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Anxiety and Depression Prevalence among Hospitalized Patients

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Abstract: *The act of a patient being admitted to a hospital or the duration of that admission is referred to as hospitalization. The majority of medical experts focus on potential physical illnesses, frequently ignoring the psychological aspects of suffering, handicap, and uncertainty about how to handle the condition, which can exacerbate anxiety and depressive symptoms. Depression is characterized by a depressed mood or a loss of interest in or enjoyment from nearly all activities, whereas anxiety is a state of worry or unease brought on by the expectation of danger. Despite the fact that anxiety and depression symptoms are now widespread, screening for these conditions is not often used. The purpose of the prospective, cross-sectional study was to assess hospitalized patients for depression and anxiety and determine whether there was a relationship between the two. The Beck Anxiety and Depression Inventory was used to assess thirty individuals, aged 30 to 50, who had been hospitalized for at least ten days, were conscious, and had not previously been hospitalized or been diagnosed with a mental illness. Males were reported to have a greater prevalence of anxiety symptoms (16.64.97, 11.92.92), while females had a higher frequency of depression symptoms (16.69.51, 15.75.94). A significant connection with a p-value of less than 0.05 was seen between the anxiety and depression scores. The study demonstrated the frequency of depressed and anxious symptoms in hospitalized patients as well as their relationship. It implies that the use of these scales in routine general hospital procedures would streamline the difficult process of identifying and treating emotional disorders in hospitalized patients and guarantee a comprehensive approach to recovery.*

Keywords: Anxiety, Depression, Hospitalization

I. INTRODUCTION

The act of a patient being admitted to a hospital or the duration of that admission is referred to as hospitalization. It could seem consoling and like you're being "cared for." But losing our regular activities and routines can leave us feeling as though we no longer have control over our lives. This can cause emotions of anxiety and sadness, especially when combined with the discomfort, incapacity, and uncertainty about how to handle the medical issue.

Anxiety, defined as a state of worry or unease resulting from the anticipation of danger, is a "normal" phenomenon. It's common to distinguish between anxiety and fear since anxiety is characterized by a threat that is mostly unknown (or internal), whereas fear is an apprehension in reaction to an external danger. When anxiety significantly impairs an individual's functioning or results in severe subjective distress, it is considered pathological. Episodes of state anxiety are common in people with trait anxiety. Anxiety symptoms can be broadly categorized into two groups: psychological and physical. Anxiety is the expectation of a threat in the future, while fear is the emotional reaction to a real or perceived impending threat. Depression and anxiety both have biological roots. They may happen simultaneously or in a sequential manner.

The primary characteristic of depression is a depressed mood or a loss of interest and/or pleasure in nearly all activities (referred to as persistent melancholy), which is felt all day long. A depressed person's mood seldom changes during the day and is frequently unresponsive to outside cues. Loss of interest in routine tasks leads to social disengagement, a decline in interpersonal and professional functioning, and a reduction in participation in once-enjoyable activities. For men, the lifetime risk of depression is 8–12%, while for women, it is 20–26%. Nonetheless, there is an 8% lifetime risk of having a depressive episode. Estimates of the disorder's prevalence in the community remain unknown. However, compared to females and adolescents, rates are anticipated to be greater among boys and school-age children.

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The majority of medical professionals focus on potential physical illnesses, frequently ignoring the emotional aspects of the same. These unfavorable emotions of despair and anxiety influence the prognosis of the condition in addition to contributing to its genesis.1. Thus, the purpose of this research was to assess hospitalized patients for depression and anxiety and determine whether there was any relationship between the two.

II. MATERIALS & METHOD

In a private hospital, the cross-sectional study was carried out between September 2019 and January 2020. The patients gave their written, informed consent.

Criteria for inclusion and exclusion: Patients who were conscious, between the ages of 30 and 50, and had been hospitalized for at least 10 days were included. On the other hand, study participation was restricted to individuals without a history of hospitalization or those with a diagnosis of a psychiatric disease, either present or former.

Procedure: Beck's Anxiety Inventory and Beck's Depression Inventory were used to screen patients who satisfied the inclusion and exclusion criteria.

Assessment Measures:

The Beck Anxiety Inventory (BAI)

The 21-question, multiple-choice Beck Anxiety Inventory (BAI), developed by Aaron T. Beck and colleagues, is a tool used to assess the degree of anxiety in both adults and children. This measure's questions focus on common anxiety symptoms that the patient has experienced over the last week, including the day it was administered (such as tingling and numbness, sweating that isn't related to heat, and worry of the worse happening). It takes five to ten minutes to complete and is intended for people who are at least seventeen years old. The 21 questions of the BAI are evaluated from 0 (not at all) to 3 (severely) on a scale. More severe anxiety symptoms are indicated by higher overall scores.

Beck's Depression Inventory (BDI)

The 21-question multiple-choice Beck Depression Inventory (BDI, BDI-1A, BDI-II), developed by Aaron T. Beck, is one of the most used psychometric tests for assessing the degree of depression in adults and adolescents. Higher total scores indicate higher levels of depression. The items are added together to generate a final score. It is important to note that the BDI-II is widely used in clinical practice in addition to research.

STATISTICAL ANALYSIS

The data analysis was done with Windows-based 2016 saw the release of IBM Corp. Windows version of IBM SPSS Statistics. Version 24.0. Armonk, New York: IBM Corp. The unpaired t test was employed to compare the means of the two groups. The relevance of the data was tested statistically using the Pearson correlation test. At the 0.05 level of significance, the value of P was established.

RESULTS

TABLE1:SCORES OF BAI AND BDI

SCORE	Sex	N	Mean	SD	Confidence Interval	
					Upper limit	Lower limit
BAI	Male	20	16.6	4.97	14.274	18.926
	Female	10	11.9	2.92	9.811	13.989
BDI	Male	20	15.7	5.94	12.920	18.480
	Female	10	16.6	9.51	9.797	23.403

Table 1 indicates that anxiety symptoms were more common in men than in women (16.6±4.97, 11.9±2.92), while depressive symptoms were more common in women (16.6±9.51, 15.7±5.94).

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TABLE 2: CORRELATION BETWEEN BAI AND BDI

N=30	BDI	
	Pearson Correlation(r)	Sig.(two tailed)(p)
BAI	0.5869	0.000652***

****Highly significant*

Table 2 shows correlation between BAI and BDI score which is markedly positive with significant p value <0.05.

III. DISCUSSION

Using the BAI and BDI, thirty hospitalized patients who satisfied the inclusion criteria were examined for anxiety and depression. There is scant evidence between anxiety and depression among hospitalized individuals. Hospitalized patients may benefit from being screened for mood disorders in order to identify individuals who are more likely to experience negative outcomes. Given that anxiety and depression have been linked to increased morbidity and mortality, readmission, and even post-discharge mental diagnoses, this is especially crucial. Therefore, a correlation between the two was examined in this study by looking at the prevalence of anxiety and depression in hospitalized patients. Because the patients themselves completed the questionnaires and the grading was subjective, the study required the patient to be fully oriented in terms of time, place, and person. Additionally, patients with a history of hospitalization were not included in the study because it is possible that they adapted to the hospital setting during their previous visits and did not exhibit a substantial increase in anxiety or depression during their current stay.

Hospitalized participants in this study displayed signs of despair and anxiety. Gammon J.'s study, which looked at the psychological impacts of hospitalization, can be used to corroborate this. It found that hospitalized patients had higher than average levels of anxiety and depression. Studies show that women experience depression and depressed symptoms more frequently than men. It's critical to understand that many depression screening tools may contain gender-biased items, leading to unduly high depression scores in females.

Among an attempt to determine whether anxiety and depression were related among hospitalized patients, the current study discovered that they were. Haug et al. concluded that there was a considerably greater correlation for co-morbid anxiety and depression in both men and women, and that the association was equally significant for anxiety and depression. These findings are consistent with the findings above.

A limited sample size and a higher male population than female population were used in the study. Only the patient's hospital stay has been taken into account in this study. Additionally, additional variables that can influence the patient's questionnaire responses are not taken into account.

IV. CONCLUSION

According to the current study, hospitalized individuals frequently experience anxiety and depression. The aetiology and prognosis of an illness are significantly influenced by a patient's mental state. Although most medical experts are aware of this element of the condition, they frequently overlook it in favor of the bodily symptoms, which are more readily apparent. As a result, all medical personnel need to take a more holistic approach to treating patients. This comprehensive approach to rehabilitation will guarantee increased treatment efficacy as well as enhanced communication between the patient and the medical staff.

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