affective disorders have a lifetime prevalence of 18%, another review study has found that the prevalence of anxiety in the general population is ranges from 3.8 to 25% in the worldwide, and the prevalence is high during midlife, in women, and the people that have chronic diseases^[1, 2]. Two studies in the research area of Kalar/Kurdistan revealed a significant prevalence of mental health problems and anxiety, with social anxiety being present in about 80% of college students^[3, 4]. Anxiety is characterised by a complex biological

and psychosocial pathogenesis, it has been defined as an uncomfortable feeling of apprehension or dread that occurs in response to internal or external stimuli and this would resulted in physical, emotional, cognitive, and behavioral symptoms, also develop to debilitating mental disorders. Anxiety sufferers have a higher period incidence of many health difficulties and frequently comorbid with other psychiatric and medical conditions. The efficacy and side effect profiles of pharmacological and psychological treatments must be well understood by the therapies^[5, 6, 7]. According the modern diagnostic classification systems (ICD-10, DSM-IV), anxiety have a various forms such as panic disorder with or without agoraphobia, generalized anxiety disorder, social phobia and specific phobia, and different therapies and approaches such as psychotherapy, pharmacotherapy, and empathic psychoeducation

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have been recommended to manage the various patterns of anxieties^[8]. Psychoeducation could be a more reliable treatment for anxiety, and it could be used in a more appropriate and practical way.

Psycho-education improves the quality of life, severity level, and condition outcome for patients with depression, anxiety, and stress, as well as their caregivers^[9]. Psycho-educational psychotherapy is a treatment of choice for the treatment of mental disorders, with the goal of curing, rehabilitating, and improving the patient's health. Patients learn to establish a coping technique when confronted with a difficulty caused by their conditions in this therapy, which may boost medication acceptance as a result of better understanding of mental illness and its repercussions^[10, 11]. Some study has shown that psychoeducation has a significant effect in decreasing level anxiety in the pregnant women with preeclampsia, and psychoeducation has also could be using in management of children involved anxiety as an effective alternative to cognitive behavioral therapy^[12, 13]. In lower-middle income nations such as Kurdistan, management mental health problems are more rely on pharmacotherapy, however, some psychotherapies such as cognitive behavioral therapy are less commonly used in the treatment of anxiety since they are required to high skilled professional staff. Psychoeducation is simple to incorporate into a training course and is well-understood by lay personnel^[14, 15]. The aim of this study was to find out the effect of psychoeducation program on the severity level of anxiety disorder in the anxiety patients with various demographic backgrounds.

2. Methods and Materials

2.1. Design of the Study:

A quantitative quasi experimental study has designed to find out the efficiency of psycho-education program on anxiety patient. This study was carried out during 10th of the march, 2021 and the 10th September, 2021.

2.2 Tacotron

The study was carried out in Garmian Psychiatric Center, any patient diagnosed with anxiety by psychiatrist in Garmian Psychiatric Center in Kalar was eligible to participate in this study. During the study period, any patient aged 10- 90 years old who has been diagnosed for more than one month was included to the study. Patients presented with severe chronic medical conditions were excluded to this study. The study get approval by Garmian Directorate of Health, all patients gave oral consent for participate in study.

2.3 Sample Size and Sampling

Overall 82 patients who have been diagnosed by anxiety disorder were recruited to this study, Participants were selected by using the random sampling method and using convince technic, sample size was drawn based on the population that are available to the researchers.

2.4 Psychoeducation program:

The program is a knowledge-based psycho-educational intervention which is developed and implemented for the treatment of anxious disorder. The program was focusing on the teaching patient about four essential care aspects related to anxiety disorder and improving patient's knowledge about the disorders which are helpful to patient's management, recovery and may reduce severity level of anxiety^[16]. In the study standard form of psychoeducation has been applied which was associated with high validity and reliability^[17]. In the Garmian Psychiatric Center, five trained staff implement the program. For each patient, the teaching program lasted around 1.5 to 2 hours.

2.5 The content of the sessions:

2.5.1 Session one:

Patients were given information about the program and psycho-educator, as well as acquainted to one another. All patients have been informed of the session schedule, as well as the location, day, and time of the sessions. Patients were informed about the instructions and ethical considerations for participating in a psycho-education program trial.

2.5.2 Session two:

The patient was educated on the causes, symptoms, and available treatments for anxiety disorders. Patients also taught about the treatment's active role, the types of pharmaceuticals used, and the costs and benefits of each psychotherapy technique, particularly psycho-education.

2.5.3 Session three:

All patients were asked to provide feedback on the program, its benefits, as well as any questions, comments, or suggestions they had. Patients were encouraged to build a conclusion by sharing their thoughts about the program. Patients have been involved in anxiety disorder self-management and the use of communication skills to alleviate anxiety symptoms.

2.6 Tools and measurement

The questionnaire consisted of two parts. Part one included demographic information such as age, marital status, gender, and education level. Part two was comprised of the Zang anxiety self-rating scale items. This scale was developed for the personal use. It is standard tool that has been validated, and it had high reliability value in many studies^[18]. It has included 10 items, it is 5 Likert scale, never (scored, 0), some time (scored 1), half the time (scored 2), frequent (scored 3) and a way (scored 4)^[19]. Anxiety level was measured based on the collection of score of each item and it has been categorized to mild (0-16), moderate (17-24) and severe (25-40). Data was collecting by the utilizing the interview method.

2.7 Statistical methods

Data of the present study was analyzed through using application of Statistical package for social sciences (SPSS) version (23). Descriptive analyzed was based frequency and percentage, and

mean and standard deviation. Chi-square, T test and ANOVA were used as inferential statistic for test the statistical relationship of anxiety level with demographic characteristic, in pre and post intervention. Level of significant was measure using p value less than 0.05.

3. Result and discussion:

The study included a total of eighty-two patients who were diagnosed with anxiety disorder. According to the findings, anxiety was highest among females (67.1%) and those with a high level of education (44.9%). The study also found that a psychoeducation program had a significant impact on the severity of anxiety. Psychoeducation has significantly decreased the severity level of anxiety. Severe anxiety rate was high in the pre-intervention state (40.2%), mild and moderate anxiety levels (9.8%) and (50%) respectively, while the rate of severe anxiety was less in the post-intervention state (20.7%), mild and moderate anxiety levels (15.9%), and (63.4%) respectively. The outcome of this study was consistent with previous findings that showed the significant efficiency of a psychoeducation program in reducing the severity of anxiety disorder symptoms among anxiety depression and pregnant women^[12, 13, 20]. Different types of psychoeducation have had a significant impact on anxiety levels, symptoms, and problems. Several studies have shown that mindfulness-based cognitive therapy (MBCT) can considerably reduce anxiety and fear levels in individuals with general anxiety disorder (GAD), and psycho-education utilizing cognitive behavior therapy (CBT) is a common treatment for reducing anxiety symptoms in society^[21-24].

Psychoeducation can be applied in a variety of situations. For instance, one study found that family psycho-education treatment is more effective in reducing family anxiety and other anxiety-related conditions, such as anxiety in pregnant mothers with preeclampsia^[25, 26]. The effect of psychoeducation could be related to free discussion that has made sense of sympathy when it compared with using an emotional shield and reactive defense mechanisms, such as avoiding, and rationalizing, the demonstrate. Another mechanism of psych-education is the efficient change in job awareness for patients with mental

illnesses, as well as the development of life management skills^[27,28].

The frequency of anxiety was higher in females than in males in the current study, although the difference was not significant. Meanwhile, males had higher anxiety levels than females, with males having a higher mean anxiety score (Table 1). Then, this conclusion was consistent with other several studies. Many studies have indicated that females were more prone to develop anxiety with math knowledge than males, and it have been recognized various factors that power the clarify relation among sex and math anxiety. The frequency, severity, burden and experimental features of anxiety and comorbidities are high in female compared with male, and anxiety has made greater negative impact on female's quality of life^[29-31]. Another study in Garmian, Kurdistan, found that female students have a higher level of anxiety than male students, and that the educational program had a strong but not significant effect on girls compared to boys^[3].

Marital status was one of the indicators of anxiety, more than half of anxious patient in the present study were married and had moderate anxiety, however, chi-square in (Table 2) showed that the difference was not significant. Similar findings have been observed in a study that found that marital status and sex strongly predict advanced levels of passing anxiety among New Zealanders^[32]. In the current study, married people were more likely to suffer from anxiety, but single people and people with lower education levels had a higher mean anxiety score (Table 1). Age also has a significant impact on developing anxiety. Middle adult (30-60 years old) was more frequently developed anxiety in this study. Significant difference between the younger and older ages related to anxiety level was not observed by using chi-square (Table 3). Anxiety in this age group may be related to less job satisfaction and productive life. Anxiety and age have a remaining correlation, longer duration of sickness and more severe anxiety would be more worsening the age effects on the efficient connectivity and involvements in late-life anxiety^[33].

Table 1 : Frequency of demographic and mean of anxiety of the participants.

Variable	Frequency	%	M ± SD.	ANOVA & t-test	.p-value	
Gender	Male	26	32.9	19.28±4.8	.300	.732 N.S
	Female	56	67.1	18.89±5.6		
Age	10-30 years	27	33.5	18.48±5.1	.761	.471 N.S
	30-60 years	45	54.9	19.62±5.5		
	60-90 years	10	11.6	17.60±4.7		
Marital state	Single	21	25.1	20.52±5.4	1.870	.142 N.S
	married	44	53.2	19.19±5.5		
	divorce	11	13.8	16.00±3.7		
	widow/ widower	6	8.0	18.00±4.2		
Education	Illiterate	11	12.8	20.60±4.7	.593	.705 N.S
	Read & write	9	11.5	21.12±5.0		
	Primary	12	14.0	18.58±5.4		
	Secondary	11	13.8	18.64±5.3		
	High school	36	44.9	18.28±5.5		
	High education	3	3.2	20.00±7.0		

F: Frequency, %: Percentage, M: Mean, SD: Standard Deviation.

Table (1) shows that eighty-two patients with anxiety disorders had been included in the study. Most of the participant was female (67.1%), aged between 30-60 year (54.9%), and married (53.2%), and high school education (44.9%). Mean of anxiety level was varies among demographic status of participants, while the difference was not statistically difference. Single and lower educations status had high mean score of anxiety

Table 2: The result of chi-square for comparing the level of anxiety with marital states.

Marital State	Level of anxiety post-intervention			Chi-Square	Sig.
	Mild (%)	Moderate (%)	Severe (%)		
Single	4(19.2)	11(52.7)	6(29.2)	5.774 ^a	.449 N.S
Married	4(9.7)	31(70.6)	9(20.3)		
Divorce	3(27.1)	7(64.2)	1(9.7)		
Widow/ widower	2(33.4)	3(50.6)	1(17.8)		
Total	13(16.3)	52(63.4)	17(21.6)		

Table 2 shows that there is no significant relationship between marital status and anxiety levels. Single people, on the other hand, were more likely to suffer from severe anxiety 6(29.2).

Table 3: the result of chi-square for comparing the level of anxiety among age groups.

Ages	Level of anxiety post-intervention			Chi-Square	Sig.
	Mild(%)	Moderate(%)	Severe(%)		
10-30 years	6(22.2)	18(66.6)	3(11.1)	5.639 ^a	.228 N.S
30-60 years	4(8.8)	29(64.4)	12(26.6)		
60-90 years	3(30.0)	5(50.0)	2(20.0)		
Total	13(15.8)	52(63.4)	17(28.7)		

Table 3 showed that there was not significant different anxiety level and ages groups among. There was high rate of severe anxiety in ages group (30-60) years 12(26.6%).

Table 4: the result of chi-square for comparing the level of anxiety among educational levels.

education	Level of anxiety post-intervention			Chi-Square	Sig.
	Mild(%)	Moderate(%)	Severe(%)		
Illiterate	0(0)	8(72.7)	3(27.2)	7.604 ^a	.668 N.S.
Read & write	0(0)	7(77.7)	2(22.2)		
Primary	3(25.0)	6(50.0)	3(25.0)		
Secondary	3(27.2)	6(54.5)	2(18.1)		
High school	6(16.6)	24(66.6)	6(16.6)		
High education	1(33.3)	1(33.3)	1(33.3)		
Total	13(15.8)	52(63.4)	17(28.7)		

Table 4 has illustrated that there is no significant different in level of anxiety and education level. Illiterate education level was more frequent had severe anxiety 3 (27.2).

Table 5: frequency of anxiety level in pre and post psychoeducation program.

Level of anxiety	Pre - intervention		Post - intervention		Chi-Square	.Sig.
	Frequency	%	frequency	%		
Mild	8	9.8	13	15.9	4.045	0.01 S.
Moderate	41	50.0	52	63.4		
Sever	33	40.2	17	20.7		
Total	82	100	82	100		

The Table 5 indicated that there are significant differences in the rate of anxiety level in pre and post intervention status. In pre-intervention more cases were severe 40% and mild anxiety was less 9.8% while, in post-intervention mild anxiety has increased to (15.9%), severe anxiety was decreased to (20.7%).

Conclusion

According to the findings of this study, a psychiatric education intervention could dramatically reduce anxiety levels in anxiety patients. The impact of a psychiatric education program is primarily due to increased knowledge about anxiety and improved problem-solving skills for anxiety sufferers. Anxiety is more common in women who are married and have a high education level, but severe anxiety is more common in men who are single and have a lower education level. Psychotherapies and health staff should give more consideration for married women and single men. Psychoeducation program could be used more efficiently for anxiety patient with pharmacological treatment.

Conflict of interests

None

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