

## Prevalence of anxiety disorder among students nursing (Faculty of Technical Medical Sciences) 2018 -2021, in comorbidity alcohol use

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### Abstract

It's important to be mentioned that our study is the continuation of previous studies done years ago on Medical University of Tirana's students (April-May 2014). Panic disorder involves recurrent and unpredictable attacks of anxiety or panic<sup>1</sup>. The attacks start suddenly, are extremely distressing, and last for a few minutes, sometimes longer. In panic disorder the attacks are not restricted to specific and predictable circumstances but may occur in any situation<sup>2</sup>. These attacks may be followed by persistent concern about having another panic attack. Some symptoms of a panic attack include: shortness of breath, trembling or shaking, muscle tension, pounding heart, sweating, nausea, a fear of dying, losing control, or going mad, tingling finger or feet, feelings of unreality, a choking or smothering feeling, hot or cold flushes etc.<sup>3,4</sup>. During a panic attack, individuals will generally try to flee from the particular situation, in the hope that the panic will stop, or else they may seek help in case they collapse, have a heart attack, or go crazy. Therefore panic disorder can be classified as being without agoraphobia and according to the World Health Organization's (WHO) International Classification of Diseases (ICD) - 10 Edition, a definite diagnosis of panic disorder requires that the individual has experienced several panic attacks within a one-month period.

**Keywords:** Anxiety disorder, students nursing, Faculty of Technical Medical Sciences, alcohol use.

### Introduction

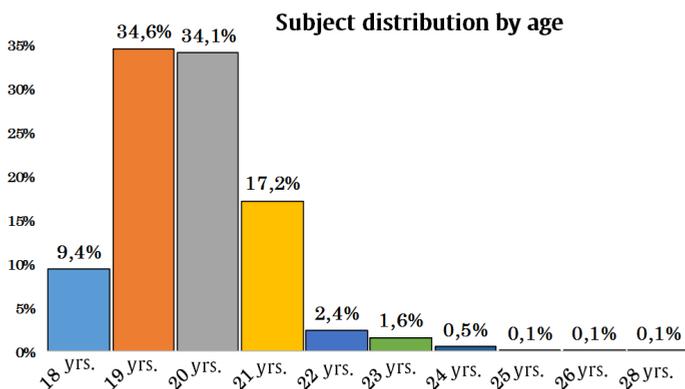
**Aim :** Evaluation of anxiety symptoms and panic disorder to students in first, second and third year, of among students nursing (Faculty of Technical Medical Sciences) 2020 -2021 in comorbidity alcohol use, without mental health, chronic and thyroid disorder.

**Method :** The study was on the period November-December 2020 -2021 (outside the exam season) that included students in first, second and third year, only nursing students (Faculty of Technical Medical Sciences), Tirana. To identify anxiety disorder especially panic disorder, Beck Inventory for anxiety was used. The sample chosen in this study, consisted of 833 students, 541 females and 291 males. Screening with BAI questionnaire, students are asked for symptoms they had last month and the day of completing the questionnaire. The differences were analyzed. Sampling was calculated with WIN PEPI 4.0 (*Windows Program for Epidemiologists, version 4.0*). Data collection included a semi-structured, anonymous self-administered questionnaire. All statistical analysis was carried out with SPSS version 17.0. We use Cronbach's Alpha to test reliability of our research. The value of Alpha in our study is 0,792, a value above 0,70 (which is the threshold for reliability), and this indicates that we have a high level of accuracy and validity in our interpretations.

**Results.** We can notice that the majority of the subjects in our study was:

**Table 1. Score categories (subject Age)**

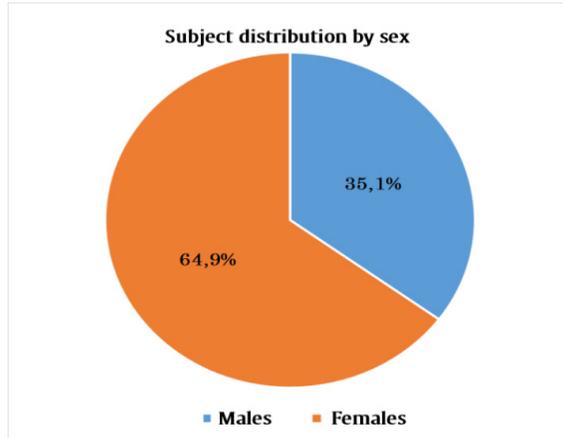
	Frequency	Percentage	Value Percentage	Cumulative Percentage
18	78	9,4	9,4	9,4
19	288	34,6	34,6	43,9
20	284	34,1	34,1	78,0
21	143	17,2	17,2	95,2
22	20	2,4	2,4	97,6
Value 23	13	1,6	1,6	99,2
24	4	,5	,5	99,6
25	1	,1	,1	99,8
26	1	,1	,1	99,9
28	1	,1	,1	100,0
Total	833	100,0	100,0	



From the first table, we notice that most of the students included in the study, are between the ages of 18 and 21.

**Table .Nr.2 Subjects Gender**

	Frequency	Percentage	Value percentage	Cumulative percentage
Male	292	35,1	35,1	35,1
Value Female	541	64,9	64,9	100,0
Total	833	100,0	100,0	

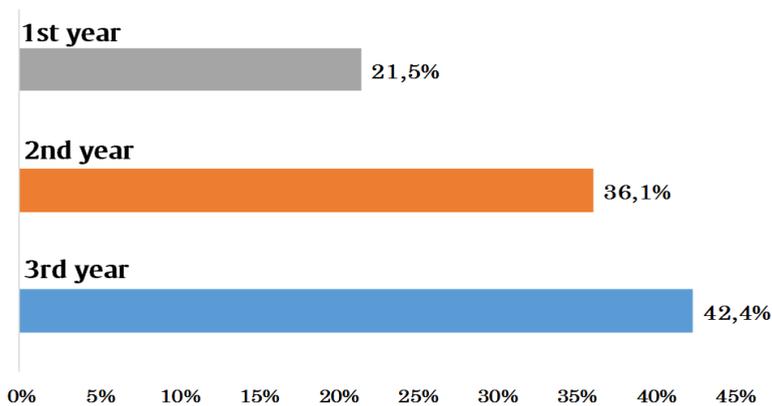


Second table presents the gender, where females are predominant. This is from nursing faculty which is more preferred by females.

**Table . Nr.3 Score categories of subject academic year**

	Frequency	Percentage	Value percentage	Cumulative percentage	
Value	First year	353	42,4	42,4	42,4
	Second year	301	36,1	36,1	78,5
	Third year	179	21,5	21,5	100,0
	Total	833	100,0	100,0	

**Distribution of subjects by year (grade) of study**

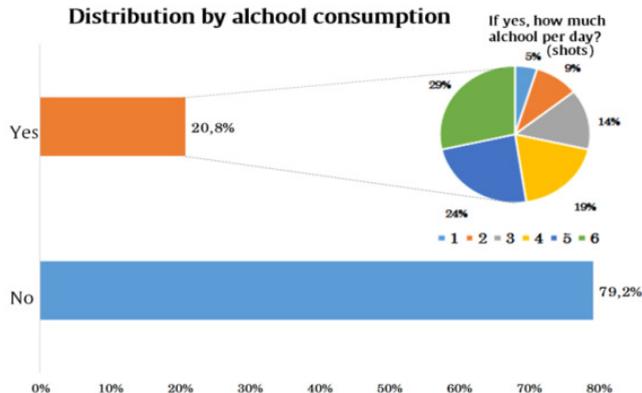


**Table.Nr.5 variable depend from alcohol**

If they say **\_ YES\_** how much alcohol in the day

	Frequency	Percentage	Value Percentage	Cumulative Percentage
Value	1	84	10,1	48,6
	2	19	2,3	59,5
	3	38	4,6	81,5
	4	24	2,9	95,4
	5	5	,6	98,3
	6	3	,4	100,0
	Total	173	20,8	100,0
Missing	System	660	79,2	
Total		833	100,0	

**Distribution by alchool consumption**



**Table .Nr.6 score categories from **\_ BAI\_** Questionnaire**

**Panic Attack with\_ 4 \_choosing**

	Frequency	Percentage	Value Percentage	Cumulative Percentage
Value	1,00	52	6,2	6,2
	2,00	147	17,6	23,9
	3,00	144	17,3	41,2
	4,00	142	17,0	58,2
	5,00	150	18,0	76,2
	6,00	114	13,7	89,9
	7,00	58	7,0	96,9
	8,00	26	3,1	100,0
Total	833	100,0	100,0	

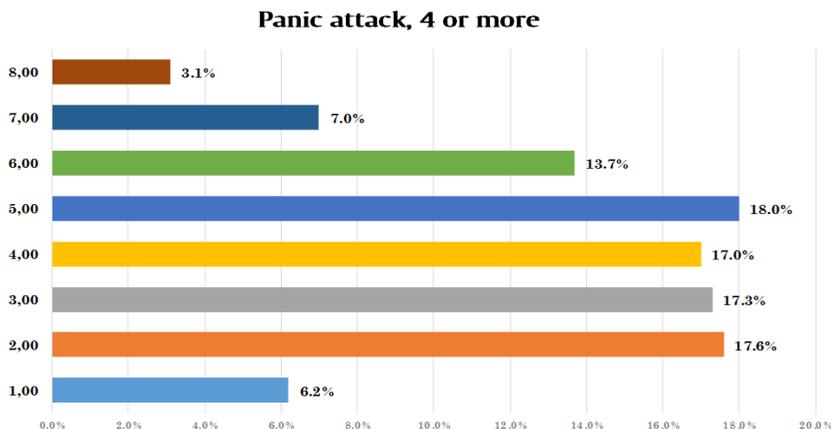
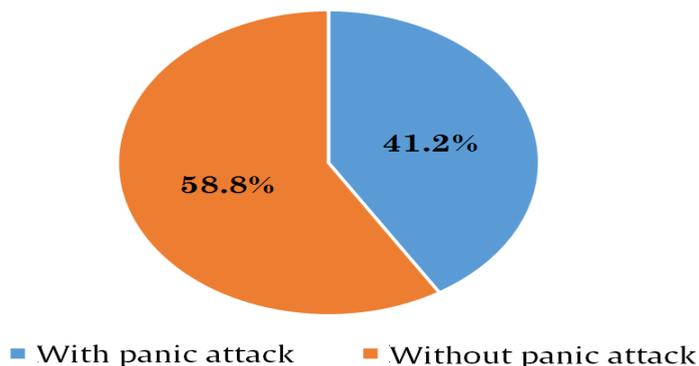


Table .Nr.7 score categories with **\_ four\_** choosing from Questionnaire.

	Frequency	Percentage	Value percentage	Cumulative percentage
Without panic attack (choosing < 4 from question 18-a,18-c,18-e,21,22,23)	343	41,2	41,2	41,2
With panic attack (choosing 4 or 4+ from question 18-a,18-c,18-e,21,22,23)	490	58,8	58,8	100,0
Total	833	100,0	100,0	

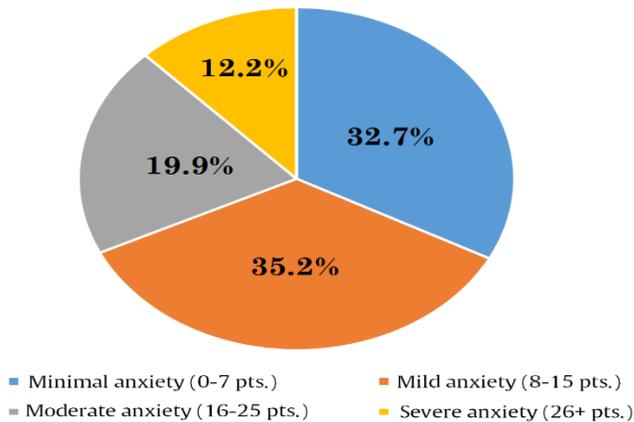
**Panic attack with 4 options**



**Table .Nr.8 .Cross tabulation score**

	Frequency	Percentage	Value Percent- age	Cumulative percentage
Value	Low anxiety (0-7 points)	272	32,7	32,7
	middle anxiety (8-15 points)	293	35,2	67,8
	Moderate anxiety(16-25 points)	166	19,9	87,8
	Severe anxiety (26+ points)	102	12,2	100,0
	Total	833	100,0	100,0

**Anxiety level**



We can notice that the majority of the subjects in our study had low levels of anxiety (77.9%), while 19.9.0% have moderate levels of anxiety and 12.2% have severe levels of anxiety. On the other hand we can see that the average score of anxiety is  $16.43 \pm 8.087$  which indicates that the vast majority (95%) of participants had levels between 8.343 and 24.517. A considerably low value of standart error of mean (0.0482) suggests that we have a little difference from the real average of general population of students. After performing t-test and ANOVA to determine the difference of means between males and females, there is a considerably high level of significance ( $P = 0,001$ ; ANOVA & t-test). This means that female students experience significantly more symptoms of anxiety compared to male students.

**Table .Nr.9. ANOVA**

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	720.004	1	720.004	11.419	.001
Within Groups	17655.078	830	63.054		
Total	18375.082	832			

The cross-tabulation of sex and anxiety score categories reveals and confirms the notable differences. We can easily see 102 students having severe anxiety and the moderate anxiety was 166 student or 19.9% of them. The low anxiety was 565 student or 67.9%.

**Discussion:** Consistent with previous research studies, we confirmed a higher prevalence of anxiety and panic disorders in females among almost all anxiety disorders examined. For moderate and severe anxiety disorders we had a difference of students group without mental health, thyroid and chronic disorder. The pattern of gender differences across the anxiety disorders is consistent with data from( Kessler et al. (1994), with some variation in the prevalence rates<sup>12</sup>. Our study constitutes from 833 students, who most of part of them was female, especially 541 female and others are male, especially 292 male. Separation in conformity with symptoms of panic attack from BAI questionnaire was: tingling fingers or feet found in 4 student or 5.0% server anxiety but 459 student or 59.4% have had low anxiety, hot or cold flushes found 15 student or 1.8% severe anxiety, but 349 student or 41.9% in low anxiety, numbness of arms, legs found in severe anxiety 30 student or 3.6% and low anxiety found 390 student or 46.8%,fear that bad is happening found severe anxiety 44 students or 5.3% and low anxiety 379 students or 45.5%,dizziness found severe anxiety 43 students or 5.2%, and low anxiety 362 student or 43.5%, pounding heart found 44 student or 5.3% severe anxiety, low anxiety 303 student or 36.4% , unsteadiness found in severe anxiety 51 students or 6.1%,but 337 students or 40.5% have had low anxiety , to be scared fond in severe anxiety 34 students or 3.1%,bot low anxiety was 511 students or 61.3%,nervous found in severe 51 students or 6.1%,low anxiety was 329 students or 39.5%, to be asphyxiation in severe anxiety 26 student or 3.1% but low anxiety was 567 students or 68.1%, trembling hands found in severe anxiety 26 student or 3.1% and low anxiety 500 students or 60.0%,restlessness found in severe anxiety 16 students or 1.9% , but low anxiety was 551 students or 66.1%, to be confused found 17 students or 2.0% severe ,but 705 or 84% low anxiety, shortness of breath found 26 student or 3.1% severe anxiety, but 582 students or 69.9% of them was low anxiety, fear of dying found in severe anxiety 20 students or 2.4% but low anxiety was 610 students or 73.29%, sweating found severe anxiety 33 students or 4.0%,but 419 students or 50.3% have had low anxiety, difficulty to still found 18 students in severe anxiety

or 2.2%, but 467 students was low anxiety or 56.1%.

## Conclusions

The current study determined whether there were any observable gender differences in the expression of symptoms, and anxiety responsiveness for a nonclinical sample of 541 females and 292 males. ANOVA analysis revealed gender differences in the expression of general level of anxiety sensitivity among students of). Reliable in the results of our study, we can to attain a conclusions that: early recognize symptoms of anxiety is important to prepare a treatment plan immediately and professional to include psychological intervention, pharmacological. Recognition of panic disorder is more important to reduction overindulgent with alcohol or sedative pill, whose often use from these persons how only choose.

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