A STUDY ON ANXIETY AMONG SUBSTANCE USE DISORDER PATIENTS

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Abstract:

Anxiety and substance use disorders (SUDs) often co-occur and can have a significant impact on an individual's mental health and quality of life. This paper aims to provide a detailed abstract for the current literature on anxiety among SUD patients.

Research suggests that anxiety disorders are more prevalent among individuals with SUDs than in the general population. The comorbidity of these disorders can lead to poorer treatment outcomes, increased risk of relapse, and higher levels of psychiatric distress.

Various theories attempt to explain the relationship between anxiety and SUDs. Some suggest that individuals with anxiety disorders may use substances to self-medicate and alleviate their symptoms, while others propose that substance use may increase an individual's vulnerability to anxiety.

Several studies have investigated the effectiveness of integrated treatment approaches for individuals with both anxiety and SUDs. These approaches often include cognitive-behavioral therapy, motivational interviewing, and mindfulness-based interventions. Research shows that integrated treatments can lead to better outcomes than traditional SUD treatments alone.

INTRODUCTION:

Anxiety is described as excessive worry and anxious expectations that happen more often than not for at least six months in the Diagnostic and Statistical Manual (DSM-5). With respect, The

Diagnostic and Statistical Manual (DSM-5) describes anxiety as excessive worry and anxious expectations that occur more days than not for at least six months concerning certain events or activities, such as a job or academic success. Feelings of fear or worry. Anxiety is a typical stress response, and it may even be beneficial in some situations, such as when a person has to pay closer attention and focus on a test or work task. On the other hand, anxiety disorders are characterized by longer-lasting, more severe symptoms about certain events or activities, such as a job or academic success. The followings will give us detail about the symptoms, severity, complications, treatment, medications about anxiety. Anxiety disorders, which are expected to impact more than 40 million people or around 19% of the population, are Americans' most common mental health problems. Every year, 7% of children between the ages of 3 and 17 experience anxiety disorders, while the majority of people experience symptoms before the age of 21.

Three or more of the following six symptoms, at least some of which have been present for more days than not over the previous six months, are linked to anxiety and worry: Restlessness Easily fatigued, Difficulty concentrating, Irritability, Muscle tension. An underlying medical condition may be connected to anxiety in some people. Sometimes the earliest warning signals of a medical condition are anxiety-related signs and symptoms. Your doctor may request tests to search for symptoms of a problem if they have reason to believe your worry may have a medical cause. Heart disease, Diabetes, Thyroid problems, such as hyperthyroidism, Respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma

"Some people will get better with psychotherapy alone, while some people might need medication to help them concentrate better on the therapy. Anxiety and depression can decrease motivation to exercise, but medication may give you the energy to do it." Also, says Duckworth, a patient may need more than one medication. Drug subgroups that function differently and have their advantages, dangers, and potential side effects exist within each of these categories. The American Academy of Family Physicians claims that antidepressants are frequently used as the initial form of therapy.

NEED AND SIGNIFICANCE OF THE STUDY:

Anxiety disorders are a group of mental health conditions that can cause significant distress and impairment in daily functioning. These disorders can include generalized anxiety disorder, panic disorder, social anxiety disorder, and specific phobias, among others Research papers focused on anxiety disorders patients can be incredibly valuable for several reasons: Understanding the prevalence and impact of anxiety disorders: Research papers can help to identify the prevalence of anxiety disorders in the population and the impact these disorders have on individuals' lives. This information can be used to develop effective treatments and interventions for

those affected by anxiety disorders. Identifying risk factors and causes: Research papers can help identify risk factors for developing anxiety disorders, environmental factors, and life experiences.

STATEMENT OF THE PROBLEM:

The study aims to understand the concept of substance use and misuse, the features of the substance use disorder, the rate of anxiety present among the patients and the patterns relating anxiety and substance use among these patients in rehabilitation/de-addiction centers.

OBJECTIVES OF THE STUDY:

1. To understand the socio-demographic profile of the addicts (respondents) - past experiences, personal history, scope and severity of the substance use and reasons.

2. To measure the frequency, duration and the different modes of substance abuse.

3. To assess the level of anxiety in the patients.

4. To analyze the impact of substance, use on mental and physical health of the patients.

5. To determine the emerging trends and patterns and the recent solutions for the same.

METHODOLOGY:

The methodology that is used in this research in selection of variables, creation of questionnaires and also used in collecting and analyzing the data of the study. It also explain the need and objectives of the study, research tool, sample size and techniques. The Questionnaire schedule consisting of relevant questions to cover the objectives and research questions of the present study. HAMILTON ANXIETY RATING SCALE is the tool used with 14 questioners and the sample size is 55 and data collection method through direct interaction in rehabilitation center and entered in google forms. Data collected from: only men in the center at the age of 18 to 75 patients who are all struggling from anxiety.

RESULT AND DISCUSSION:

Table 1: Age

		Frequency	Percent
Valid	15-25 years	19	34.5
	26-35 years	13	23.6
	36-45 years	13	23.6
	46-60 years	10	18.2
	Total	55	100.0

This table represents the age of the respondents from the 55 samples. 34% of the people belongs to the 15-25 age category. Whereas 58% of the people belongs to the 26-35 age category, and 24% of the people belongs to the 36-50 age category, and last 24% of the people belongs to the above 36-45 age group category.

Table 2: Educational status

	Frequency	Percent
Diploma	10	18.2
Highersecondary	18	32.7
Valid Others		
Post-graduate	9	16.4
Undergraduate	5	9.1
Total	13	23.6
	55	100.0

This table represent the Education qualification of the respondents from the 55 samples. 33% of the respondents were belong to higher secondary students, whereas 24% of the respondents were belong to UG students.

Table 3: Actively participate in sports, athletics or exercise

	Frequency	Percent
No	36	65.5
Valid Yes	19	34.5
Total	55	100.0

This table represent how they actively participate in sports, athletics or exercise 65% of the respondents were not actively participate in sport activities and 34% of the respondents were said yes.

Table 4: Do you use Cool lip?

		Frequency	Percent
Valid	No	34	61.8
	Yes	21	38.2
	Total	55	100.0

From the above table majority 38% of the respondents said yes for using cool lip, and 61% of the respondents were said no.

Table 5: Do you smoke cigarettes?

		Frequency	Percent
	No	17	30.9
	Sometimes	4	7.3
Valid	Yes	34	61.8
	Total	55	100.0

In this table represent do you smoke cigarettes, in this 62% of the respondents were said yes and 31% of the respondents were said no and 7% of the respondents were said sometimes.

Table 6: How difficult do you think was it for you to get cigarettes, whenever you wanted?

	Frequency	Percent
Impossible	6	10.9
Not difficult at all	40	72.7
Valid Slightly difficult Total	9	16.4
	55	100.0

This table represent you to get cigarettes, whenever you wanted, in this 73% selected there is not difficult at all and 16% of the respondents were selected slightly difficult.

Table 7: Do you drink any form of alcohol?

		Frequency	Percent
	No	3	5.5
Valid	Sometimes	1	1.8
	Yes	51	92.7
	Total	55	100.0

This table represents the any form of alcohol of the respondents from the 55 samples.in this 93% of the respondents were said yes and only 5% of the respondents were said no.

Table 8: Have you experienced any problems occurring to you because of someone else drinking?

		Frequency	Percent
Valid	Maybe	2	3.6
	No	39	70.9
	Yes	14	25.5
	Total	55	100.0

This table represent problem occurring to you because of someone else drinking, in this 71% of the respondents said no and 26% of the respondents were said yes.

Table 9: Did you smoke weed or cannabis?

		Frequency	Percent
Valid	No	35	63.6
	Slightly difficult	1	1.8
	Sometimes	2	3.6
	Yes	17	30.9
	Total	55	100.0

This table represent did you smoke weed or cannabis, 64% of the respondents were selected no and 31% of the respondents were selected yes.

Table 10: How difficult was it for you to get cannabis, whenever you wanted it?

		Frequency	Percent
Valid	Impossible	6	10.9
	Not difficult at all	35	63.6
	Slightly difficult Total	14	25.5
		55	100.0

This table represent how difficult was it you to get cannabis, whenever you wanted it 63% of the respondents were selected not difficult at all and 25% of the respondents were selected slightly difficult.

Table 11: Did you use drugs of any sort?

		Frequency	Percent
	Maybe	5	9.1
Valid	No	40	72.7
	Yes	10	18.2
Total		55	100.0

This table represent did you use drugs of any sort, 72% of the respondents said no and 18% of the respondents said yes.

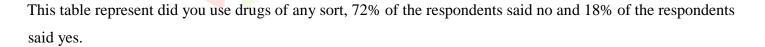**Table 12: Have you used cocaine?**

		Frequency	Percent
Valid	No	47	85.5
	Yes	8	14.5
	Total	55	100.0

This table represent have you used cocaine, 85% of the respondents were said no and 14% of the respondents were said yes.

MAIN FINGINGS- HAMILTON ANXIETY RATING SACLE:

The HAM-A is a clinician-based questionnaire; however, being available in the public domain, it has been employed as a self-scored survey. It consists of 14 symptom-defined elements, and caters for both psychological and somatic symptoms, comprising anxious mood, tension, fears insomnia; intellectual, depressed mood, somatic symptoms- sensory, cardiovascular tachycardia respiratory, gastrointestinal, genitourinary, autonomic and observed behavior at interview Each item is scored on a basic numeric scoring of 0 (not present) to 4 (severe): >17/56 is taken to indicate mild anxiety; 25–30 is considered moderate–sever.

HAMILTONS ANXIETY SCALE:

Age	Score	Interpretation
15-25 years	45.5	Indicates mild severity
26-40 years	29.1	Mild to moderate severity
41-60 years	9.1	Moderate to severe
Above 60 years	16.4	Not present

In this analysis of 55 samples, the level of anxiety was assumed; 16% has no anxiety.45% Indicates mild severity 29% mild to moderate severity 9% moderate to severe Around 55 samples 9 has no anxiety and 25 indicates mild severity of anxiety level and 16 came to know has mild to moderate severity and 5 has moderate to severe anxiety disorder.

MAJOR FINDINGS OF THE STUDY:

○ This table represents the age of the respondents from the 55 samples. 34% of the people belongs to the 15-25 age category. Whereas 58% of the people belongs to the 26-35 age category, and 24% of the people belongs to the 36-50 age category, and last 24% of the people belongs to the above 36-45 age group category.

○ This table represent the Employment status of collected sample of 55. 67% of the respondents are from private sector, whereas 15% of the respondents were unemployed.

○ This table represent the Economic status given sample population.38% of the respondents were getting low and middle income and 18% of the respondents were no income.

○ From the above table majority 38% of the respondents said yes for using cool lip, and 61% of the respondents were said no.

○ This table represent do they read books for enjoyment, only 20% of the respondents were selected yes and the remaining 80% respondents were selected no.

○ This table represent how they actively participate in sports, athletics or exercise 65% of the respondents were not actively participate in sport activities and 34% of the respondents were said yes.

- In this table represent do you smoke cigarettes, in this 62% of the respondents were said yes and 31% of the respondents were said no and 7% of the respondents were said sometimes.

- This table represent you to get cigarettes, whenever you wanted, in this 73% selected there is not difficult at all and 16% of the respondents were selected slightly difficult.

- This table represent how frequently you have smoked cigarettes, 65% of the respondents were frequently having cigarettes on daily bases and 21% of the respondents were having cigarettes on alternately bases.

- This table represents the any form of alcohol of the respondents from the 55 samples.in this 93% of the respondents were said yes and only 5% of the respondents were said no.

- This table represent problem occurring to you because of someone else drinking, in this 71% of the respondents said no and 26% of the respondents were said yes.

- This table represent did you use drugs of any sort, 72% of the respondents said no and 18% of the respondents said yes.

- This table represent how difficult was it you to get cannabis, whenever you wanted it 63% of the respondents were selected not difficult at all and 25% of the respondents were selected slightly difficult.

RECOMMENDATIONS:

- Keep physically active. Exercise is a powerful stress reducer.

- Try to avoid alcohol and recreational drugs.

- Quit smoking, and cut back or quit drinking caffeinated beverages.

- Use stress management and relaxation techniques like yoga, meditation

- Make sleep a priority.

- Eat healthy foods proper diet with vegetables, fruits, whole grins may be linked to reduce anxiety.

- Learn about your disorder so that you can get an idea about how to control, how to reduce.

- Stick to your treatment plan: keep therapy appointments and complete the therapy according to your therapist guideline

- Try to be Socialize.

CONCLUSION:

Anxiety is a common comorbidity among individuals with substance use disorder (SUD). Research has consistently shown that individuals with SUD have higher rates of anxiety compared to the general population. Anxiety can also contribute to the onset and maintenance of substance use, as individuals may use substances as a way to cope with their anxiety symptoms. Treating anxiety in individuals with SUD is essential for successful recovery. Integrated treatment approaches that address both SUD and anxiety have been shown to be effective in reducing both substance use and anxiety symptoms. These treatments may include cognitive-behavioral therapy (CBT), mindfulness-based interventions, and pharmacological treatments. It is important to note that treating anxiety in individuals with SUD may present unique challenges, such as the risk of relapse during treatment and the potential for medication interactions. Therefore, a comprehensive assessment of an individual's symptoms, history, and needs should guide the selection of appropriate treatments. Additionally, it is important to address the underlying factors that contribute to both disorders, such as trauma, stress, and social isolation. This may involve addressing past traumatic experiences, improving coping skills, and developing a supportive social network. Ultimately, the treatment of co-occurring anxiety and substance use disorder requires a comprehensive and individualized approach that addresses the unique needs of each patient. By providing effective treatment for both disorders, individuals with co-occurring anxiety and substance use disorder can achieve a higher quality of life and improved overall health outcomes. In summary, anxiety is a prevalent comorbidity among individuals with SUD and addressing it is crucial for successful recovery. Integrated treatment approaches that address both SUD and anxiety should be utilized to provide effective care for individuals with these co-occurring disorders.

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