Original Research Article

Prevalence of Social Anxiety Disorder in Undergraduate Physiotherapy Students

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ABSTRACT

Social Anxiety is the most common form of anxiety. Social Anxiety is usually misunderstood to be shyness and hence is important to be clinically diagnosed and treated. Anxiety affects the individual's professional and personal life. In students it affects the academics and practical sessions of the curriculum. Social Anxiety Disorder in general public marks up to 80%. The objective of this study was to find the prevalence of Social Anxiety Disorder in undergraduate physiotherapy students. The results were assessed using the Social Interaction Anxiety Scale. It is a 20 items questionnaire and each item is scored from 0 to 4 marks and then the total sum of all the answers is calculated. If the score is 36 and above it is considered to be indicative of Social Anxiety Disorder. Total 307 students participated in this study. The questionnaire was sent to students using google forms. Out of 307 students, 66 students had score below 36, and remaining 241 students had a score of 36 and above. This concluded that out of all the participants, 78.5% people had Social Anxiety Disorder.

Keywords: Social Anxiety Disorder, Undergraduate Students, Physiotherapy

INTRODUCTION

Anxiety is characterized by feeling of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety tend to have repetitive intrusive thoughts or concerns. They tend to avoid certain situations about of worry. The physical symptoms are trembling, sweating, dizziness or increased heartbeat.[4] Anxiety is considered to be a basic negative emotion along with anger, sadness, disgust and perhaps others. Anxiety is experienced through both mental and bodily symptoms.[5]

Facets of STATE ANXIETY: Anxiety is considered as a complex multidimensional construct embodying interrelated cognitive, affective, somatic and behavioral reactions.

What it means that anxiety can be experienced in a variety of ways:

Disturbances of thinking (cognition): When we are anxious, we worry about our problems, and focus our attention inwards. More subtle cognitive processes include heightened awareness of threat and focusing of attention on possible dangers.

Negative emotion (affect): We experience anxiety as an emotion or mood, for example feeling tense, nervous or jittery.

Bodily (somatic) reactions: Anxiety is often accompanied by physical symptoms like racing of heart and sweaty palms, as

body responds to a threat by preparing for a fight or flight.

Behavioural reactions: Anxiety encourages us to react in a characteristic way, for example by seeking to escape the danger.

In addition, other symptoms in anxious individual may be non-verbal, like fidgeting. [5] Major anxieties in the modern society include Social Anxiety, Computer Anxiety, Math Anxiety, Sports Anxiety. [5] DSM-V defines Social Anxiety Disorder (SAD) as intense fear or anxiety in one or more social situations in which the individual is exposed to scrutiny by others, for example meeting new people, giving a speech. [1] SAD is also known as Social Phobia. Social Phobia is described as enormous, persistent and unreasonable fear of being evaluated negatively by others in social performances or social interactions such as public speaking or speaking to unfamiliar people. [1,2] Based on various scales available, it was observed that the prevalence of Social Anxiety Disorder in general public is 4.9-80% worldwide. In India the prevalence of Phobic Anxiety Disorder among all age groups was 1.9% as per the National Mental Health Survey 2015-16 report. [2] In individuals with SAD, the fear in social situations is so strong that, they feel like the situation is out of their control. As a result, it gets in between of their daily activities like going to work, attending school, and doing daily activities. People with SAD may worry about these things or 3 other things for weeks before it happens. [3] Sometimes people with SAD don't have anxiety in social situations but have performance anxiety instead. They feel physical symptoms of anxiety while giving a speech or playing a game or sport or dancing or playing a musical instrument. [3] When individual have to perform in front of or be around others, people with social anxiety disorder tend to experience:

- Blushing, sweating, trembling, feeling rapid heart rate or find their "mind going blank"
- Feeling sick to their stomach or feeling nauseous.
- Show a rigid body posture, make little eye contact or speak with overly soft voice.
- Find it scary and difficult to be with other people especially those who they don't know and have a hard time talking to them even though they wish they could.
- Feeling very self-conscious in front of other or unknown people and feeling embarrassed and awkward.
- Being very scared that other people will judge them.
- Avoiding places where there are other people. [3]

Most common feature of social phobia is fear of speaking in public; where studies showed that nearly nine out of ten people with social anxiety are scared to speak in front of others. Students with a SAD may become functionally disabled in different areas of their life, such as poorer academic achievement, unstable employment, absenteeism from work and decreased productivity which leads to being dependent on family, community, and country.[1] Medical students with social phobia have reported to have low performance in clinical examinations and depressive symptoms, also it raises susceptibility to the frequent use of substances and results in difficulty for employment in their future lives.[1]

Social Anxiety Disorder is classified in DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSMV-IV) as phobic disorder:

- Experiencing notable and persistent fear of one or more social situations or performance situations with exposure to unfamiliar people or possible scrutiny by others
- The person is sacred that he or she will act in a way (or show symptoms of anxiety) that will be humiliating or embarrassing
- Being exposed to the feared social situation almost always triggers anxiety, which can take the form of a panic attack.
- The person notices that the fear is excessive or unreasonable.
- Being exposed to feared social or performance situations are avoided or endured with intense anxiety or distress
- The condition the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or they have notable distress about having the phobia
- The fear or avoidance in SAD is not because of the direct physiological effects of a substance or a general medical condition and cannot be better accounted for by another mental disorder
- The social fear or performance fear is unrelated to any other general medical condition or mental disorder if present.
- Specify the disorder as generalised if fears include most social situation. (S1)

In INTERNATIONAL CLASSIFICATION OF DISEASES 10 as phobic disorder:

ICD-10 diagnostic criteria for social anxiety disorder

F40 phobic anxiety disorders:

A group of disorders in which anxiety is evoked only, or predominantly, in certain well-defi ned situations that are not dangerous. This results in such situations being characteristically avoided or endured

with dread. The patient is focused on individual symptoms such as palpitations or feeling faint, and is often associated with secondary fears of dying, losing control, or going mad. The intention of entering the phobic situation usually generates anticipatory anxiety. Depression and phobic anxiety often co-exist. Duration of two conditions and therapeutic considerations at the time of consultation determines whether two diagnoses (phobic anxiety and depressive episode) are needed, or only one. F40.1

Fear of being judged by other people leads to avoidance of social situations. Low self-esteem and fear of criticism are usually associated with more pervasive social phobias. Blushing, hand tremor, nausea, or urgency of micturition, are common complaints of patients and sometimes are convinced that one of these secondary manifestations of their anxiety is the primary problem. All symptoms may progress to a panic attack.(s1)

Children with Social Anxiety don't specifically show any evidence of childhood maltreatment or any early signs of psychological adversity.(s1)

Social Phobia may lead to impaired educational achievement, occupational performance, social interactions, relationships and disturb individual's quality of life. [1]

By comparison with the study done by Alkhathamia et al., males reported a higher score of social phobia than did females. Whereas in the western world social phobia is more common in females, especially those in adolescent age groups. [2]

AIM:

To assess the prevalence of Social Anxiety Disorder in Undergraduate Students of Dr. APJ Abdul Kalam College of Physiotherapy

Objective of the study

- To determine prevalence of SAD in undergraduate students.

LITERATURE REVIEW

1. WITTCHEN H-U, STEIN MB, KESSLER RC. Social fears and social phobia in a community sample of adolescents and young adults: prevalence, risk factors and co-morbidity. Psychological Medicine. Cambridge University Press; 1999;29(2):309–23. The aim was to describe prevalence, impairments, pattern of co-morbidity and correlates of DSM-IV social phobia in adolescents and young adults, and also separating generalized and non-generalized phobic. Data derived from the baseline investigation of the Early Developmental Stages of Psychopathology Study (EDSP), and a prospective longitudinal community study.3210 subjects between age14-24yrs participated. The result of the study was that lifetime prevalence of DSMV-IV/CIDI was 9.5% in

females and 4.9% in males, with one third classified as generalized phobic.

2. Elhadad, Ayman A.; Alzaala, Mosa A.; Alghamdi, Rawan S.; Asiri, Safia A.; Algarni, Alyah A.; Elthabet, Meaad M. Social phobia among Saudi medical students, Middle East Current Psychiatry: April 2017 - Volume 24 - Issue 2 - p 68-71 doi:10.1097/01.XME.0000513066.80386.b6 The aim was to estimate the prevalence of social phobia in medical students of King Khalid University and its severity in relation to sex, marital status and academic level and also to detect social phobia risk factors and determine its negative impact on psychological health and academic performance in students of KKU. A prospective cross sectional study was conducted using the Social Phobia Scale by Raulin and Wee. 380 medical students from KKU participated over a period of 5 months during 5 academic year of 2015-2016. Result of the study showed there was 59.5% prevalence of Social Phobia in KKU medical students.

3. DPreeti PD. Prevalence of social anxiety disorder and its determinants among undergraduate medical students of East Delhi. Int J Community Med Public Health. 2019 Mar;6(3):1335.OI: http://dx.doi.org/10.18203/2394-6040.ijcmph20190636 The aim of the study was to determine the prevalence of determinants of Social Anxiety Disorder in medical students of East Delhi. It was a cross sectional study done of 404 medical students in medical college of East Delhi. Data was collected using a questionnaire and Social Interaction Anxiety Scale (SIAS).The results showed that 12.69% participants had social phobia and 5.96% students had social anxiety.

4. Reta Y, Ayalew M, Yeneabat T, Bedaso A. Social Anxiety Disorder Among Undergraduate Students of Hawassa University, College of Medicine and Health Sciences, Ethiopia. Neuropsychiatry Dis Treat. 2020;16:571-577 https://doi.org/10.2147/NDT.S235416 The aim of the study was to assess the magnitude of SAD and its determinants in undergraduate students of Hawassa University, College of Medicine and Health Sciences. An institutional cross-sectional study was conducted in time period of April 1; 2018 to May 30; 2018. A 17 item self-rating scale of Social Phobia Inventory scale was used to assess SAD. The study was conducted on 304 students of Hawassa University. The results showed high prevalence of SAD in students of Hawassa University.

5. Gültekin BK, Dereboy IF. The prevalence of social phobia, and its impact on quality of life, academic achievement, and identity formation in university students. Turk Psikiyatri Dergisi. 2011 Oct 1;22(3):150. The aim was to determine the prevalence of

social phobia and its effect on quality of life, academic achievements and identity formation. The study was done from 1 may to 1 june in 2008 with sample size of 700 undergraduate students of Adnen Menderes University. Social demographic form, Liebowitz Social Anxiety Scale, World Health Organization Quality of Life-Brief Form and Instrument for Assessing Identity Confusion was administered. The result showed 20.9% had social phobia in early life 6 and 21.7% had social phobia for life time.

MATERIALS & METHODS
Source of Study: Students from Dr. APJ Abdul Kalam College of Physiotherapy, PMT, Loni. Study

Setting: Physiotherapy Colleges

Duration of Study: 6 months.

Method of Collection of Data: Data will be primarily collected by the principal investigator.

Study Type: Descriptive.

Study Design: Cross Sectional Survey

Sampling method: Convenient Sampling Study Population: Undergraduate students

Tools and materials: Informed consent Laptop, Google form, Social Interaction Anxiety Scale.

Sample Size: 400

Statistical Analysis
In the survey, the score of every individual was measured using the Social Interaction Anxiety Scale. Score was measured out of 80 and people with score equal or more than 36, are concluded to have Social Anxiety and people having score less than 36, are concluded to not have Social Anxiety.

Then the percentage of the number of participants with score less than 36 and with score more than 36 was calculated and statistics were gained.

RESULT
The study showed the following results, Out of 307 participants, 66 participants had a score less than 36 out of 80, and remaining 241 participants had a score more than or equal to 36.

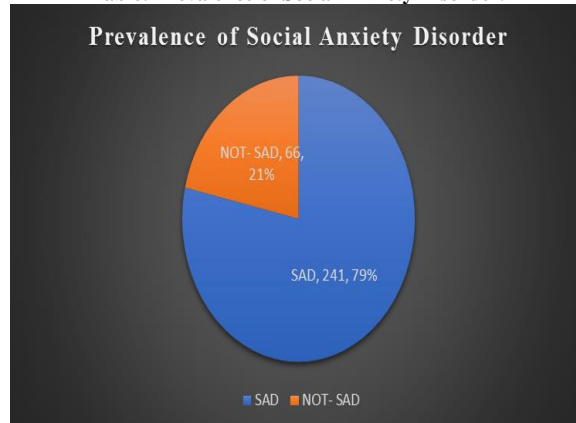**Table: Prevalence of Social Anxiety Disorder.**

Fig. 1: The above chart shows the prevalence of Social Anxiety Disorder in all the participants. Out of 307 participants, 66 participants had a score below 36 and all 241 participants had a score equal or more than 36 and were characterized in the group of having Social Anxiety Disorder.

DISCUSSION

The objective of this current study is to find the prevalence of Social Anxiety Disorder in undergraduate physiotherapy students. In this study, the prevalence was assessed using the Social Interaction Anxiety Scale. Google forms with the Social Interaction Anxiety scale were sent to various undergraduate physiotherapy students and responses were collected and assessed.

Social Interaction Anxiety Scale is a self report scale that measures the distress or anxiety while being in social situation like meeting new people, or talking in front of a senior staff. The scale assesses Social Anxiety Disorder, which is a feeling of being tense in more than one social situation with a possibility of being under scrutiny. The scale was developed by Mattick and Clarke (1989).

The Social Interaction Anxiety Scale is a 20 items questionnaire and is evaluated by scores from 0 to 4. The individual is to select the option which closely relates to him or her. The options are as follows:

0 = Not at all characteristic of me
1 = Slightly characteristic of me
2 = Moderately characteristic of me
3 = Very characteristic of me
4 = Extremely characteristic of me

All questions have the following scoring except in 5,9 and 11 the scoring is done in opposite way that is, option 4 has 0 score, option 3 has 1 score, option 2 has 2 score and so on.

The total score of the scale is 80, higher the score, more is the Social Anxiety Disorder. The author of the measure, Peter (2000) , defined the score as 36, in other words , the score of 36 or more is diagnosed as Social Anxiety Disorder.

Social Anxiety Disorder has an early onset and has a mildly high prevalence in general population and has a chronic course which affects the social, academic and working life. In people with Social Anxiety Disorder there is an altered activation of amygdala to the social emotional stimuli. Brain areas such as amygdala, prefrontal cortex, dorsal raphe, locus coruleus, medial prefrontal cortex, anterior singulate are the target areas for the pathophysiology of Social Interaction Anxiety Scale. A wide range of neurotransmitters (serotonin, norepinephrine, dopamine) and neuropeptides (oxytocin) seems to be involved in the Social Anxiety Circuitry. Recent studies have shown that oxytocin is a prosocial hormone and may play an important role in specific anxieties like social anxieties.

Social Anxiety Disorder affects the academic life of the student. As a physiotherapist, it is important to have good communication skills to interact with the patients and having social anxiety disorder affects the patient-therapist interaction.

Also, it increases the students chances of being absent in the lectures, ability to stand and ask doubts in practical sessions and thus academic performance.

According to Elhadad et al , in his study, he concluded that 59.9% students had Social Phobia and was more common in males. Also, he concluded that students with high social phobia scores showed to have decreased academic performance avoided oral presentation and poor clinical performance. Moreover, showed significant depressive symptoms. My study is similar to Elhadad et al, as my study results conclude 79% prevalence of Social Anxiety Disorder in Undergraduate Physiotherapy students. However, Elhadad et al used social phobia scale while my study used the Social Interaction Anxiety Scale.

According to Preeti Das, in her study, she concluded that the mean age of her participants was 20.7 years and 75% of them were males and belonged to upper caste. Among her participants 12.62% had social phobia and 5.95% had Social Anxiety. My study is similar to Preeti Das, as my study showed 79% prevalence of Social Anxiety in undergraduate students. However, her study showed results for both Social Phobia and Social Anxiety while my study assessed only Social Anxiety Disorder.

According to Yared Reta et al, In his study, he concluded that with a mean age of 22.13 years and 58.7% males, there was 32.8% prevalence of Social Anxiety Disorder. He also concluded that, family history of mental illness, being 3rd year student and 4th year student were significantly associated with sad. My study is similar to Yared Reta et al, as my study showed 79% prevalence of Social Anxiety Disorder in undergraduate students of physiotherapy. However, my study showed results equally for all, first to final year students.

CONCLUSION

Current study showed that, out of 307 participates 66 had a score less than 36 in the Social Interaction Anxiety Scale while, 241 remaining participants had a score of 36 or more. According to the data mentioned, it was concluded that there is 79% prevalence of Social Anxiety Disorder in the participants.

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