

REVIEW ON ANXIETY

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ABSTRACT

Students at universities may have varying degrees of study anxiety due to novel situations, surroundings, and experiences. Anxiety related to studies is a real thing. Everyone may access the campus atmosphere, which makes pupils more anxious when they are studying. Both students and educators have acknowledged the prevalence of study anxiety. One of the many issues that plague humans is anxiety. Because it has to do with the bodily life of man, everyone possesses it. In the actual world, anxiety is a problem in day-to-day living. It can happen in the family, for example, when kids disagree with their father. An extensive survey of the research on the subject of anxiety and programming learning is presented in this work. The work is original, worthwhile, and relevant. The method employed is systematic in that it involves conducting a systematic search of electronic resources, presenting and statistically analysing the findings. Among the most complicated nerve disorders that plague teenagers is anxiety. Studies on anxiety focus on anxiety in teenagers for half of their duration. The analysis of anxiety-related articles demonstrates that the most researched types of anxiety disorders are those related to social anxiety and generalized anxiety disorders, which are frequently brought on by using the Internet in general and social networking sites like Facebook in particular. Researchers from North America and Europe have mostly focused on anxiety in adolescents, but Asian, African, and Australian researchers have also made significant contributions to this topic.

Keywords: Overview, causes of anxiety in kids, symptoms and indicators, anxiety disorder, illness brought on by anxiety.

1. INTRODUCTION

There are several common indications and symptoms associated with anxiety. Autonomic hyperactivity manifests as palpitations and perspiration. Restlessness and the need for reassurance are examples of anxious behaviors. Anxiety, concern, and lack of focus are examples of altered thinking patterns. Physical manifestations like weariness or tense muscles may also appear. Anxiety occurs in all clinical populations because it is a common reaction to threat. Although it can be adaptive, there are situations in which it turns maladaptive or morbid. One can recognize such pathological anxiety by:

1. Being excessive for the severity of the threat
2. Continued existence or decline in the absence of assistance
3. A level of symptoms (such as recurrent panic episodes, severe physical symptoms, and irrational beliefs like ideas of sudden death) that are intolerable regardless of the amount of threat .
4. An interference with regular or desired operation [1].

Twelve percent of people suffer from anxiety disorders, which can cause mild to severe impairment. Many people may choose not to seek treatment for their anxiety for a variety of reasons. They may think the symptoms are minor or normal, or the symptoms may get in the way of obtaining assistance. In a community context, anxiety problems can be effectively treated. Women are twice as likely as males to be admitted to general hospitals with anxiety disorders. Adults 65 years of age and older had the greatest rates of admission for anxiety disorders in general hospitals. Hospitalization rates for anxiety disorders have dropped by 49% in general hospitals since 1987.[2]An estimated 8.2 million people in the UK suffer with anxiety at any given moment, making it one of the most prevalent mental health illnesses [3].Anxiety disorders are linked to a high usage of healthcare services, a big financial burden on society at large because of their impact on work attendance rates, and a great degree of impairment to an individual's mental and physical health [3].Worried, uneasy, or afraid about things that are going to happen or might happen in the future can lead to anxiety [4]. While most people naturally experience worry in response to perceived dangers, if these thoughts begin to negatively affect a person's day-to-day functioning, they may indicate an anxiety disorder.

Extent And Impact Of Anxiety In Cancer Patients:

In the UK, the general population's prevalence of anxiety disorders is estimated to be between 3% and 16%. Although the reported frequency of anxiety disorders in cancer patient populations varies greatly between research, pathological anxiety is more common in cancer patients than in those without any chronic medical conditions when compared to

the general population. In the overall community, anxiety is more common in younger women. Nonetheless, there is inconsistent evidence linking age, gender, marital status, social class, and education to anxiety in cancer patient populations. Perhaps degrees of vulnerability become less significant as the stressor gets more intense.

Undoubtedly, anxiety can lead to disturbances and negatively impact one's quality of life. In cancer care, a pattern of correlation has been shown between anxiety and self-reported quality of life, namely poor social functioning, fatigue, and physical impairment.

It is important to proceed with caution when analyzing these relationships because there are a number of competing theories regarding the pattern's explanation as well as the association's causation direction. This association's causative direction may be that some disease-related symptoms cause anxiety more than others. On the other hand, worry may be the cause of physical symptoms reported in quality of life surveys instead of cancer or its treatment. When Forester et al. showed a decrease in these physical symptoms following psychotherapy, it was evident that anxiety may have a role in the development of anorexia, nausea, vomiting, and exhaustion in cancer patients. Reporting an experience is not the same as playing back a tape recording; in order to reconstruct events, people must have observed and remembered what happened.

This process may be consistently skewed in nervous people, favoring focus on and. Maybe remembering frightening incidents. When we ask patients to evaluate their functional status and symptoms, especially during the pressure of an outpatient visit, the more serious issues they may choose to disclose. An other viewpoint is that worry could impact the total amount of symptoms recalled. For instance, anxiety during breast cancer treatment is linked to higher tamoxifen side effects, perhaps because anxiety causes one to remember more adverse effects in real life.

Anxiety Disorder :

What Are Anxiety Disorders?

Excessive concern, fear, or anxiety is experienced by people with anxiety disorders, which leads them to either avoid situations that could exacerbate their anxiety or create compulsive rituals that help them feel less anxious.

Everyone experiences worry in response to particular events, but those who suffer from an anxiety disorder experience excessive and irrational feelings that interfere with their relationships, performance at work and in school, social activities, and leisure. [5] In Australia, anxiety is the most prevalent mental health issue. Anxiety can affect up to one-third of women and one-fifth of men at some point in their lives. Anxiety is the body's natural response to warn us of potential risks or danger in our surroundings.

The fight-flight response is the term for this. You might be suffering from an anxiety disorder if your worry is constant and interferes with your day-to-day activities. Severe, hard-to-control sensations of worry or distress can be elicited by anxiety. Anxiety can interfere with our daily responsibilities and activities and increase the difficulty of overcoming "normal" challenges. [6]

Cause of anxiety disorder:

Biological Factors: It's possible that some individuals with anxiety problems are genetically predisposed to anxiety. This implies that since anxiety runs in your family, there may be a greater chance of you developing an anxiety disorder. It's crucial to understand, though, that just because a close family has anxiety or another mental illness, it doesn't follow that you will experience it yourself.

Personality Factors: It has been discovered that some personality types increase a person's risk of anxiety disorders. Anxiety can arise in infancy, adolescence, or maturity in those who exhibit perfectionistic qualities, are easily flustered, shy, inhibited, lack self-esteem, or seek to control everything as a youngster.

Situational factors: Ongoing stressful events may result in the Development of an anxiety condition. Such stressful Events may include:

- Occupational stress or change
- A change in living arrangements
- Family or relationship problems
- Pregnancy or giving birth
- Death or loss of a loved one
- Verbal, sexual, physical or emotional abuse
- Emotional shock following a traumatic event

Physical Health Impacts: Prolonged physical ailments may exacerbate anxiety disorders or have an adverse effect on anxiety treatment. Heart disease, hypertension, diabetes, and asthma are prevalent persistent issues linked to anxiety disorders. Certain medical disorders, such an overactive thyroid, might also resemble anxiousness.[7]

Chemical imbalances: Several neurotransmitters and hormones play a role in anxiety, including norepinephrine, serotonin, dopamine and gamma-aminobutyric acid (GABA). Imbalances in these chemicals can contribute to an anxiety disorder.

Brain changes: A part of your brain called the amygdala plays an important role in managing fear and anxiety. Studies show that people with anxiety disorders show increased amygdala activity in response to anxiety cues.

Genetics: Anxiety disorders tend to run in biological families. This suggests that genetics may play a role. You may be at an increased risk of developing one if you have a first-degree relative (biological parent or sibling) with an anxiety disorder.

Environmental factors: Severe or long-lasting stress can change the balance of neurotransmitters that control your mood. Experiencing a lot of stress over a long period can contribute to an anxiety disorder. Experiencing a traumatic event can also trigger anxiety disorders.

Types of Anxiety Disorders:

Generalized Anxiety Disorder (GAD) : Overwhelming concern and anxiety about a variety of things happening on a daily basis for at least six months, along with any accompanying symptoms (such exhaustion and difficulty focusing).

Specific Phobia Marked and persistent fear of clearly Discernible objects or situations (such as Flying, heights and animals).

Post Traumatic Stress Disorder : Anger or irritation in reaction to a horrific event in which bodily harm occurred or was threatened (such as child abuse, rape, war, or natural disaster), flashbacks, and persistently frightening thoughts and memories will all manifest.

Social Phobia, also known as Social Anxiety Disorder : exposure to public spaces or performance contexts Almost always results in an instantaneous anxiety reaction, which can fulfill the criteria for a panic attack in severe situations and include palpitations, tremors, sweating, gastrointestinal pain, diarrhea, muscle tension, flushing, or bewilderment.

Obsessive-Compulsive Disorder :

Obsessions : Persistent thoughts, ideas, Impulses or pictures that are obtrusive and Inappropriate and that produce considerable concern Or distress. Obsessive people typically try to repress or dismiss these urges or thoughts, or they try to offset them with other ideas or behaviors (compulsions).

Compulsions : repetitive actions that follow a ritualistic pattern or are triggered by an obsession, such as hand washing, ordering, or checking, or mental activities like counting, praying, or repeating words.

Panic Disorder : Frequent, unplanned panic attacks that are followed by at least a month of persistent fear about getting attacked again, worry about the implications of the attack or its outcomes, or a notable shift in behavior associated with the attacks. The symptoms are grouped into three categories: arousal, avoidance and numbing, and experiencing. Agoraphobia, the fear of or avoidance of locations or circumstances from which escape might be challenging or embarrassing, or from which assistance might not be available in the event of a panic attack or panic-like symptoms, is occasionally linked to panic disorders. The fundamental characteristic of a panic attack is a brief, acute time of dread or discomfort that is accompanied by at least four of the thirteen physical symptoms, including:

Palpitations, increased heart rate or Pounding heart

- Sweating
- Trembling or shaking
- Sensations of shortness of breath or Smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Dizziness, unsteadiness, light- Headedness or fainting
- De-realization or de-personalization
- Fear of losing control or going crazy
- Fear of dying
- Paraesthesia's (numbness or tingling Sensation)
- Chills or hot flashe [8]

Agoraphobia : is not a distinct condition, but rather a type of anxiety marked by a fear of being in places or circumstances from which it could be difficult or embarrassing to escape, or a fear that assistance could not be available in the event that assistance is required. People who suffer from agoraphobia typically experience terror in a

variety of settings, including public transportation, elevators, department stores, confined spaces, crowded areas of all types, and expressways.

Post traumatic stress disorder : Major trauma survivors, such as those who have been through war, torture, car accidents, fires, or acts of personal violence, may experience terror long after the incident has ended. Post-traumatic stress disorder (PTSD) does not always emerge in those who have experienced trauma. Those who suffer from post-traumatic stress disorder (PTSD) frequently relive the horrific experience through intrusive, upsetting memories, including flashbacks or nightmares. Usually, the person tries to avoid triggers associated with the experience that cause the flashbacks. Emotional numbness is another trait of post-traumatic stress disorder.

Common symptoms of Generalised anxiety disorder Physical symptoms :

- Dizziness
- Tiredness
- Palpitations
- Muscle aches and tension
- Trembling
- Dry mouth
- Excessive sweating
- Shortness of breath
- Abdominal pain
- Nausea
- Headaches
- Pins and needles
- Insomnia

Psychological symptoms :

- Restlessness
- A sense of dread
- Difficulty concentrating
- Irritability
- Constantly feeling 'on edge'
- Avoidance of certain situations
- Isolating oneself [9]

Treatments: Anxiety disorders can strike people at any stage of life and can linger anywhere from a few weeks to several months or years. The degree to which an individual's anxiety is interfering with their ability to function in daily life is the basis for treatment decisions; determining which treatments will be most effective for a given individual may need some trial and error. Support and treatments differ from person to person but generally fall into the following categories:

Two categories:

- Psychological;
- Pharmacological.

Psychological: You can use these strategies separately or in combination. In the beginning, the majority of individuals with anxiety symptoms are given the least intrusive options (self-help); nevertheless, based on the severity of their symptoms, they can also need one-on-one therapy or medication management.

Stepped-care approach : A stepped-care approach is used to Organise the provision of services and help People with common mental health disorders, including those with an anxiety disorder.

Self-help and psychological treatments : When someone is diagnosed with generalized anxiety disorder (GAD), self-help psychological treatments are typically recommended prior to medication [10]. This could entail using a computer course, cognitive behavioral therapy (CBT) workbook, or free mobile apps like Mind Shift (Botfly/Kindships) or Catch-it (Self-help for Anxiety Management), which are especially helpful for younger people. It has been demonstrated that using specific mental health applications can effectively reduce anxiety and depressive symptoms [11].

People can use these apps on their own schedules and in conjunction with psychiatric therapy to help them recognize triggers and devise strategies for resolving potentially anxiety-inducing situations.

Cognitive behavioural therapy : One of the most effective treatments for Anxiety is CBT, which:

- Helps an individual to question Negative or anxious thoughts;
- Usually involves meeting with a Specially trained and accredited therapist for one-hour sessions over a Period of time – usually 12-15 sessions For adults [10.]

Research on various GAD therapies have discovered that the advantages of cognitive behavioral therapy (CBT) might outlast those of medicine; nonetheless, no single treatment is effective for every patient, and some may benefit from taking prescription drugs in addition to psychological interventions [12].

Lifestyle changes : It has been suggested that people experiencing anxiety should

- Avoid consuming excessive amounts of Caffeine (Richards and Smith, 2015);
- Stop smoking or cut down [13]. Avoid or reduce alcohol use as this can Increase symptoms of anxiety . The nurse's role includes providing Advice on health promotion such as Healthy eating, good sleep hygiene, relaxation, and incorporating exercise and Movement into daily life – all of which can Benefit patients who are experiencing Symptoms of anxiety.

Pharmacological : Before writing a prescription for medicine, healthcare professionals that adhere to NICE's [14]stepped-care approach typically suggest to patients that they try self-help or psychological counselling. Medication that treats both psychological and physical symptoms of anxiety should be considered when a person is prescribed medication for those symptoms. For instance, beta-blockers are frequently prescribed for physical symptoms like a racing heart. Prior to recommending a medication, medical practitioners have should

Discuss with patients:

- The different types of medication;
- Length of treatment;
- Any side-effects or possible Interactions with other medication.

In order to treat GAD, selective serotonin reuptake inhibitors are frequently administered; these medications function by raising serotonin levels in the brain. Sometimes used as a short-term treatment during a very acute phase of anxiety, benzodiazepines have a sedative effect [15]. Many herbal medicines, like St. John's Worth, are frequently recommended to treat social anxiety; however, studies have shown that their effectiveness is inconsistent, and further research is necessary to completely evaluate the dangers and benefits [16].

Medication for anxiety disorders :

Medications can't cure an anxiety disorder. But they can improve the symptoms and help you function better. Medications for anxiety disorders often include:

Antidepressant : While they mainly treat depression, these medications can also help with anxiety disorders. They adjust how your brain uses certain chemicals to improve mood and reduce stress. Antidepressants may take some time to work, so try to be patient. SSRIs and SNRIs are the go-to types of antidepressants for anxiety. Tricyclic antidepressants are another option, but they cause more side effects.

Benzodiazepines : This class of medications may decrease your anxiety, panic and worry. They work quickly, but you can build up a tolerance to them. They also have addiction potential, so you have to take them cautiously. Your healthcare provider may prescribe a benzodiazepine for the short term, then taper you off. Benzodiazepines that can help treat anxiety disorders include alprazolam, clonazepam, diazepam and lorazepam.

Beta Blockers: These medications can help reduce some of the physical symptoms of anxiety disorders, like rapid heartbeat, shaking and trembling. They don't treat the psychological aspects of anxiety disorders.

Psychotherapy for anxiety disorders :

"Psychotherapy," also called talk therapy, is a term for a variety of treatment techniques that aim to help you identify and change unhealthy emotions, thoughts and behaviours. A mental health provider talks through strategies to help you better understand and manage an anxiety disorder. Approaches include:

Cognitive Behavioural therapy : This is the most common type of psychotherapy to help manage anxiety disorders. CBT for anxiety teaches you to recognize and identify thought patterns and behaviors that lead to troublesome feelings. You then work on changing the thoughts and your reactions to triggering situations.

Exposure therapy : This is a type of therapy in which a mental health provider creates a safe environment to expose you to your fears. Fears may be things, situations and/or activities. Exposure therapy helps show you that you're capable of confronting your fears. You'll learn to attach new, more realistic beliefs to the things you're afraid of. You'll become more comfortable with the experience of fear.

2. CONCLUSION

Finding the type of anxiety problem that has to be treated with a specialized pharmaceutical or psychological intervention can be beneficial, but not all patients will benefit from this type of care. Oncologists might have to create their own strategy for dealing with nervous patients. The literature in this field offers the following recommendations: Examining the significance that patients place on certain occurrences is beneficial. These provide the foundation of the individual's perceived threat, which may not align with the views held by therapists. Even in tough situations, education and information can help reduce anxiety because concerns are frequently founded on false information. It might be more challenging to communicate with a nervous patient. When the nervous patient brings up a symptom, it could be beneficial to refrain from just offering reassurance.

3. REFERENCE

- [1] British Journal of Cancer (2000) 83(10), 1261–1267.
- [2] A Report on Mental Illnesses in Canada.(American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4thEdition. Washington, DC: American Psychiatric Association, 1994.)
- [3] Fineberg NA et al (2013) The size, burden and cost Of disorders of the brain in the UK. Journal of Psychopharmacology; 27: 9, 761-770.
- [4] Mind (2017) Anxiety and Panic Attacks.London: Mind.
- [5] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4thEdition. Washington, DC: American Psychiatric Association, 1994.
- [6] Black Dog Institute.(2020). Anxiety.Retrieved from <https://www.blackdoginstitute.org.au/resources-support/anxiety/>
- [7] Beyond Blue. (2020). What causes anxiety? Retrieved from <https://www.beyondblue.org.au/the-facts/anxiety/what-causes-anxiety>
- [8] American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4thEdition. Washington, DC: American Psychiatric Association, 1994.
- [9] Source: [www.nhs.uk/conditions/generalised- Anxiety-disorder](http://www.nhs.uk/conditions/generalised-Anxiety-disorder).
- [10] National Institute for Health and Care Excellence (2017) Generalised Anxiety Disorder. London: NICE.
- [11] Kwasny MJ et al (2019) Exploring the use of Multiple mental health apps within a platform: Secondary analysis of the Indelicate Field Trial. JMIR Mental Health; 6: 3, e11572.
- [12] Bandelow B et al (2017) Treatment of anxiety Disorders. Dialogues in Clinical Neuroscience; 19: 2, 93–107.
- [13] Moylan S et al (2013) How cigarette smoking may Increase the risk of anxiety symptoms and anxiety Disorders: a critical review of biological pathways. Brain and Behaviour; 3: 3, 302-326.
- [14] National Institute for Health and Care Excellence (2011b) Common Mental Health Problems: Identification and Pathways to Care. London: NICE.
- [15] National Institute for Health and Care Excellence (2011a) Generalised Anxiety Disorder and Panic Disorder in Adults: Management. London: NICE.
- [16] Kobak KA et al (2005) St John's wort versus Placebo in social phobia: results from a placebo-Controlled pilot study. Journal of Clinical Psychopharmacology; 25: 1, 51-58.