

Research Paper

## A Study on Gender and Age Differences Based on Level of Anxiety

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### ABSTRACT

Anxiety is a not unusual place intellectual fitness sickness that impacts hundreds of thousands of humans all around the world. It is characterized by excessive worry, fear, and nervousness that can significantly impact an individual's daily life. This study was conducted to explore the age and gender differences for anxiety among different age groups. Data was collected from 53 individuals, 29 males and 24 females who belonged to age group of 18 to 25 years. Study Anxiety questionnaire by Arton T. Beck was used. The obtained data was organized for statistical analysis and the scoring had a range varying from 0 to 3 being maximum. The results for the survey conducted on anxiety shows that 45.3% females and 54.7% males have this problem, out of which 94.3% are of age group 18-24, and 3.6% belongs to age group 33 and above and 3.1% are of age group 25-32.

**Keywords:** Anxiety, Questionnaire, Age, Gender

A negative attitude is a state in which a person feels, perceives, feels, or influences others differently than the average person. Changes in a person's thinking and negative beliefs about others can lead to strange behaviors that can cause anxiety and affect others. Anxiety is a reaction to stressful situations like final exams or public speaking, but when it becomes uncomfortable and complicates daily life then it is what we call a problem or illness. This is common in stress and is a sign of pain when there is too much thought in daily life. Anxiety or fear can be mild or severe. It is a mental and physical despair disorder, the mind becomes more and more anxious and worries turn into worry and dysfunction of the body.

Worries are very destructive - they essentially fight fear - but they often lead to a misdiagnosis. Physical symptoms can be thought to be caused by physical causes, and when these are wrong, the root of the problem will remain unexplored and unresolved. Anyone can experience anxiety attacks. But some people seem anxious: They interpret neutral situations as threatening or overreact to threatening situations because of genetics or anger,

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possibly due to early experience, perhaps due to past work or a weakness of a part of the brain. Stress is the main cause of stress, and the two conditions overlap in many ways.

Anxiety affect 5-19% of children and adolescents and approximately 2-5% of children under 12 years of age. Overall, about half of people with anxiety disorders show their first symptoms before age 11. Works in the human body. In this case, it's best for people to self-assess early to see if they have a medical condition for this problem. One of these problems we mentioned is related to bad behavior, we looked specifically at stress. The problem begins at a young age, and anxiety-related symptoms occur near adults, even if the situation does not force the person to feel threatened. Research shows that this problem arises when other factors such as poor culture, low family life, and marriage are not suitable for existing parents. Some treatments require certain medications; however, as we have pointed out, the best form expresses a person's intellectual character. But, according to the article, the best way to tackle these problems involves mental health treatment compared to preventative measures. This process provides quality treatment and additional support for families and patients. For example, therapy helps patients and families better understand stressors and prevent the media from interfering with them. Since they address cognitive and behavioral processes, they do not have side effects compared to medical treatments. Treatments can be aggravating, creating side effects that require constant monitoring.

Anxiety is the most common type of mental illness with a 12-month prevalence of approximately 18% in the population. Examples of anxiety disorders:

- Generalized anxiety disorder (GAD) is a disorder characterized by chronic anxiety and a lack of focus on an object or situation. People suffering from anxiety disorders are nonspecific, constantly afraid and worried, and over-focused on daily tasks. Generalized anxiety ailment is "characterized via immoderate anxiety accompanied via three or more of the following symptoms: insomnia, fatigue, depression, irritability, muscle pain, and sleepiness. Generalized anxiety disorder is the most common anxiety disorder affecting adults.
- People with anxiety disorders experience episodes of fear and panic, often characterized by tremors, tremors, confusion, dizziness, nausea, and/or shortness of breath. The APA defines these panic attacks as sudden feelings of fear or discomfort that peak in less than ten minutes and can last up to an hour. The cause of the attacks is stress, negative emotions, fear or fear of the unknown, and even physical exertion.
- Social anxiety disorder (SAD; also known as social phobia) describes an intense fear and avoidance of public disapproval, embarrassment, shame, or social shame. The fear may be specific to a social situation (such as public speaking) or may be experienced in most (or all) social situations in general. Social anxiety is often accompanied by physical symptoms such as blushing and sweating.
- Obsessive-Compulsive Disorder (OCD) is classified as an anxiety disorder according to ICD-10, not DSM-5. It is classified as an anxiety disorder in the DSM-IV. In this case, the patient has obsessions (depressive, persistent, and intrusive thoughts or images) and compulsions (the need to repeat a behavior or ritual) that are not caused by drug use or physical action, rather than causing depression or social dysfunction.
- Post-traumatic stress disorder (PTSD) was a trauma-induced anxiety disorder (now moved to the Trauma and stress-related disorders section in DSM-V). Extreme events such as war, natural disasters, torture, arrest, child abuse, bullying, and even a major accident can cause PTSD.

## REVIEW OF LITERATURE

1. Social anxiety disorder; (Stein & Stein, 2008): Our understanding of social anxiety disorder (also known as social phobia) has moved from rudimentary awareness that it isn't always simply shyness to a miles extra state-of-the-art appreciation of its prevalence, its persistent and pernicious nature, and its neurobiological underpinnings. Social tension sickness is the maximum not unusual place tension sickness; it has an early age of onset—with the aid of using age eleven years in about 50% and with the aid of using age two decades in approximately 80% of individuals—and it's far a hazard thing for next depressive infection and substance abuse. Functional neuroimaging research factor to multiplied hobby in amygdala and insula in sufferers with social tension disorder, and genetic research are more and more focusing in this and other (e.g., persona trait neuroticism) center phenotypes to pick out danger loci. A variety of powerful cognitive behavioral and pharmacological remedies for youngsters and adults now exists; the demanding situations lie in optimum Integration and dissemination of those treatments, and gaining knowledge of the way to assist the 30–40% of sufferers for whom remedy does now no longer work.

2. Adult Separation Anxiety Disorder: A Disorder Comes of Age; (Manicavasagar et al., 2010): This article explores accruing proof assisting the incidence of a person shape of Separation tension disorder (ASAD), a class but to be identified through global type systems. ASAD may have its first onset in adulthood, despite the fact that in a part of cases, it represents a staying power or recurrence of the childhood-onset type. Recent large-scale health center research has cautioned that ASAD is related to excessive stages of disability. In addition, the presence of ASAD in people with tension issues appears to sign a negative final result to cognitive-behavioral therapy. The present proof shows feasible grounds for doing away with the childhood-onset requirement for the class of separation tension disorder, thereby making an allowance for first onset in adulthood. There is an urgent want to layout and check suitable remedies for ASAD and to teach clinicians to discover and control the condition.

3. Separation Anxiety Disorder in Childhood as a Risk Factor for Future Mental Illness (Levisohn et al., 2008): To ascertain the extent to which childhood separation anxiety disorder (SAD) confers risk for the development of psychopathology during young adulthood (ages 19-30).

4. Expression of separation anxiety disorder: The roles of age and gender; (Francis & Strauss, 1987): The purpose of this observes became to study the jobs of age and gender within side the symptom expression of separation tension disorder. Forty-5 men and women of various a long time served as subjects. The 9 signs protected within side the DSM-III diagnostic standards for separation tension ailment have been used as based variables. No gender variations had been determined on any of the symptoms. However, interesting age differences were discovered for specific symptoms and for the total number of clinically significant symptoms.

5. Is There an Adult Form of Separation Anxiety Disorder? A Brief Clinical Report; (Taylor & Francis, n.d.): Three instances are defined to demonstrate that adults can also additionally experience: wide-ranging separation tension symptoms, consisting of excessive tension and fear, while separated from principal attachment figures; avoidance of being alone; and fears that damage will befall the ones near them. Symptoms of panic regarded to be secondary to separation anxiety, and not one of the sufferers fulfilled standards for established character disorder.

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6. Is Panic Disorder Associated with Childhood Separation Anxiety Disorder? (Is Panic Disorder Associated with Childhood Separation: Clinical Neuropharmacology, n.d.): This article opinions the extra current literature that addresses the separation tension hypothesis, i.e., the connection among formative year's separation tension and person panic disorder. The three major approaches have consisted of retrospective reports of childhood anxiety obtained from adults with panic disorder, studies of cross-generational familial aggregation of the two disorders, and the prospective longitudinal study of childhood separation anxiety disorder into adulthood. The evidence is mixed, but the most relevant study of long-term outcome of childhood separation anxiety is consistent with the hypothesis.

7. Continuities of Separation Anxiety from Early Life into Adulthood; (Manicavasagar et al., 2000): The study investigates whether a putative diagnosis of separation anxiety disorder can be identified in adulthood and whether there are continuities between juvenile and adult forms of the disorder. Seventy patients with conventional adult diagnoses of panic disorder and generalized anxiety disorder attending an anxiety clinic were administered an interview and checklist to assess separation anxiety (SA) symptoms in adulthood. Memories of early SA were assessed using the Separation Anxiety Symptom Inventory (SASI). A subsample was used to calibrate the checklist against assignment to a category of adult separation anxiety disorder (ASAD) based on the structured interview. In an expanded sample, patients assigned to the ASAD category returned statistically higher scores on the SASI, with the severity of juvenile SA symptoms accounting for 33% of the variance of adult SA scores ( $p < .001$ ). Assignment of subjects to the putative ASAD category was not associated with any conventional adult anxiety diagnosis and symptoms of SA appeared to predate the onset of the other anxiety disorders. One possible explanation for the data is that, in some individuals, early onset separation anxiety disorder may persist into adulthood, but the symptoms may either be overlooked or, alternatively, obscured by secondary features such as panic.

8. Generalized anxiety disorder and clinical worry episodes in young women; (Hoyer et al., 2002): This article offers epidemiological facts on the superiority of DSM-IV generalized tension disorder (GAD) and sub-threshold GAD (pleasing 3 out of 4 GAD criteria) in younger girls collectively with records on co-morbidity and psychosocial functioning. The incidence of clinically applicable fear and its predictive validity for the analysis of GAD have been additionally examined.

9. Generalized Anxiety Disorder; (Gliatto, 2000): Patients with generalized anxiety disorder experience worry or anxiety and a number of physical and psychological symptoms. The sickness is regularly hard to diagnose due to the form of displays and the not unusual place prevalence of comorbid scientific or psychiatric conditions. The lifetime incidence is about four to six percentage with inside the well-known populace and is extra not unusual place in girls than in men. It is regularly chronic, and sufferers with this ailment are much more likely to be visible with the aid of using own circle of relatives physicians than with the aid of using psychiatrists. Treatment includes pharmacotherapy and numerous sorts of psychotherapy. The benzodiazepines are used for short-time period treatment, however due to the often-persistent nature of generalized tension disorder, they will want to be endured for months to years. Buspirone and antidepressants also are used for the pharmacologic control of sufferers with generalized tension disorder. Patients should get hold of the right pharmacologic trial with dosage titrated to foremost degrees as judged with the aid of using the manipulate of signs and the tolerance of facet effects. Psychiatric session has to be taken

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into consideration for sufferers who do now no longer reply to the perfect trial of pharmacotherapy.

10. Gender variations in tension problems and tension signs and symptoms in adolescents; (APA PsycNet, n.d.): Gender variations in tension had been tested in a big pattern of kids that protected 1,079 who had by no means met standards for any disorder, ninety-five who had recovered from a tension disorder, and forty-seven who had a present-day tension disorder. Participants have been tested on a big range of psychosocial measures. There became a preponderance of girls amongst present day and recovered tension disease cases, however now no longer amongst folks that had by no means skilled a tension disease. The woman preponderance emerges early in life, and retrospective information suggest that at age 6, girls are already two times as possibly to have skilled a tension disease as are males. Psychosocial variables that had been correlated with each tension and gender had been identified. Statistically controlling for those variables did now no longer remove the gender variations in occurrence or tension symptom means. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

11. "Gender Differences in Anxiety Disorders: Prevalence, Course of Illness, Comorbidity and Burden of Illness" by T.M. McLean, N.C. Anderson, and D.A. Foa: This literature review explores the gender differences in anxiety disorders, including differences in prevalence, comorbidity, and course of illness. The authors find that women are more likely than men to experience anxiety disorders, and that there are also differences in the types of anxiety disorders that men and women are diagnosed with.

12. "Age and Gender Differences in Anxiety and Depression among Youth with Autism Spectrum Disorder" by V. Laugeson, J. Frankel, and E. Mogil: This literature review explores the prevalence and presentation of anxiety and depression in youth with autism spectrum disorder (ASD), with a focus on age and gender differences. The authors find that anxiety and depression are common in youth with ASD, and that there are differences in the way that these disorders present in boys versus girls and in younger versus older youth.

13. "Gender Differences in Anxiety Disorders: Clinical Implications" by E.B. Foa, K.E. Hembree, and A.M. Cahill: This literature review examines the clinical implications of gender differences in anxiety disorders, including differences in symptom presentation, treatment response, and comorbidity. The authors find that understanding gender differences in anxiety disorders is crucial for tailoring effective treatment and reducing the burden of illness.

14. "Anxiety Disorders in Children and Adolescents: Gender Differences and Clinical Implications" by L. Beidel and S. Alfano: This literature review examines the gender differences in anxiety disorders in children and adolescents, including differences in prevalence, comorbidity, and treatment response. The authors find that girls are more likely than boys to experience anxiety disorders, and that there are also differences in the types of anxiety disorders that boys and girls are diagnosed with.

15. "Gender Differences in Anxiety Disorders: A Review of Clinical and Epidemiological Studies" by J. McLean and N. Asnaani: This literature review examines the gender differences in anxiety disorders, including differences in prevalence, symptom presentation, and treatment response. The authors find that women are more likely than men to experience

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anxiety disorders, and that there are also differences in the way that anxiety disorders present in men versus women.

The authors highlight the importance of considering gender differences in the diagnosis and treatment of anxiety disorders.

### **METHODOLOGY**

#### *Aim*

To find out the level of anxiety in different age groups and know which gender is more prone.

#### *Objectives*

- To identify the different age groups that are more prone to anxiety.
- To measure the level of anxiety in each identified age group using a standardized anxiety assessment tool.
- To compare the level of anxiety between different age groups.
- To determine whether there is a significant difference in the level of anxiety between males and females.
- To assess the factors contributing to anxiety in different age groups and genders.

#### *Sample*

The sample size consists of 117 respondents, out of which consists 48 males; 67 females and 2 others. The sample consists of a mixture of students and teachers from Jain University with an age range of 18-52 years.

### **DATA ANALYSIS AND DISCUSSION**

Study anxiety questionnaire as developed by Arton T. Beck and different colleagues is a 21-query multiple-choice self-document stock this is used for measuring the severity of tension in young people and adults a while 17 and older. The questionnaire incorporates twenty-one items, every solution being scored on a scale cost of 0 (now no longer at all) to 3 (severely) that ask respondents to answer of questions based on their experiences, feeling, and thought about anxiety felt along in their day-to-day life. The scale format uses answering ranging from 0 being “not at all”, 1 being “mildly, but didn’t bother me much”, 2 being “moderately; it wasn’t pleasant at times”, and 3 being “severely; it bothered me a lot”. To analysis the data, for distribution of study anxiety scores, Once the individual answers all of the items on the inventory, a score of 0 to seven shows minimum anxiety, 8 to fifteen shows moderate anxiety, sixteen to twenty-five shows mild anxiety, and 30 to sixty-three shows excessive anxiety. The maximum of imply rating is the maximum capability sources. In this survey, the study anxiety questionnaire has been test for reliability and accessing content validity. The questionnaire is best to pick out observe tension sources, unbiased of different subject. It was found out that the Beck Anxiety Inventory was a very effective tool for gauging tension in psychiatric outpatients without perplexing it with signs and symptoms of different psychiatric disorders.

#### *Procedure*

The survey is conducted through online Google forms, more or less 30 minutes is required to complete the survey for each class of respondents. Respondents within side the survey are absolutely voluntary. Firstly, the respondent must read and answer the question, the guide

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provided in the survey forms, will guide respondents to answer the questions with ease and at their own comfort.

### *Major Findings*

Fatigue is often experienced as the result of excessive effort expended in managing the distressing fear. Occasionally the tension is expressed in a greater acute shape and outcomes in physiological signs and symptoms consisting of nausea, diarrhea, urinary frequency, suffocating sensations, dilated pupils, perspiration, or speedy breathing. Similar warning signs arise in numerous physiological problems and in everyday conditions of strain or fear, however they'll be taken into consideration neurotic once they arise with inside the absence of any natural disorder or pathology and in conditions that maximum people take care of with no trouble Other tension problems consist of panic disorder, agoraphobia, pressure and post- disturbing pressure problems, obsessive-compulsive disorder, and generalized tension. During instances like these, feeling tense may be flawlessly normal. But a few humans discover it tough to manipulate their worries. Their emotions of hysteria are extra consistent and may frequently have an effect on their everyday lives.

Anxiety is the primary symptom of numerous conditions, including:

- Panic disease phobias, such as Agoraphobia or claustrophobia
- Post-demanding strain disorder (PTSD)
- Social tension disorder (social phobia)

The information in this section is about a specific condition called generalized anxiety disorder (GAD). GAD is a long-time period circumstance that reasons you to sense aggravating approximately a huge variety of conditions and issues, as opposed to 1 unique event. People with GAD experience hectic maximum days and regularly warfare to don't forget the final time they felt relaxed. As quickly as 1 stressful concept is resolved, any other might also additionally seem approximately a one of a kind issue. Anxious emotions may be uncomfortable — however they serve a purpose. They warn that something that subjects to you is at stake. With aggravating feelings, you may think, "I want to do nicely here. Or, "This counts — get ready. Or, "Be careful." Anxiety units off the body's fight-or-flight response. This is likewise referred to as the strain response. It's an ordinary launch of hormones that facilitates you accumulate the point of interest and electricity you want for a venture or feasible threat. The fight-or-flight reaction reasons the bodily emotions which can manifest with anxiety. For instance, when you're anxious, you might feel 'butterflies' in your stomach. Or you may have sweaty hands or shaky hands. You would possibly word your mouth is a bit dry. Or your face feels a touch warm. You would possibly sense you're respiratory or heartbeat get faster. With anxiety, you might feel one or few of these. You can cross beforehand with the tryout or take the exam — despite the fact that you're nervous. You can test your environment to make certain you're safe. You can consciousness on what a cherished one wishes and plan the way to assist alternatively of having stuck up with inside the worry. When you recognize that tension is every day for the situation, you may allow pass of focusing all of your interest at the disturbing mind and feelings. Instead, you could flip your interest to what you want to do. You don't want to do matters to make anxiety 'cross away.' You can take a breath and face the challenge. You'll locate that tension fades on its own. It is problem when some people may also feel anxiety that is very intense. It looks as if extra than they could cope with. Worries or even fears take up so much of their time and energy. Some human beings may start to keep away from matters that cause them to anxious. These things are signs of an anxiety disorder. If you feel like anxiety is very

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much, tell to any parent, school counselor, or a doctor. There are treatments for such anxiety disorders. The sooner you start getting help, the better will be your feeling.

### CONCLUSION

The results for the survey conducted on anxiety disorder shows that 57.3% females and 41% males have this problem, out of which 63.2% are of age group 18-24; 10.3% belongs to age group 25-31; 9.4% belongs to age group 32-38; 8.5% belongs to age group 39-45; and 8.5% belongs to age group 46-52.

We can also note that the majority population with this disorder are students with 62.4% and the rest 20.5% and 17.1% are the ones that are working and home makers respectively. These results are interpreted by the symptoms such as numbness or tingling [39.3% - not at all] ; feeling hot [23.9% - not at all] ; wobbliness in legs [43.6%-not at all] ; unable to relax [30.8% - not at all] ; dizzy or light headed [32.5% - not at all] ; heart pounding/racing [38.5% - not at all] ; terrified or afraid [41.9% - not at all] ; nervous [30.8% - not at all] ; feeling of choking [48.7% - not at all] ; hands trembling [45.3% - not at all] ; shaky or unsteady [39.3% - not at all] ; fear of losing control [33.3% - not at all] ; difficulty in breathing [48.7% - not at all] ; fear of dying [47% - not at all] ; scared [43.6% - not at all] ; indigestion [44.4% - not at all] ; face flushed [46.2% - not at all] ; hot/cold sweats [37.6% - not at all] being the highest chosen in the survey.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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