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Research Paper

Evaluation of Social Anxiety Disorder in Adolescents and Comparing the Remission Rate

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ABSTRACT

Phobia is a type of anxiety disorder in which the affected individual displays a marked & enduring fear of specific situations or objects. Mental health professionals (MHP) use the diagnostic & statistical manual of mental disorders (the DSM) to diagnose mental disorders. The 2000 edition of this manual (the 4th edition text revision, also called the DCM-IV-TR) classifies phobia as a type an anxiety disorder. There are many phobias or specific phobias that exist in the modern world. Social Anxiety Disorder (SAD, also known as Social phobia) is a rather common but often undetected & under-treated psychiatric condition in youths or adolescents. SAD is mainly characterized by intermittent fear arising in particular circumstances of being embarrassed, criticized or embarrassed which leads to patient or people to avoid the feared stimulus. Screening of SAD in young individual/adolescents is thus important in preventing negative outcomes the present study is the evaluation of SAD by using SPIN and LSAS (standard scales) in adolescents and comparing the remission rate after the counselling/ CBT sessions, which is the most common therapy used to treat SAD patients. By evaluating and comparing the SAD in adolescents, we found it that the females are more affected than males.

Keywords: *Social anxiety disorder, mental health professionals, Social phobia inventory scale, Cognitive behavioural therapy.*

Social anxiety disorder (SAD) is a rather common but often undetected and under treated psychiatric condition in youth. It is also known as social phobia. It is characterized as an intense, persistent fear of being watched and judged by others. This fear can affect work, school, and your other day-to-day activities. Typical social situation can be grouped into those that involve interaction, observation and performance. It includes meeting strangers, starting conversation, working, eating being seen in public performance including speaking, shopping [10]. (The National Institute of Mental Health Information Resource Center) Social Anxiety Disorder: More Than Just Shyness. Community surveys demonstrate that SAD is common with up to 13% lifetime prevalence has an early model age of onset and often precedes the onset of other anxiety mood and

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substance abuse/dependence disorder [6]. While anxiety about some of the above is common in the general population, people with SAD can worry excessively about them and so for weeks in advance of anticipated social situation [10].

***Symptoms**:* Typically fall under three different areas.
Physical, Cognitive and Behavioural symptoms [17]

Causes: There are four types of causes, they are
Genetic, Environmental, Societal and Brain structure/Biological [17]

Types of Anxiety Disorder:

- Generalized anxiety disorder(GAD),
- Panic disorder (PD),
- Social anxiety disorder(SAD),
- Agoraphobia and
- Substance/Medication-induced anxiety disorder [17].

There are no particular lab tests for the diagnosis of social anxiety disorder. In the process of diagnosing the patient's condition it requires evaluating the patient's mental health history and counselling the patient to test his/her perceptions and experiences [1] [6]. Other diagnostic tools like rating scale or questionnaires used by the mental health professionals to assess the status of social anxiety disorder along with these specific symptoms and duration it helps in treatment. Examples: SPIN, LSAS [4] [8].

SAD generally treated with psychotherapy, medication or both, CBT is an example of one type of psychotherapy. Cognitive therapy focuses on identifying, challenging and then neutralizing unhelpful/ distorted thoughts underlying anxiety disorder.

Exposure therapy focuses on confronting the fears underlying an anxiety disorder to help people engage in activities they have been avoiding [7]. Screening of SAD in young individuals in community samples is their important in preventing negative outcomes [2]

METHODOLOGY

Aim

The aim is to diagnosing SAD by using simple questionnaire forms and to prevent negative outcomes in adolescents and to minimize the probability of other phobias economically.

Objective

- To obtain the details of people who are suffering with SAD.
- To obtain all the scores by using different questionnaires (SPIN, LSAS).
- To determine the morbidity.

Material and Methods

Study site: Schools and in colleges in Warangal.
Study type: a prospective observational study
Study period: 6 months

Study Criteria

Inclusion criteria:

- Adolescents or young people (15-18 yrs)
- Healthy individuals (both male and female)
- People with psychiatric illness (Primary diagnostic of SAD)

Exclusion criteria

- <15yrs and >18yrs
- Medically ill patients with psychiatric illness patient taking medication
- Alcohol abuse
- Cannabis or other use for dependence & specific phobic disorders
- Who rejected for answering questionnaires?

Study sample size: 1000
Scales used: SPIN, LSAS Questionnaires
Statistical method: Microsoft Excel.

End points:

- Identifying social phobias in individual
- Effect of counseling in SAD people along with family and faculty counseling
- Determining the effect of counseling in SAD people.

Study procedure

The present study is prospective an observational study, the diagnosed patients were given counseling along with their family members and teachers regarding SAD then after the SAD or social phobia status will be assessed by simple questionnaires (LSAS, SPIN) and then we will calculate the remission rate.

Visiting High Schools and Inter Colleges
↓
Interacting with Students
↓
Collection of data by using a questionnaire
↓
Diagnosing patient with SAD and assessing status
↓
Counselling for the patient along with family members and faculty
↓
Reassessing the patient status
↓
Calculating remission rate

RESULTS

In our study, we collected data from 1000 students of the age group 15 to 18 years by using questionnaires and we found that they were 568 males and 432 females. We also categorized that collected data in to

1. Age-wise distribution
2. Distribution according to SPIN scale
3. Distributions according to LSAS scale

4. Calculation of SPIN scale
5. Calculation of LSAS scale

Table 1. Age-wise distribution:

AGE	FEMALES	MALES	TOTAL
15Yrs	53	25	78
16Yrs	178	130	308
17Yrs	134	228	362
18Yrs	66	153	219
TOTAL	431	536	**967**

Shows among 967 students 53 and 35 members of females and males respectively of age 15, 178 and 130 members of females and males respectively of age 16, 138 and 228 members of females and males respectively of age 17 and 66 and 153 members of females and males respectively of age 18.

Table 2. Distribution according to SPIN scale:

	FEMALES	MALES	TOTAL
MILD	147	139	286
MODERATE	47	51	98
SEVERE	35	7	42
VERY SEVERE	2	22	24
NO SAD	200	317	517
TOTAL	431	536	**967**

Shows out of 967 students we find 517 members to be normal / No SAD whereas 286 were mild, 98 were moderate, in these females are 147 mild, 47 moderates, 35 severe, 2 very severe and 200 with no SAD total 431 And males are 139 mild, 51 moderates, 7 severe, 22 very severe and 317 members with no SAD total 536

Table 3. Distributions according to LSAS scale:

	MALES	FEMALES	TOTAL
MILD	147	118	265
MODERETE	146	86	232
MARKED	78	84	162
SEVERE	32	62	94
VERY SEVERE	7	15	22
NO SAD	126	66	192
TOTAL	536	431	**967**

Shows out of 967 students, 192 are found to be normal/ no sad, 265 mild, 232 moderates, 162 marked, 94 severe, 22 very severe, in this distribution, we find the males to be 536 which include 147 mild, 146 moderate, 75 marked, 32 severe, 7 very severe and females are 118 mild, 86 moderates, 84 marked, 62 severe, 15 very severe and 66 with no sad Total 431

According to the SPIN, Figure 1: in males shows 26% of students are mild, 10% moderate, 1% severe, 4% very severe and 59% of students are with no SAD, and Figure 2: in female shows 34% mild, 11% moderete, 8% severe, 1% very severe and 46% with no SAD.

Figure 1: Gender wise distribution of SPIN

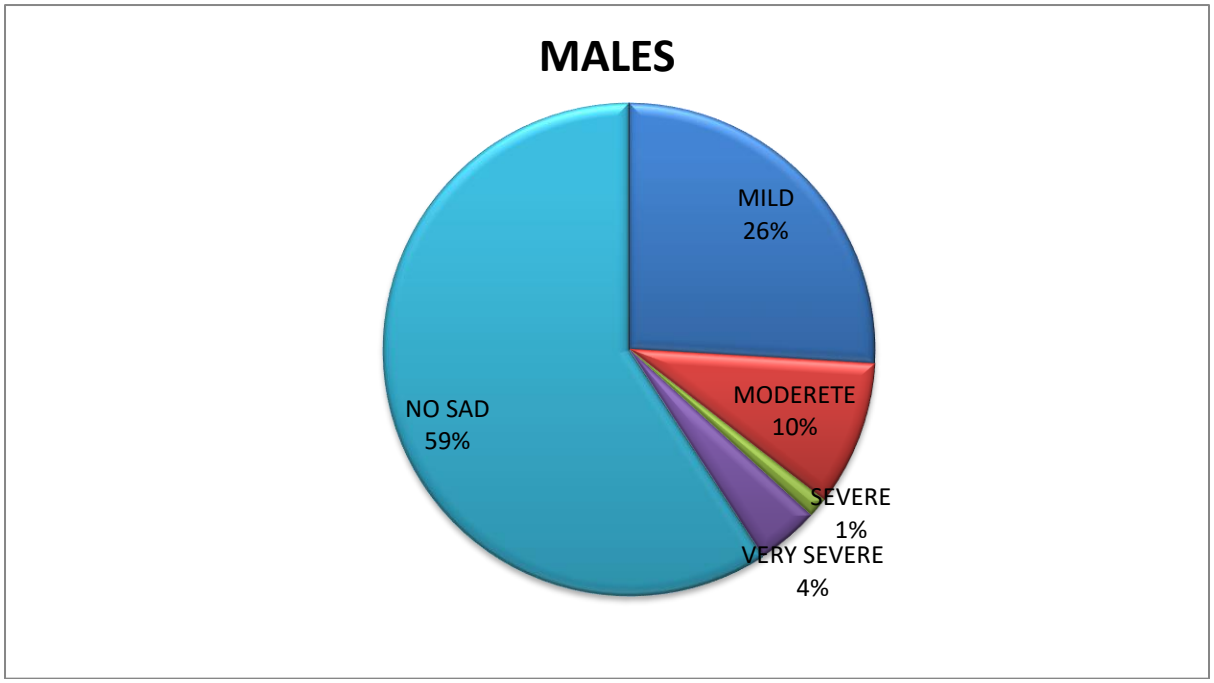
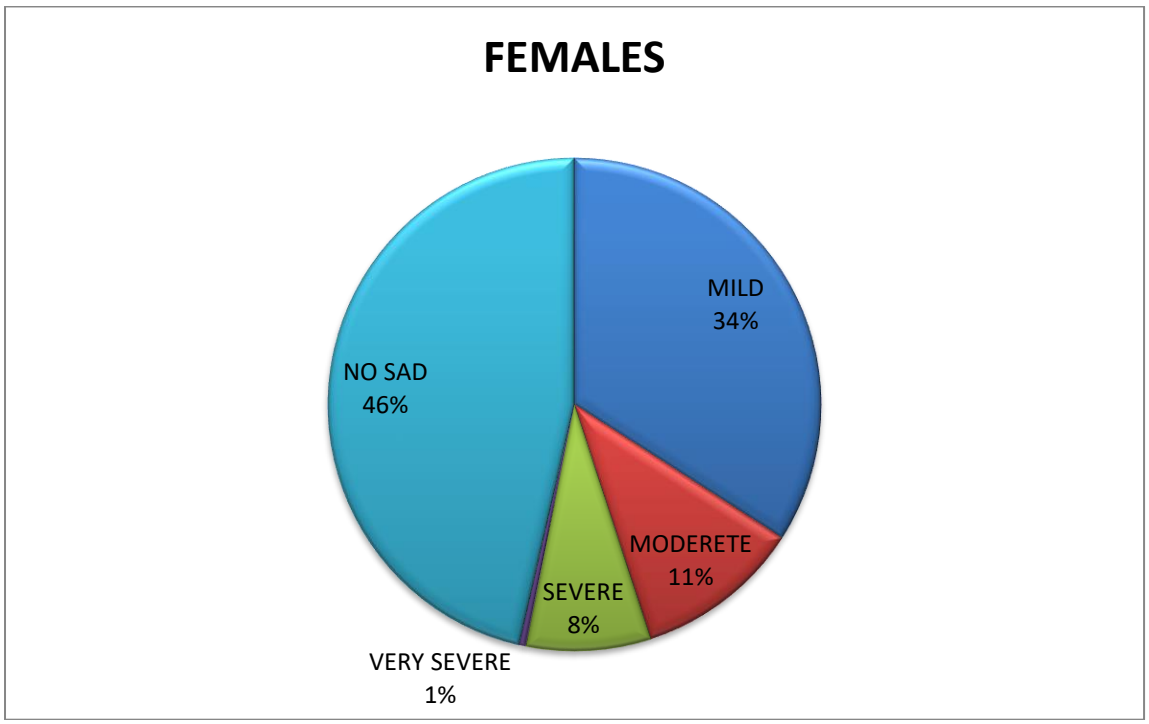


Figure 2: Gender wise distribution of SPIN



According to the LSAS, Figure 3: in males shows 27% of students are mild, 27% moderete, 15% marked, 6% severe, 1%very severe and 24% of students are with no SAD and in females Figure 4: 27% mild, 20% moderete, 20% marked, 14% severe, 4% very severe and 15% with no SAD.

Figure 3: Gender wise distribution of LSAS

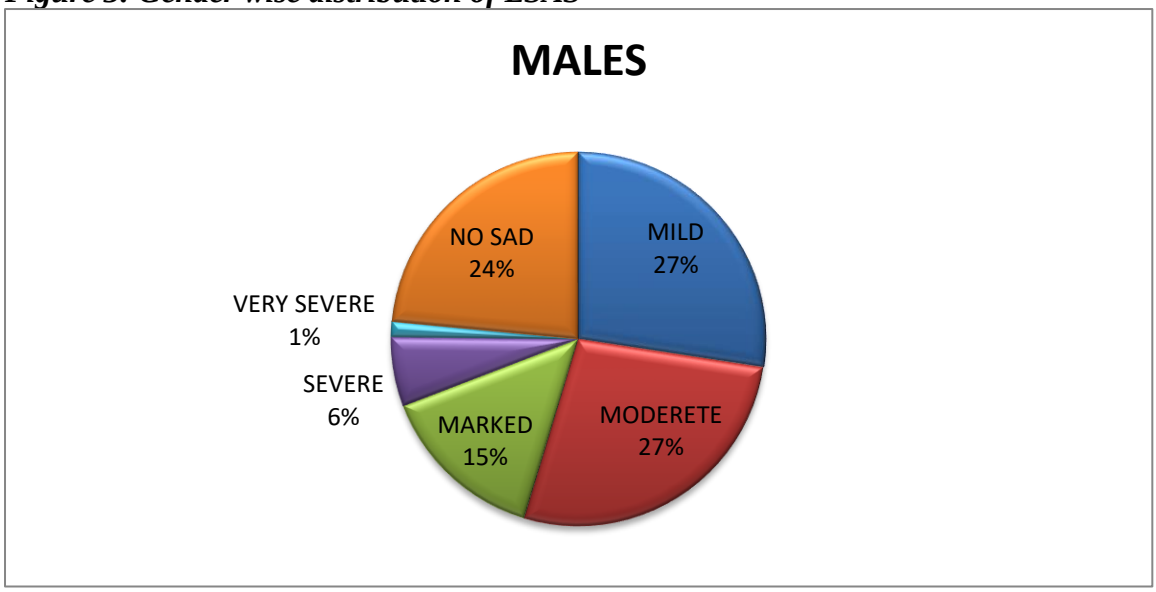


Figure 4: Gender wise distribution of LSAS

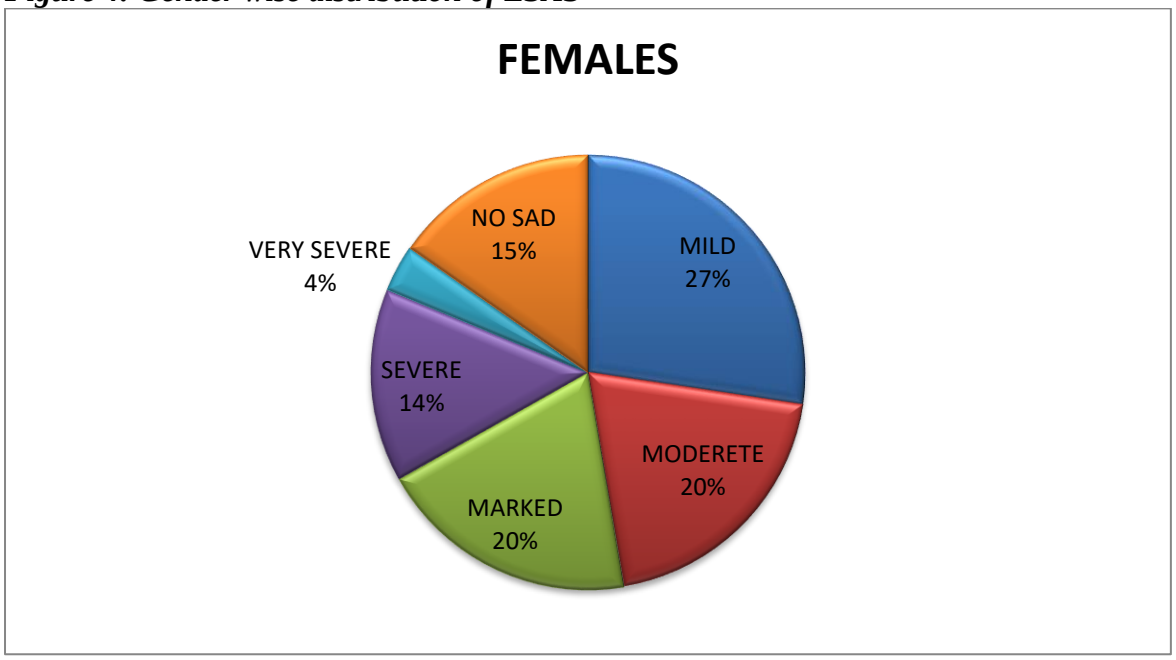


Figure 5: shows that comparison between the males and females according to SPIN

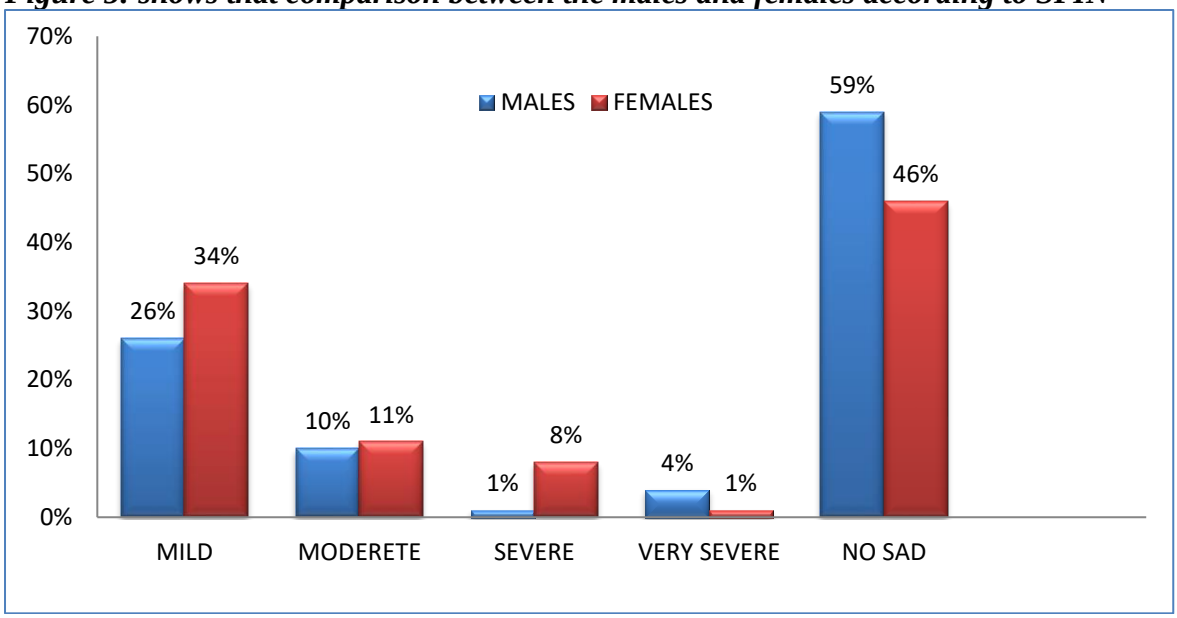


Figure 6: shows that comparison between the males and females according to LSAS

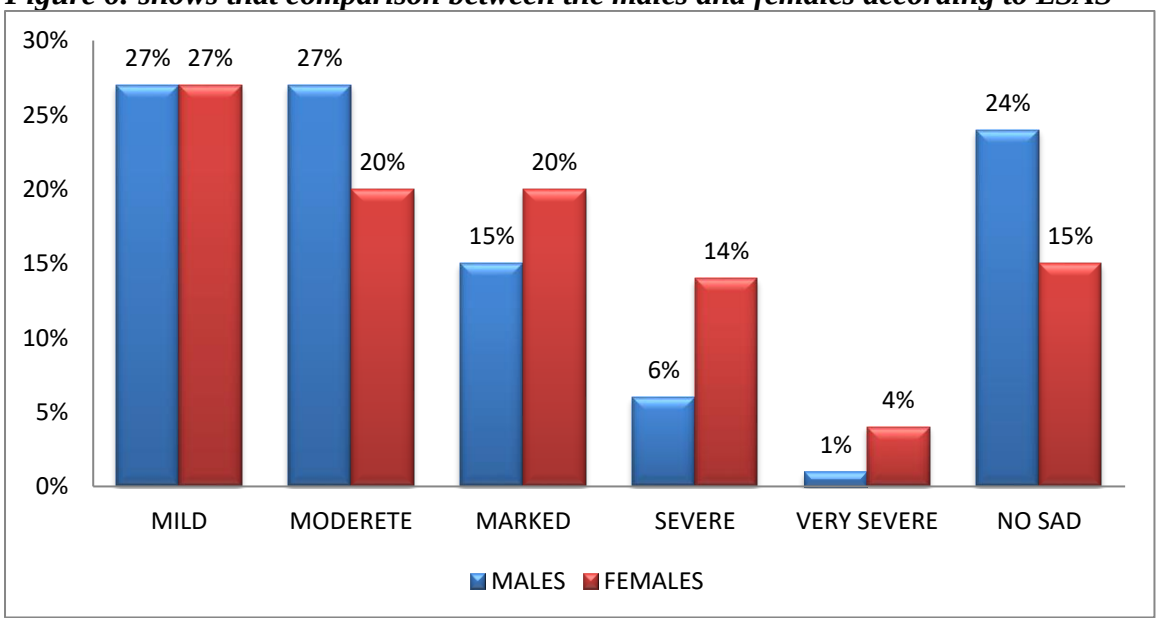


Figure 7: shows 47% of students are affected with SAD and 53% are found to be normal with SPIN scale.

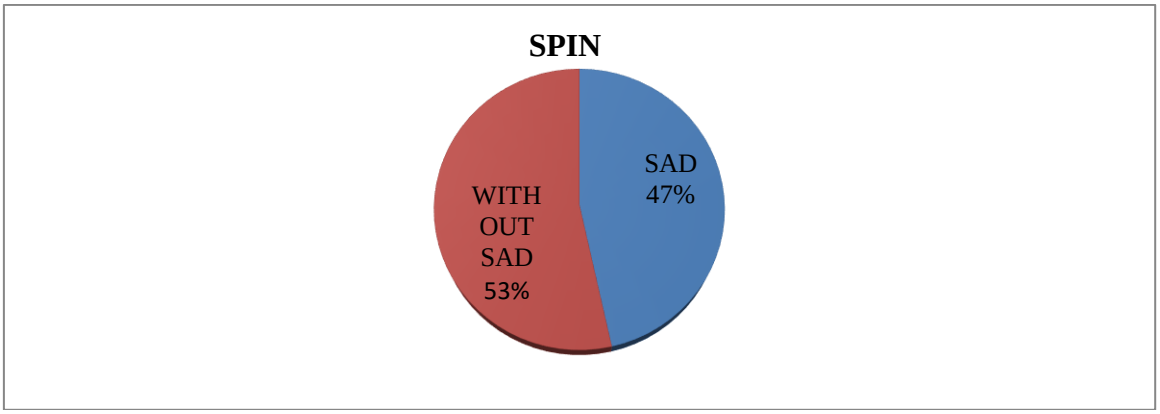


Figure 8: shows 80% of students are affected with SAD and 20% students are found to be normal with LSAS

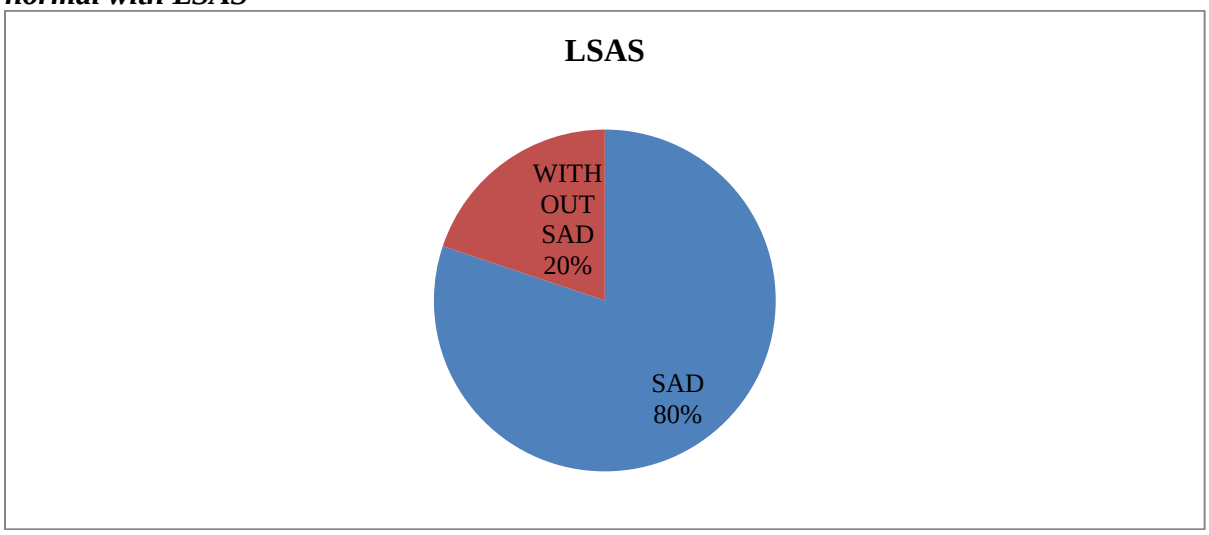


Table 5: shows the disease status of 30 students, 10 mild (4 females and 6 males), 18 moderate (10 females and 8 males), 2 severe (2 females).

	Mild	**Moderate**	**Severe**
Female	4	10	2
Male	6	8	_
Total	10	18	2

Table 6: shows the remission rate status of 30 students, 25 positive (12 females and 13 males), 1 negative (1 female), 4 errors (3 females and 1 males).

	Positive	**Negative**	**Error**
Females	12	1	3
Males	13	0	1
Total	25	1	4

DISCUSSION

Social anxiety disorder is the most common disorder in adolescents, but the evaluation or assessing is the toughest task for the therapist. CBT is the most common therapy used to treat SAD patients. It may take several sessions to make the patient normal in real, as the SAD patients may pretend to be normal in population.

We can cure alone SAD as it when the counselling is given in appropriately, mostly the SAD was not alone; sometimes it is a combination of other specific disorder or depression. For that combination of disorders, it should require a specialized counselor to council the patient.

In our study, we took 30 students ranging from an uncommon disease status such as mild, moderate and severe. The counselling sessions were done according to the patient's problem

they are facing in and around life. What may be the problem is, the CBT contains its interventions to analyze and like,

1. **Assessment:** Learning to analyze and identify the trigger/ stressor of situation
2. **Cognitive Restructuring:** Learning to identify thoughts responsible for under anxiety and take a scientific approach to examine their verity, subjecting them to rigorous tests of logic.
3. **Mindfulness Training:** Learning to attend to the present rather than getting caught up in one's negative interpretations about the future.
4. **Systematic Exposure:** Learning to reduce anxiety by putting yourself in anxiety by provoking situations while using mindfulness cognitive skills.

Interceptive Exposure: It involves exposure to feared bodily sensations/situations in order to elicit the response. Doing so activates any unhelpful beliefs associated with the sensations, maintains the sensations without distraction/ avoidance and allows new learning about the sessions to take place.

Example: A female patient of age 17yrs was suffering to intense disturbance in her daily activity to meet the therapist and then the CBT was

Assessment: Feeling most uncomfortable with its mess warden and feeling that everyone will leave me because they hate me.

Cognitive Restructuring: Feeling low that was warden will always show anger on her and depressing and thinking what was the problem in her and avoid talking to warden along with friends around her.

Mindfulness Training: Try to talk with warden with a smile on her face and observe warden reaction and try to talk with friends said by a trainer in session in order to reframe her negative thoughts.

Systemic Exposure: Tried to, talked to mess warden for the first time and the reaction was cool she also tried to move with friends comfortably.

As the CBT has done for 30 members of students in which we found 25 students to be positive and 1 negative whereas 4 were error cases as they not supported for the session.

CONCLUSION

Social phobia is a potentially treatable condition. Early detection, correct diagnosis and appropriate treatment or councelling is crucial for better prognosis and reduction of morbidity. Evaluation of social phobia is important in adolescents in order to manage their psychological distress. In our study, evaluation of Social Anxiety Disorder was more in females than males. In Social Anxiety Disorder people according to their stage, Cognitive behavior therapy is the effective and short-term therapy in adolescents to manage their psychological distress and to change their perspective towards the situation in their life.

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Conflict of Interest
The author(s) declared no conflict of interest.

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