Prevalence of Anxiety Disorders in Patient Presenting to Cardiology Outpatient Department

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ABSTRACT

Psychiatric comorbidities in a cardiovascular condition have been in an increasing ratio. Psychiatric disorders such as depression and anxiety represent an additional risk for Coronary Artery Disease. As a consequence, the co-existence of physical and psychiatric morbidity negatively affects the course and outcome of both the conditions resulting in increased overall burden of disease.

One study conducted in 2001 in Bikaner, India found high prevalence (75%) of Diagnosable psychiatric morbidity among patients attending Cardiac OPD. Most commonly (38.67%) diagnosed disorder was Depressive disorder followed by panic disorder as the diagnosis (38.10%).

Psychiatric morbidity among patients attending cardiac outpatient department has been revealed as a significant problem in many studies. The objective of this study was to determine the proportion of psychiatric morbidity among patients attending the cardiology outpatient department in a tertiary care centre. This is a cross-sectional study Convenient sampling technique was used. The aim of this study is to find out the prevalence of psychiatric morbidity in patients attending the cardiology OPD. This will help in planning proper diagnosis and treatment in time of these non-cardiac psychiatric disorders and may reduce mortality, improve quality of life and speed the recovery of patients with cardiac diseases.

Keywords: anxiety, panic disorder, cardiovascular diseases

INTRODUCTION

Depression and anxiety are common among patients who have an acute coronary syndrome (ACS) or other major cardiovascular event. Despite their frequency, these psychiatric syndromes often go unrecognized and can persist for months to years, substantially impacting quality of life. [1-4] Furthermore, both depression and anxiety have been independently associated with negative cardiac outcomes in patients with acute cardiac events and, indeed, across the spectrum of cardiac disease [5-8] Fortunately, safe and effective treatments exist for depression and anxiety disorders in these patients, [9-11] and systematic evaluation of cardiac patients for psychiatric symptoms has the potential to substantially improve outcomes. [12]

In this review, we will examine the phenomenology of ACS and outline the prevalence and medical impact of depression and anxiety in patients with ACS and other forms of cardiovascular illness. We will discuss the mechanisms by which mood and anxiety symptoms may impair cardiac prognosis and will describe treatment considerations in this population. In the literature, depression in cardiac patients has been defined in several different ways, with some studies focusing on the formal syndrome of major depression and others focusing on elevated depressive symptoms on self-report measures. Similarly, though most studies of anxiety in heart disease have used self-report measures, there is increasing study of specific anxiety disorders among patients with cardiac illness. In this article, we will

review the literature on both self-reported symptoms of depression and anxiety and the existing data on specific depressive and anxiety disorders.

Anxiety disorders are common in patients with cardiovascular disease. Anxiety disorders are associated with the onset and progression of cardiac disease, and in many instances have been linked to adverse cardiovascular outcomes. [13-14]

Anxiety is common in patients with cardiovascular disease such as coronary artery disease. A recent meta-analysis found an 11% point prevalence and 26% lifetime prevalence of anxiety disorders in coronary artery disease patients and similar meta-analysis in heart failure patients found anxiety prevalence to be 14%.These rates are higher than the 3-7% lifetime prevalence of anxiety disorders in the general population. Anxiety is associated with poor outcomes in patients with established heart disease and also in patients who have non-cardiac chest pain. [15-16]

AIM: To determine the prevalence of anxiety disorders in patients with cardiovascular disease reporting to a tertiary care centre.

OBJECTIVES: This study determined the prevalence of anxiety disorders in patients presenting to cardiology outpatient department.

MATERIALS AND METHODS

This is a descriptive cross sectional study conducted among patients reporting to cardiology outpatient department in Saveetha Hospital. All patients who came to visit cardiology outpatient department were selected and those who were not willing to participate in the study were excluded from the study. The single proportion formula were used for sample size calculation and the proportion was obtained from the earlier study, where p=26%,with the confidence level of 95% and the error allowed was 5%, the sample size obtained was 171. Simple random sampling was used. Interview

Questionnaire method using structured interview schedule. After getting informed written consent, a set of questions was put forth by the investigator to the patient and their responses were recorded. Hamilton – A scale was used for assessing the presence of anxiety in those patients. This study was approved by the institutional ethical committee of Saveetha medical college and hospital, Chennai.

RESULTS

The mean age was 33.70 with a narrow male predominance. Out of the 200 participants recruited into the study, 98(49%) people were found to be having anxiety disorder with varying severity. Out of the 98 people diagnosed with anxiety disorder, 1% had mild anxiety, 43.5% had moderate level of anxiety and 4.5% quantified under severe anxiety disorder. The sociodemographic profile of the participants and the anxiety disorder did have a statistically significant correlation. Anxious mood Worries anticipation of the worst fearful anticipation irritability was the single most common factor that was predominant in patient with anxiety disorder.
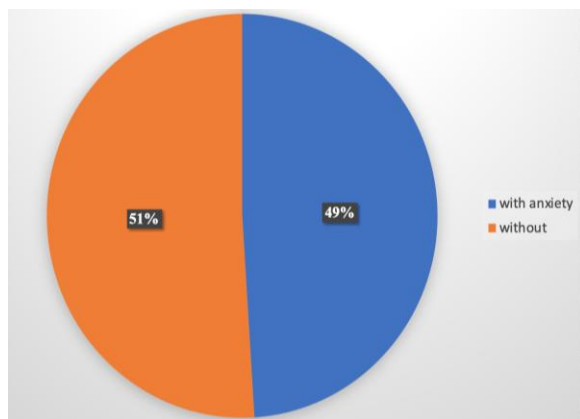
TABLE 1: SEX RATIO

sex	total
male	120
female	80
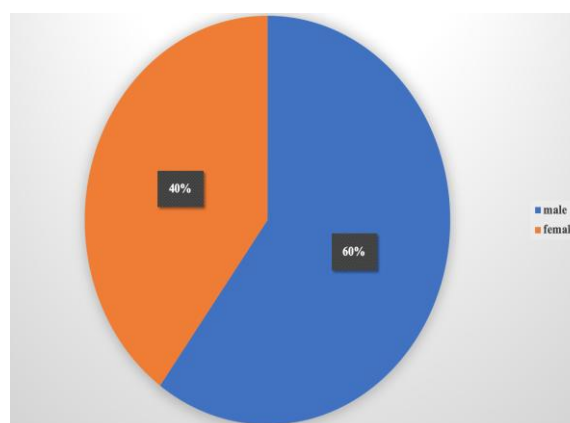
PIE CHART 1: SEX RATIO

TABLE 2: PRESENCE OF ANXIETY

presence of anxiety	total no. of people
with anxiety	98
without	102

PIE CHART 2: PRESENCE OF ANXIETY

TABLE 3: SEVERITY BASED ON HAMILTON A SCALE

severity based on hamilton A scale	percentage
mild	1%
moderate	43.50%
severe	4.50%
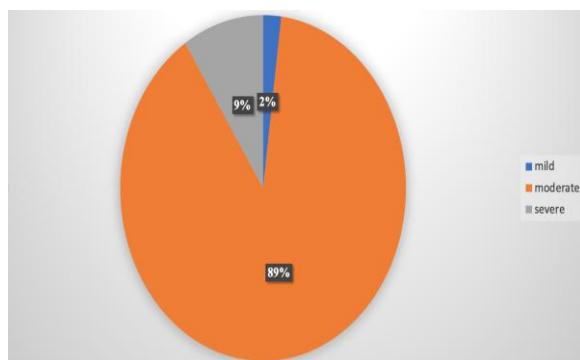
PIE CHART 3: SEVERITY OF ANXIETY BASED ON HAMILTON A SCALE

CONCLUSION

The present study shows that the proportion of anxiety disorder among patients attending cardiac outpatient department is very high. There is a need to improve the knowledge of psychiatry among general practitioners and cardiologists so that they can adequately screen the patients for psychiatric morbidity and refer them to psychiatric facilities where possible.

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