

Psychological Study of Anxiety among Diabetic Patients

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ABSTRACT

The main aim of the present study is to find out the level of Anxiety among diabetic patient. It was hypothesized that the level of and Anxiety will differ in diabetic patients with regards to gender and type of area. The sample consists of total 120 (60 patients of urban and 60 patients of rural area) the sample is selected from city and various villages, by using purposive technique. Anxiety scale prepared by A.K.P. Sinha and L.N.K. Sinha devised this test and it is available both test in Hindi and English. Gujarati Adoption by Bhatt D. J. (1999). The data was scored, analyzed as per the manual. 't' test was being calculated. The result showed that (1) There is no significant difference between the mean score of anxiety among male and female diabetic patient. (2) There is significant difference between the mean score of anxiety among type of area i.e. urban and rural. Thereafter could be said that, diabetic patient of rural area show more anxiety than diabetic patient of urban area.

Keywords: *Psychological Study, Anxiety, Diabetic Patients*

Anxiety is an emotion characterized by an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints, and rumination. It is the subjectively unpleasant feelings of dread over anticipated events, such as the feeling of imminent death. Anxiety is not the same as fear, which is a response to a real or perceived immediate threat, whereas anxiety is the expectation of future threat. Anxiety is a feeling of fear, uneasiness, and worry, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. (Bouras, N.; Holt, G., 2007) It is often accompanied by muscular tension, restlessness, fatigue and problems in concentration. Anxiety can be appropriate, but when experienced regularly the individual may suffer from an anxiety disorder. People facing anxiety may withdraw from situations which have provoked anxiety in the past. There are various types of anxiety. Existential anxiety can occur when a person faces angst, an existential crisis, or nihilistic feelings. People can also face mathematical anxiety, somatic anxiety, stage fright, or test anxiety. Social anxiety and stranger anxiety are caused people are apprehensive around strangers or other people in general. Furthermore, anxiety has been linked with physical symptoms such as IBS and can heighten other mental health illnesses such as OCD and panic disorder.

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Anxiety can be either a short term "state" or a long term "trait". Whereas trait anxiety represents worrying about future events, close to the concept of neuroticism, anxiety disorders are a group of mental disorders characterized by feelings of anxiety and fear. Anxiety disorders are partly genetic but may also be due to drug use, including alcohol, caffeine, and benzodiazepines (which are often prescribed to treat anxiety), as well as withdrawal from drugs of abuse. They often occur with other mental disorders, particularly bipolar disorder, eating disorders, major depressive disorder, or certain personality disorders. Common treatment options include lifestyle changes, medication, and therapy.

Diabetes is the third most common chronic illness in this country and one of the leading causes of death. In the past 40 years, the incidence of diabetes has increased six-fold, and each year physicians diagnose nearly 800,000 new cases (Centers for Disease Control and Prevention, 1999a). About 700,000 diabetics are children. Each year, approximately 195,000 people die from diabetes and its complications (Centers for Disease Control and Prevention, 1999a). Diabetes is estimated to cause approximately 28,000 cases of kidney failure, 24,000 cases of blindness, and 56,000 amputations, and to contribute to 77,000 deaths from heart disease each year. The number of cases is increasing at approximately 7% a year, marking diabetes and increasingly important and formidable health problem (American Diabetes Association, 1999).

Diabetes is a chronic condition of impaired carbohydrate, protein, and fat metabolism that results from insufficient secretion of insulin or from target tissue insulin resistance. The cells of the body need energy to function, and the primary source of energy is glucose, a simple sugar that results from the digestion of foods containing carbohydrates. Glucose circulates in the blood as a potential source of energy for cells that need it.

Types of Diabetes

There are two major types of diabetes, insulin-dependent (or Type I) diabetes and non-insulin dependent (or Type II) diabetes, which differ in origin, pathology, role of genetics in their development, age of onset, and treatment.

Type I Diabetes

Type I diabetes usually develops relatively early in life, earlier for girls than for boys, between the ages of 5 and 6 or later between 10 and 13. The most common early symptoms are frequent urination, unusual thirst, excessive drinking of fluids, weight loss, fatigue, weakness, irritability, nausea, uncontrollable craving for food (especially sweets) and fainting. Type I diabetes is a serious, life-threatening illness accounting for 10% of all diabetes.

The Type I diabetic is vulnerable to two blood sugar problems, hypoglycemia (a blood sugar level that is too low) and hyperglycemia (a blood sugar level that is too high). The person will be hungry and may be in pain, and there will be little or no sugar in the urine. When signs of possible insulin reaction occur, something containing sugar must be eaten immediately.

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Type II Diabetes

Type II (or non-insulin-dependent) diabetes typically occurs after age 40 and is milder than the insulin-dependent type. In the case of Type II diabetes, more is known about the mechanism whereby the disease is triggered. Glucose metabolism involves a delicate balance between insulin production and insulin responsiveness, and when this balance goes awry, it sets the stage for Type II diabetes.

The symptoms include frequent urination, fatigue, dryness of the mouth, impotence, irregular menstruation, loss of sensation, frequent infection of the skin, gums, or urinary system, pain or cramps in legs, feet, or fingers, slow healing of cuts and bruises, and intense itching and drowsiness. The majority of Type II diabetes are over-weight (90%), and Type II diabetes is more common in women and individuals of low-socioeconomic status (American Diabetes Association, 2002).

Health Implications of Diabetes

The reason that diabetes is such a major public health problem stems less from the consequences of insufficient insulin production per se than from the complications that may develop. Diabetes is the leading cause of blindness among adults, and it accounts for 50% of all the patients who require renal dialysis for kidney failure.

Diabetes may also exacerbate other difficulties in psychosocial functioning, contributing to eating disorders (Carroll, Tiggemann and Wade, 1999) and sexual dysfunction in both men and women (Spector, Leiblum, Carey and Rosen, 1993, Weinhardt and Carey, 1996), as well as depression (Talbot, Nouwen, Gingras, Belanger and Audet, 1999), among other problems. Diabetes may produce central nervous system impairment that interferes with memory (L.A. Taylor and Rachman, 1988), especially among the elderly (Mooradian, Perryman, Fitten, Kavonian, and Morley, 1988).

Reddy (1989) conducted research to find out the adjustment and problem areas of many adolescents in the school and the results showed that most of the problems concentrated on academic anxiety followed by anxiety regarding their future. Prajapati, M. (2012) stated that the higher secondary school boys students are more academic anxiety than higher secondary school girls students.

Objective

The objective are,

1. To know whether anxiety is more among male and female.
2. To know whether there is any difference among the anxiety among type of area. (urban and rural).

METHODOLOGY

Hypotheses

1. There is no significant difference between the mean score of anxiety among male and female diabetic patient.
2. There is no significant difference between the mean score of anxiety among urban area and rural area.

Sample

The sample of the present study constituted total 120 diabetic patient out of which 60 were from male diabetic patient (30 urban area and 30 rural area) and 60 female diabetic patient (30 urban area and 30 rural area).

Research Design

A total sample of 120 diabetic patient equally distributed between gender and area from city and various villages were selected for the research study.

Showing the table of Sample Distribution

Type of Area	Gender		Total
	Male	Female	
Urban	30	30	60
Rural	30	30	60
Total	60	60	120

Variable

Independent Variable

1. **Gender** : Male and Female diabetic patient.
2. **Type of Area** : Urban and Rural area.

Dependent Variable

1. Anxiety Score.

Tool

Anxiety Test by A.K.P. Sinha and L.N.K. Sinha devised this test and it is available both test in Hindi and English. Gujarati Adoption by Bhatt D. J. (1999) was used. The Gujarati adoption of Anxiety Test by Bhatt is used to measure anxiety level. This test consists of 90 items with 'yes' or 'no' responses. Its has high test reliability as 0.92 and the concurrent validity is 0.62.

Procedure

The permission was granted diabetic patient from city various villages for data collection after the establishment of rapport, personal information and the 'Anxiety Test' was administrated the data was collected, scored as per the manual and analyzed. The statistical method 't' test was calculated and results were interpreted.

RESULT AND DISCUSSION

Table – 1 Showing mean, SD and “t” value of Anxiety for Male and Female diabetic patient.

Group	N	Mean	SD	“t” – value	Table Value	Sign. Level
Male	60	32.09	18.82	1.93	1.98	N.S.
Female	60	38.08	20.48			

As can be seen from above table that “t” value of 1.93 is not significant at 0.05 level. This means that the two groups under study differ significantly in relation to anxiety. The mean score of the male diabetic patient group is 32.09 as against the mean score of 38.08 of the female diabetic patient. The Hypothesis no.1 that “there is no significant difference between the mean score of anxiety among male and female diabetic patient” is accepted. That means no difference for gender in diabetic patient.

Table – 2 Showing mean, SD and “t” value of Anxiety for Type of Area i.e. Urban and Rural

Type of Area	N	Mean	SD	“t” – value	Table Value	Sign. Level
Urban Area	60	36.88	18.93	2.42	1.98	0.05
Rural Area	60	44.41	20.40			

As can be seen from above table that “t” value of 2.42 is significant at 0.05 level. This means that the two groups under study differ significantly in relation to anxiety. The mean score of the diabetic patient of urban area group is 36.88 as against the mean score of 44.41 of the diabetic patient of rural area. The Hypothesis no.2 that “there is no significant difference between the mean score of anxiety among type of area i.e. urban and rural” is rejected. It should be remembered here that, according to scoring pattern, higher score indicated very higher anxiety. Thus from the result it could be said that, diabetic patient of rural area show more anxiety than diabetic patient of urban area.

CONCLUSION

1. There is no significant difference between the mean score of anxiety among male and female diabetic patient.
2. There is significant difference between the mean score of anxiety among type of area i.e. urban and rural. Thereafter could be said that, diabetic patient of rural area show more anxiety than diabetic patient of urban area.

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