

## Anxiety Disorders among Patients in Primary Care Centers

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### Abstract

**Background:** Anxiety disorders are some of the most common mental health issues globally, with significant consequences for individuals' quality of life and overall well-being. In primary care settings, anxiety disorders frequently co-occur with somatic

**Aim of study:** This study aimed to investigate the prevalence of anxiety disorders among patients presenting with somatic complaints in a primary care setting.

**Patients and Methods:** A cross-sectional study was conducted on 106 patients visiting a primary care unit. Participants completed self-report questionnaires assessing somatic symptoms and anxiety disorders. Diagnostic interviews were also conducted to confirm anxiety disorder.

**Results:** The study included a total of 106 participants. The majority of participants were young adults aged 26-35 years (32.1%), followed by the 36-45 age group (26.4%). A smaller proportion of participants were in the older age group of 56-65 years (7.5%). In terms of gender, the sample was predominantly female (66%), with a smaller proportion of male participants (34%). results were shown that the prevalence of anxiety among a sample of 106 participants reached about 83%, which reported experiencing some level of anxiety, ranging from simple to severe. Income level emerged as a significant predictor of anxiety. Individuals with lower income levels were more likely to experience higher levels of anxiety. On the other hand, Age, sex, marital status, and number of children were not found to be significant predictors of anxiety in this study. The high prevalence of anxiety highlights the need for increased mental health awareness and access to mental health services. The significant association between income level and anxiety suggests that socioeconomic factors may play a crucial role in mental health.

**Conclusion:** Anxiety disorders are highly prevalent among primary care patients with somatic complaints. These findings highlight the importance of screening for and managing anxiety in this patient population to improve clinical outcomes.

## اضطرابات القلق بين المرضى في مراكز الرعاية الأولية زينب محمد حسن، سلام فيصل لفتة، علا بدري رسول

### الخلاصة

### المقدمة

تُعد اضطرابات القلق من أكثر مشكلات الصحة النفسية شيوعًا على مستوى العالم، ولها آثار كبيرة على جودة حياة الأفراد ورفاههم العام. وفي بيانات الرعاية الأولية، غالبًا ما تتزامن اضطرابات القلق مع الشكاوى الجسدية.

### هدف الدراسة

هدفت هذه الدراسة إلى التحقيق في مدى انتشار اضطرابات القلق بين المرضى الذين يعانون من شكاوى جسدية في بيئة الرعاية الأولية.

### المرضى والطرق

أجريت دراسة مقطعية على 106 مريض زاروا وحدة رعاية أولية. أكمل المشاركون استبيانات ذاتية لتقييم الأعراض الجسدية واضطرابات القلق، كما أُجريت مقابلات تشخيصية لتأكيد الإصابة باضطرابات القلق.

### النتائج

شملت الدراسة 106 مشاركين. كانت النسبة الأكبر من المشاركين من فئة الشباب الذين تتراوح أعمارهم بين 26-35 سنة (32.1%)، تليها الفئة العمرية 36-45 سنة (26.4%)، في حين كانت النسبة الأقل من الفئة العمرية 56-65 سنة (7.5%). من حيث الجنس، كانت الغالبية من الإناث (66%)، مقارنةً بنسبة أقل من الذكور (34%). أظهرت النتائج أن انتشار القلق بين العينة بلغ حوالي 83%، حيث أبلغ المشاركون عن مستويات مختلفة من القلق، تتراوح بين البسيطة إلى الشديدة. وقد تبين أن مستوى الدخل يُعد مؤشرًا هامًا للتنبؤ بالقلق، حيث أن الأفراد ذوي الدخل المنخفض كانوا أكثر عرضة للإصابة بمستويات أعلى من القلق. من ناحية أخرى، لم تُظهر المتغيرات مثل العمر، الجنس، الحالة الاجتماعية، وعدد الأطفال دلالة إحصائية كمؤشرات للتنبؤ بالقلق. وتشير النسبة المرتفعة لانتشار القلق إلى الحاجة إلى زيادة الوعي بالصحة النفسية وتحسين إمكانية الوصول إلى خدمات الصحة النفسية. كما أن العلاقة المهمة بين الدخل والقلق توحى بأن العوامل الاجتماعية والاقتصادية قد تلعب دورًا حاسمًا في الصحة النفسية.

### الاستنتاج

تُعد اضطرابات القلق شائعة بشكل كبير بين مرضى الرعاية الأولية الذين يعانون من شكاوى جسدية. وتسلط هذه النتائج الضوء على أهمية الفحص المبكر ومعالجة القلق ضمن هذه الفئة من المرضى لتحسين النتائج السريرية.

## **1. Introduction**

Somatic complaints, such as pain, fatigue, and gastrointestinal issues, are common reasons for seeking care in primary care settings. While these symptoms can have a variety of underlying medical causes, research has shown that psychological factors, particularly anxiety disorders, play a significant role in the experience and presentation of somatic symptoms (Simon *et al.*, 1999; Richardson and Brahmhatt, 2021; Swainston *et al.*, 2023). Anxiety disorders, such as generalized anxiety disorder, panic disorder, and social anxiety disorder, are characterized by persistent feelings of worry, fear, and physiological arousal. These psychological states can manifest as physical symptoms, leading patients to seek medical care for their somatic complaints. However, the prevalence of anxiety disorders among primary care patients with somatic complaints is not well-established (Pihkala, 2020).

The current study aimed to investigate the prevalence of anxiety disorders in a sample of primary care patients presenting with somatic complaints. Understanding the relationship between anxiety and somatic symptoms can inform clinical practice and improve the management of these patients in primary care settings.

## **2. Patients and Methods**

### **2.1. Participants and Procedure**

The study was conducted at a primary care clinic in a metropolitan area. Over 6 months, 106 patients who presented with somatic complaints were recruited to participate. Eligible participants were adults (18 years or older) who reported experiencing physical symptoms, such as pain, fatigue, or gastrointestinal issues, as their primary reason for seeking care. Participants completed self-report questionnaires assessing their somatic symptoms and anxiety levels. They also underwent a diagnostic interview conducted by a trained clinician to determine the presence of any anxiety disorders based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria.

### **2.2. Measurement of Anxiety Disorder**

Anxiety Disorders: The Structured Clinical Interview for DSM-5 Disorders (SCID-5) was used to diagnose anxiety disorders, including generalized anxiety disorder (Alhadi AN).

### **2.3. Data Analysis**

Descriptive statistics were used to calculate the prevalence of anxiety disorders among the study participants. Chi-square tests and independent samples t-tests were conducted to examine the differences in somatic symptom severity between participants with and without an anxiety disorder diagnosis.

## **3. Results and Discussion**

### **3.1. Demographic and Clinical Characteristics**

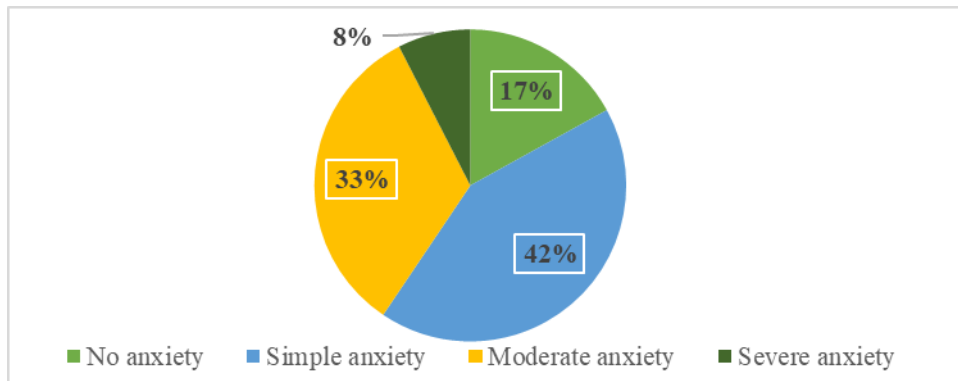
The present study examined the demographic characteristics of 106 participants. The majority of participants were 26-35 years (N = 34, 32.1%,) followed by 36-45 (N = 28, 26.4%]. A smaller proportion of participants were in the 56-65 group, N = 8, 7.5%. Regarding marital status, most participants were married (N = 79, 74.5%). About (N = 23, 21.7%) were single, while a small percentage were divorced (N = 3, 2.8%) or widowed (N = 1, 0.9%). In terms of gender, the sample was predominantly female (N = 70, 66%), with a less proportion of males (N = 36, 34%). Finally, the participants were distributed relatively evenly across the three income categories: 7.5% reported having low income, 67% had middle income, and 25.5% had high income as shown in Table 1.

**Table1:** Frequency of the Participants According to Demographic Information

Variables	Groups	N	%
Age Group (Years)	16-25 Years	18	17.0
	26-35 Years	34	32.1
	36-45 Years	28	26.4
	46-55 Years	18	17.0
	56-65 Years	8	7.5
Status	Married	79	74.5
	Single	23	21.7
	Divorce	3	2.8
	Widow	1	0.9
Sex	Male	36	34.0
	Female	70	66.0
Income state	Low	8	7.5
	Middle	71	67.0
	Good	27	25.5

### 3.2. Scoring of Anxiety Symptoms

The results show that 42.5% of participants reported experiencing simple anxiety, followed by moderate anxiety (33.0%) and severe anxiety (7.5%). A relatively smaller proportion of participants (17.0%) reported no anxiety, overall, the Prevalence of anxiety was 83%, as presented in Fig.1.



**Figure1:** Distribution of Anxiety Levels Among Study Participants

The pie chart illustrates the percentage of participants experiencing different levels of anxiety. 42% had simple anxiety, 33% had moderate anxiety, 17% had no anxiety, 8% experienced severe anxiety

The results of this study indicate a high prevalence of anxiety among the participants, with 83% reporting experiencing some level of anxiety. This is a concerning finding, as anxiety can have a significant negative impact on individuals' mental health and well-being. The most common level of anxiety was simple anxiety, reported by 42.5% of participants. This indicates that a significant portion of the population is experiencing mild anxiety symptoms. A substantial number of participants reported moderate (33.0%) and severe (7.5%) anxiety, highlighting the presence of more severe forms of anxiety within the population. The high prevalence of anxiety suggests a significant mental

health burden within the study population. Addressing anxiety is crucial for improving the overall well-being of individuals. There was no significant association between sex, Age of the participants and marital status with anxiety level ( $p > 0.05$ ), as presented in Table2 Interestingly, there was a significant association between income level and anxiety level ( $p < 0.05$ ). Individuals with lower income levels were more likely to report higher levels of anxiety compared to those with middle- or good-income levels. Furthermore, there was a significant association between the severity of anxiety and the reported difficulty it caused in daily life ( $p < 0.05$ ). Participants with higher levels of anxiety (moderate or severe) were more likely to report significant difficulties in their lives compared to those with no anxiety or simple anxiety. Results were shown that financial difficulties may contribute to higher levels of anxiety. Also, it was highlighting the significant negative impact that anxiety can have on individuals' daily lives, particularly for those with moderate or severe anxiety.

**Table2: The Association Between Different Variables with Anxiety Score**

Variable	Groups	Anxiety				P-value
		No Anxiety	Simple Anxiety	Middle Anxiety	Sever Anxiety	
Sex	Male	5	16	12	3	0.543
	Female	13	29	23	5	
Age Group (Years)	16-25	5	9	4	0	0.065
	26-35	4	14	13	3	
	36-45	5	11	10	2	
	46-55	2	6	8	2	
	56-65	2	5	0	1	
Status	Married	11	33	29	6	0.134
	Single	7	10	5	1	
	Divorce	0	2	0	1	
	Widow	0	0	1	0	
Money	Bad	0	1	5	2	0.001
	Middle	9	33	24	5	
	Good	9	11	6	1	
Effect of anxiety on their lives	Difficult	13	12	3	0	0.002
	Extremely difficult	5	30	24	3	
	Very difficult	0	3	7	3	
	No difficulty	0	0	1	2	

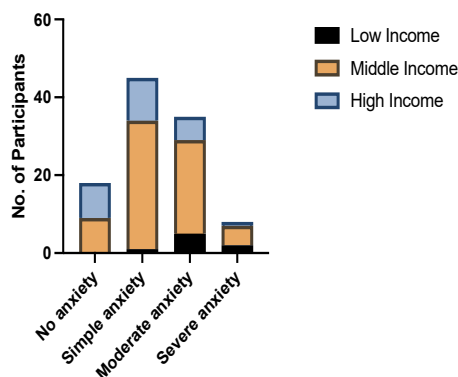
Chi-Square Results are presented as N (%),  $p < 0.05$  considered significantly different

The incidence pattern of anxiety disorders changes with age. Anxiety disorders are among the most common mental disorders in young people, especially for age group (26-45) which was similar as reported in previous study engagement with technology can be a risk factor for anxiety. Individuals have higher social media and technology use rates (Chan, Hsieh and Usak, 2021; Liao, Widowati and Hsieh, 2021; Rapee *et al.*, 2023; Zisopoulou and Varvogli, 2023). An increasing body of evidence has shown that technology and engagement with social media are positively correlated with anxiety disorders in young people. This study also found that a significantly large burden of anxiety disorders, as measured by the total number of cases, was present in middle & high-income. this finding is consistent with previous research demonstrating a link between affluence and anxiety. The reason that anxiety is more prevalent in higher-income individual could be due to a range of factors, like the typical lifestyle in affluent compared to low

income(22:495–499) (Hawes *et al.*, 2022; Prasad *et al.*, 2023; Zisopoulou and Varvogli, 2023). In more prosperous societies, jobs are typically more sedentary in nature. People obtain less physical activity; individuals are more likely to consume a diet heavy in processed foods, sodium, and sugar, which can catalyze psychophysiological reactions that impact mood and affect. High sodium levels can result in elevated blood pressure, resulting in psychological symptoms like stress and anxiety. Simple sugars can cause sharp spikes in blood glucose levels, resulting in anxiety symptoms. These factors can negatively impact mental health and increase the risk of developing an anxiety disorder over time. Anxiety impacts everyone differently. There are both physical and emotional symptoms, varying in severity. Not only does anxiety impact the person with the symptoms, but it can also often impact family and friends. Being diagnosed with anxiety can affect a person’s career, hobbies, and self-esteem (Baxter *et al.*, 2013, 2014; Villasante Fricke and Miteva, 2015). A mental health professional may diagnose an anxiety disorder if the level of anxiety is to such a degree that symptoms are overpowering and interfere with daily life. The healthcare professional may ask about physical symptoms and thoughts and how these impacts regular life. Table3 and Fig.2 presented the distribution of anxiety levels across different income groups. Results were shown that only 7 out of 8 Individuals in the low-income group reported the mild to moderate levels of anxiety. While the middle-income group had a higher prevalence of anxiety compared to the high-income group, it was notably higher than the low-income group. In high-income group, 9 out of 27 were not reported any level of anxiety, 11, 6 were reported a simple to moderate anxiety and only 1 were reported severe level These findings highlight the importance of addressing socioeconomic disparities to improve mental health outcomes (Baxter *et al.*, 2013, 2014; Bandelow and Michaelis, 2015; Bandelow, Michaelis and Wedekind, 2017; Commodari and La Rosa, 2021). Policies and interventions that aim to reduce poverty, increase access to healthcare, and promote social inclusion can be effective in mitigating the impact of income on anxiety and other mental health conditions.

**Table3:** Anxiety Level According to the Income of the Participants

Anxiety	Low Income	Middle income	High Income
No anxiety	0	9	9
Simple anxiety	1	33	11
Moderate anxiety	5	24	6
Severe anxiety	2	5	1



**Figure2:** Relationship Between Anxiety Levels and Income Status of Participants

This stacked bar chart illustrates the distribution of anxiety levels (simple, moderate, severe) among participants categorized by their income status: **Low income**, **Middle income**, **Good income**. Each bar represents the total number of participants within an income group, with segments showing the proportion experiencing different anxiety levels. The data suggests that anxiety, particularly moderate and simple anxiety, is more prevalent among participants with middle income, while severe anxiety is less reported across all income levels.

Income inequality pertains to disparities in income between the rich and the poor and is recognized as one of the world's most serious social problems. It has been found to be associated with less sustainable economic growth, lower civic engagement, more health problems, and lower psychological well-being. Studies have found that the effects of inequality remain robust after controlling for income levels, suggesting that its effects are distinct from absolute income. In the educational context, inequality has most often been explored in relation to achievement outcomes, and past studies have shown a negative association between the two (Maddocks, 2010; Bandelow, Michaelis and Wedekind, 2017). However, less attention has been paid to affective outcomes such as test anxiety. Although we are not aware of any previous empirical study that has linked income inequality to test anxiety, income inequality “may serve as a contextual stressor” and make test anxiety more prevalent. Indeed, studies have shown that income inequality is perceived as threatening and stressful. studies have shown that income inequality is perceived as threatening and stressful. Indirect empirical evidence for the potential linkage between income inequality and test anxiety can also be found in two interrelated yet distinct strands of literature (Pickett and Wilkinson, 2015; Carey, 2022). The first strand is from epidemiological research. Epidemiological studies have shown that people living in areas with higher levels of income inequality have worse mental health outcomes, including higher levels of depression and anxiety. This pattern has been found both within and across countries, and applies to both those of lower and higher socioeconomic status (SES). Research has also shown that students who have high test anxiety are more likely to suffer from mental health and socio-emotional problems. The second strand of work comes from sociological literature which focuses on income inequality and status anxiety (Patel *et al.*, 2018; Shimonovich *et al.*, 2022). In highly unequal societies, individuals can gain more material and social resources by doing better than their peers. Inequality also makes one's position in the social hierarchy more important and salient. Thus, people become stressed and anxious about their relative social position and fearful of being left behind by their peers. Although test anxiety is distinct from status anxiety, these different forms of anxiety nevertheless share a common conceptual dimension. The data in Table4 shown a clear link between the severity of anxiety and the reported quality of life. Individuals with no or simple anxiety were more likely to report no difficulty in their daily lives (Patel *et al.*, 2018). Conversely, those with moderate or severe anxiety were more likely to report experiencing difficulties in their daily lives. These findings suggest that anxiety can significantly impair a person's ability to function in daily life. It highlights the importance of addressing anxiety to improve overall well-being (Beidel and Turner, 2007; Hofmann, 2007; ‘Shy children, phobic adults: nature and treatment of social anxiety disorder’, 2007).

**Table4:** Frequency of the Anxiety Level Based on the Quality of Life

<b>Anxiety</b>	<b>No Difficulty</b>	<b>Difficult</b>	<b>Very Difficult</b>	<b>Extremely Difficult</b>
<b>No anxiety</b>	13	5	0	0
<b>Simple anxiety</b>	12	30	3	0
<b>Moderate anxiety</b>	3	24	7	1
<b>Severe anxiety</b>	0	3	3	2

As shown in Table5, Multiple linear regression analysis was conducted to examine the association between anxiety level and demographic characteristics. Results were shown that the strongest predictor of anxiety was the number of children, with a significant negative association ( $p = 0.002$ ). Interestingly, this suggests that individuals who have

more children are more likely to experience of decreasing level of anxiety While none of Age, Sex, status, and Money were found to be significant predictors of depression in this analysis (Beidel and Turner, 2007; Hofmann, 2007; ‘Shy children, phobic adults: nature and treatment of social anxiety disorder’, 2007; Patel *et al.*, 2018; Carey, 2022; Shimonovich *et al.*, 2022).

**Table5:** Multiple Linear Regression for the Association of Anxiety and Demographic Characteristics

Groups	Anxiety			P value
	B	S.E	t	
Age	0.035	0.037	0.945	0.347
Sex	0.458	0.839	0.546	0.586
Status	0.399	0.717	0.557	0.579
Child	-2.207	0.705	-3.132	<b>0.002</b>
Money	0.035	0.037	0.945	0.347
Results are presented as N(%), p<0.05 considered significantly different				

Anxiety disorder showed neither age nor gender has a difference in the prevalence, these results were consistence with the previous finding by those who reported that there were no differences between men and women about the age of onset and the estimated chronicity of anxiety disorders. Significant gender effects were observed in the patterns of comorbidity and in the dysfunction associated with having an anxiety disorder, which together underscores the importance of gender to the epidemiology of anxiety (Yang *et al.*, 2021; Farhane-Medina *et al.*, 2022). The multiple linear regression analysis reveals a significant negative association between the number of children and anxiety levels, suggesting that individuals with more children are less likely to experience anxiety. This finding is somewhat counterintuitive, as having children is often associated with increased stress and responsibilities. The possible explanations might be that having children can foster strong social bonds and provide a sense of purpose and fulfillment, which may contribute to reduced anxiety. Or it might be that parenting can necessitate the development of coping mechanisms to manage stress and challenges, which may also help in reducing anxiety. Other parents often have a strong support network of family and friends, which can provide emotional support and reduce feelings of anxiety. Finally, having children may lead individuals to prioritize their needs and focus on the well-being of their family, which can help to mitigate anxiety-inducing thoughts and behaviors (Bekker and van Mens-Verhulst, 2007; Hofmann, 2007; McLean *et al.*, 2011; Asher and Aderka, 2018).

#### 4. Conclusion

Patients in primary care who present with somatic complaints, such as physical symptoms without a clear medical explanation, often have underlying depression. These individuals may not recognize or report their emotional distress, leading to underdiagnosis and undertreatment of depression. Proper screening for depression in such patients can improve overall care and address both their psychological and physical health needs. Early identification and treatment, including therapy or medication, can lead to better health outcomes for these patients.

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