

Impact of Anxiety Disorders on Daily Functioning of an Individual – in Terms of Family, Social life, School and Work

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Abstract

Worry is a natural human reaction. It's your brain's natural response to pressure, warning you of impending peril. Anxiety is a normal human emotion. If you're like most people, you experience some level of anxiety whenever you're put in a stressful situation. Anxiety on sometimes is manageable. Anxiety disorders, however, are not the same. They're a cluster of mental disorders characterised by persistent, excessive worry. Excessive anxiety might cause one to avoid normal daily activities like going to work or school, as well as social events like getting together with friends and family. To some extent, anxiety is a healthy response to stress. Potentially, it might alert us to impending dangers so that we can better anticipate and account for them. Extreme fear or anxiety, as opposed to the more common unease or nervousness, is a hallmark of anxiety disorders. Anxiety disorders are the most common mental health issue, affecting about 30% of people at some point in their lives. However, several effective treatments exist for anxiety disorders. Most people may return to their previous levels of happiness after receiving therapy.

Keywords: Anxiety, Generalized Anxiety Disorder, Potential, Social Phobia, Panic Disorder, Quality of Life, Depression

Introduction

The percentage of U.S. individuals who suffer from one of many types of anxiety disorders is estimated to be:

1. Terror Fears: 8%-12%
2. Disorders of Social Interaction: 7%
3. Instances of panic disorder: 2-3%
4. Only 1-2.9% of adults and adolescents suffer from agoraphobia.
5. The prevalence of GAD is 2%.
6. From 1% to 3% of children suffer from separation anxiety.

Anxiety disorders are more common in women than in males. Anxiety is characterised by tense muscles and

avoidance behaviours in preparation for a potential threat. In the face of an imminent threat, fear prompts a person to choose one of two possible courses of action: remain and fight or flee.

People with anxiety disorders may strive to limit their exposure to potential sources of anxiety. Negative effects on job output, academic achievement, and interpersonal connections are possible. In most cases, a diagnosis of an anxiety disorder requires that the individual's fear or anxiety meets the following criteria:

People with anxiety disorders may strive to limit their exposure to potential sources of anxiety. Negative effects on job output, academic achievement, and interpersonal connections are possible. In most cases, a diagnosis of an anxiety disorder requires objective evidence of abnormally elevated levels of dread or worry.

Debilitating anxiety that interferes with daily living is a characteristic of generalised anxiety disorder, or GAD. Stress and tension may manifest itself in the form of somatic complaints such as fatigue, irritability, inability to concentrate, muscle tightness, and sleep disturbances. Anxiety may be brought on by issues as mundane as running errands, dealing with car repairs, and dealing with problems in one's daily routine. Cases of various diseases are:

(i) **Panic Disorder** : Panic disorder is characterised by episodes of extreme physical and emotional anxiety known as panic attacks. During an attack, a number of these symptoms will manifest simultaneously:

- a. Heart palpitations, tachycardia, or increased heart rate
- b. Perspiration
- c. Shaking or shaking
- d. Experiencing difficulty breathing or a suffocating feeling
- e. Pain in the chest
- f. Lightheadedness, vertigo, or fainting
- g. Choking sensation
- h. Loss of feeling or numbness
- i. Feverish or freezing sweats
- j. Discomfort in the belly, or nausea
- k. Disassociated emotions
- l. The dread of being powerless
- m. Fear of death

Many individuals who have panic attacks mistakenly feel they are experiencing a heart attack or any other potentially fatal condition since the symptoms may be so intense. They could check into the hospital's emergency room. You might anticipate a panic attack in reaction to something you're afraid of, like seeing that item, or you can have one that seems to come out of nowhere. Panic disorders often manifest between the ages of 20 and 24. Mood problems including depression and post-traumatic stress disorder (PTSD) have been linked to panic attacks.

(ii) **Specific Phobia** : To have a particular phobia is to have an abnormal and irrational dread of something that isn't really dangerous. Patients are aware of the irrationality of their fears, yet they are unable to control them. Some people's anxiety is so severe that they'll do everything to avoid facing their concerns. Common phobias include those of open public speaking, flying, and spiders.

(iii) **Agoraphobia** : The dread of being in social circumstances where one feels trapped, embarrassed, or when aid is unavailable is at the root of agoraphobia. The anxiety lasts for six months or more, is irrational, and gets in the way of daily life. Those who suffer from agoraphobia have extreme anxiety in at least two of the

following kinds of situations:

- a) Taking the bus or tube
- b) Free and open environments
- c) Having to do with being confined
- d) Being in a queue or a large gathering
- e) Leaving the house by yourself

The person either avoids the encounter altogether, feels the need for constant company, or suffers through it with extreme nervousness or panic. If left unchecked, agoraphobia may become so debilitating that it prevents the sufferer from leaving the home. Extreme distress or considerable impairment in everyday functioning are required for a diagnosis of agoraphobia.

(iv) Social Anxiety Disorder (previously called Social Phobia) : A person with a condition called social anxiety suffers from extreme nervousness and distress while interacting with others because of their irrational fear of humiliation, rejection, and degradation. Those suffering from this condition will either desperately want to escape the situation or suffer through it in dread. Public speaking anxiety, social anxiety, and aversion to eating and drinking in public are all examples of common forms of social anxiety. The worry has been going on for a minimum of six months and is interfering with your life.

(v) Separation Anxiety Disorder: The symptoms of separation anxiety disorder include extreme distress when the sufferer is separated from loved ones. The emotion is out of proportion to the person's age, it lasts for an extended period of time (at least a month in children and a minimum of six months in adults), and it interferes with daily life. A person with separation anxiety syndrome may be hesitant to leave the house or refuse to sleep without the person they feel closest to, as well as have recurring dreams about being separated from that person. Childhood is a common time for the onset of physical distress symptoms, but adults are not immune to their effects.

Risk Factors

Anxiety disorders have complex origins that may include biological, social, psychological, and even developmental components. Family histories of anxiety disorders point to a contribution from both genetics and the environment.

Diagnosis and Treatment

See a doctor to rule out any underlying medical causes for the symptoms. A mental health expert may help a patient choose the most effective therapy for an anxiety problem once a diagnosis has been made. Many individuals suffering from anxiety problems don't get treatment because of this. They are unaware that they are suffering from a condition for which help is available.

There is no one-size-fits-all treatment for anxiety disorders; nevertheless, psychotherapy (often known as "talk therapy") and medicines are sometimes effective. These therapies may be administered alone or in tandem. Anxiety may be alleviated with cognitive behaviour therapy (CBT), a kind of talk therapy that teaches anxious people new ways of thinking, responding, and behaving. Anxiety disorders cannot be cured with medication, although many people find considerable improvement in their symptoms. Antidepressants and anti-anxiety drugs see heavy usage, but are often recommended for just a limited duration. Commonly used for cardiac issues, beta-blockers may also be helpful in alleviating the physical manifestations of worry.

Self-Help, Coping, and Managing

Symptoms of anxiety-related conditions may be managed and treatment outcomes improved by a variety of strategies. Meditation and other practises aimed at reducing stress may be useful. Meeting with other people who are going through the same or a similar situation (either in person or virtually) may be quite helpful. Understanding the nuances of a problem and educating loved ones on how to cope are also beneficial. If you're experiencing symptoms, avoiding coffee and seeing your doctor are both good ideas.

Selective Mutism

Selective mutism occurs when a child does not talk in certain social circumstances when it is anticipated that they would speak, such as school. Unless it's a member of their personal family, they may not talk at all in public, not even to close relatives or grandparents.

Children with this disease may have trouble communicating socially due to their inability to speak, although they may compensate by using other nonverbal ways (such as grunting, pointing, or writing). Academic difficulties and social isolation are only two examples of how a child's inability to express themselves may have serious repercussions. Many kids who suffer from selective mutism also struggle greatly with social anxiety, shyness, and fears of shame in public. Even though selective mutism often manifests before the age of 5, it may not be diagnosed until the kid starts school. Many kids eventually grow out of being selectively silent. Even if a kid with selective mutism outgrows it, the social anxiety disorder symptoms may persist.

Fear of being seen or evaluated negatively by other people is at the root of social anxiety disorder. The fear prevents them from going to work, school, and living their normal lives. Making and maintaining friendships may become more challenging. Fortunately, there are effective treatments available for social anxiety.

Anxiety problems may hinder a student's ability to focus and complete assignments if left untreated. It might also have an impact on their interactions with adults in their school. Anxiety problems may cause kids to miss a significant amount of classroom time. They could even decide to stop going to class.

others who suffer from social anxiety disorder may have the following symptoms when put in social situations or while performing in front of others: Feelings of self-consciousness or concern that others will judge them harshly.

- a) Stay away from crowded areas if you can help it.
- b) Anxiety brought on by the worry of being harshly evaluated
- c) Refraining from doing or communicating out of shame
- d) Staying away from places where you could be the spotlight's focal point
- e) Anxiety caused by dread of a future occurrence
- f) Anxiety or dread about being with other people
- g) Reflecting on how you did and where you went wrong following an encounter.
- h) Worst-case scenario thinking is when you go into a social interaction expecting the worst to happen.
- i) Feel your heart racing.
- j) Experiencing a "brain freeze" or queasy feeling.
- k) adopt a stiff stance or a subdued tone of speech.
- l) Struggle, despite best intentions, to engage others in conversation, establish eye contact, or simply navigate unfamiliar social circumstances.
- m) When kids become nervous among adults or other kids, they could weep, behave badly, cling to their parents, or refuse to speak out.

Causes of Social Anxiety Disorder

Although genetics have a role, no one understands for sure why some members of a family develop social anxiety disorder and others do not. Multiple regions of the brain play a role in anxious and fearful thoughts, and their activity may be influenced by one's genetic makeup, according to studies. Scientists may be able to develop more effective therapies for social anxiety disorder if they first learn more about the condition's complex neurobiological underpinnings. Stress and environmental variables are also being investigated for their

potential roles in the development of the condition. It has been shown that prevalent causes include:

1. Genetics. In certain cases, anxiety problems are genetic.
2. Chemistry in the mind. Some studies have shown a connection between malfunctioning fear and emotion regulation circuits in the brain and anxiety disorders.
3. Ecological pressure. What I mean by this is the traumatic experiences you have seen or been through. Childhood neglect and abuse, the loss of a loved one, physical or sexual assault, or witnessing violence are all life experiences that have been connected to the development of anxiety disorders.
4. Withdrawal from drugs or drug abuse. Some medications might mask or lessen the effects of anxiety. Substance abuse and anxiety disorders are often seen together.
5. Health problems. Conditions affecting the heart, lungs, and thyroid may produce or exacerbate symptoms similar to those of anxiety disorders. When seeing a doctor regarding anxiety, it is essential to have a thorough physical examination to rule out additional medical problems.

Risk Factors for Anxiety Disorder

The risk of developing an anxiety disorder might also be increased by certain factors. We might refer to them as potential dangers. However, there are certain risk factors that can be altered.

Anxiety disorders have the following risk factors:

- a) Psychiatric history of disorder. Anxiety disorder is more likely to occur in those who already suffer from another mental health condition, such as depression.
- b) Sexual assault as a child. Anxiety disorders are associated with a history of childhood trauma, including neglect or abuse of any kind.
- c) Trauma. Post-traumatic stress disorder (PTSD), which may result in panic episodes, is more likely in those who have experienced trauma.
- d) Tragic occurrences. Anxiety disorders are more likely to develop after traumatic experiences, such as the loss of a parent at a young age.
- e) A severe or persistent health problem. Feelings of exhaustion and anxiety are common reactions to the persistent demands of caring for a sick loved one or one's own ailing health.
- f) Abuse of drugs. Anxiety disorders are more common in those who drink heavily or use illicit substances. Some individuals utilise drugs to mask or calm their anxiousness.
- g) When you were a bashful kid. Social anxiety in adolescents and adults is associated with a history of early shyness and avoidance of new situations and environments.
- h) Lacking in confidence in one's own abilities. Social anxiety disorder might develop if others form unfavourable opinions about you.

Treatment of Social Anxiety Disorder

Getting a proper diagnosis, often from an expert in mental health, is the first step towards successful therapy. Psychotherapy (often known as "talk therapy"), medication, or a combination of the two are commonly used to treat social anxiety disorder. Eleven strategies exist for managing anxiety:

1. The patient should establish a regimen that will allow them to engage in some kind of physical activity on the majority of weekdays. Exercising is one of the best ways to relieve stress.
2. Don't drink or use drugs if you're feeling anxious; they may make the problem worse. It is advised that you get help from a medical professional or a community support group.
3. Put down the cigarette and put away the coffee: Anxiety is exacerbated by nicotine and coffee.

4. Make use of stress management or relaxation strategies, such as guided imagery, meditation, or yoga, to reduce nervous tension.
5. Prioritise your sleep; you need to get plenty of good sleep every night.
6. Eat well: Eating a diet rich in vegetables, fruits, whole grains, and seafood may help lower anxiety.
7. Find out more about the condition: Consultation with a medical professional to determine the root of the problem and the most effective course of therapy. There needs to be help from loved ones.
8. Follow the prescribed course of therapy. Medications should be taken exactly as prescribed. Particularly when it comes to taking medicine, consistency may make all the difference.
9. Find out what events or behaviours raise your stress levels, and do your best to avoid them. The best way to cope with anxiety in these circumstances is to practise the coping mechanisms you and your mental health professional come up with.
10. Be sure to keep a journal: The individual and their mental health professional may learn more about the sources of stress and the coping mechanisms that work well if the patient keeps a journal of their daily activities.
11. Reduce your anxiety by engaging in social activities with your loved ones and the community at large.

The measurement of quality of life in anxiety disorders is becoming an area of increasing interest. Individuals with anxiety disorders, such as Generalised Anxiety Disorder (GAD), social phobia, and Panic Disorder, have been demonstrated to have worse levels of life satisfaction or impairment compared to non-anxious people in the community. The degradation in quality of life, however, is comparable for the three diseases. Quality of life was also shown to be adversely affected by co-occurring sadness and anxiety but not anxiety alone. Last but not least, the researchers discovered that the intensity of diagnostic symptoms did not correlate with QoL, suggesting that subjective assessments of QoL provide valuable insight into the impacts of anxiety-related illnesses.

Quality of Life Impairment

There has been a recent uptick in the number of studies focusing on measuring the impact of mental illness on daily functioning. There has been a change in recent years away from only assessing the intensity of symptoms to considering the whole range of effects that mental health issues have on people, including how they feel about their own quality of life (Katschnig, 1997). Evaluations of the impact of psychological diseases and the efficacy of therapy are not complete without taking into account the patient's quality of life.

There is a lack of consensus on how to measure quality of life in some researchers opting to evaluate it in terms of functional limitations (Lochner et al., 2003) and others measuring people's subjective impressions of their own lives (Eng, Coles, Heimberg, & Safren, 2005). Objective indicators do not capture the value that person puts on different life domains, hence the emphasis should be on a personal perception of quality of life rather than objective factors.

Quality of life ratings based on functional impairment are limited to a snapshot of health (Gill & Feinstein, 1994). When compared to other measures of mental health, quality of life stands out since it also considers the patient's subjective opinion of his or her condition. Subjective quality of life measurements provide a rich complement to conventional evaluations of mental health by encouraging patients to share their unique perspectives and priorities.

Although progress in studying the negative effects of anxiety disorders on quality of life has lagged behind that of other disorders (Mogotsi, Kaminer, & Stein, 2000), researchers are beginning to pay more attention to this issue. Impairments in work and interaction with others, domestic duties (Telch et al., 1995), and "vision in terms of capacity to do work/hobbies" have all been linked to panic disorder (Simon et al., 2002). Quality of life was adversely connected with functional decline and depression, while Safren, Heimberg, Brown, and Holle (1997) discovered that people with social phobia reported worse quality of life than an accepted control group. Patients with OCD have a poor quality of life, according to research by Norberg(2008), especially in the areas of self-esteem and employment. Similarly, PTSD, or post-traumatic stress disorder, has been associated with a worse

quality of life, particularly in terms of interpersonal connections and sense of self-worth (Lunney & Schnurr, 2007). Henning et al. (2007) and Bourland et al. (2000) both report significant impairment in both occupational and social functioning as a result of GAD.

Although it is clear that all anxiety disorders negatively impact quality of life, very little study has compared the effects of the many primary anxiety disorders. The quality of life disparities between the main anxiety disorders were recently attempted to be quantified in a meta-analysis. Patients with post-traumatic stress disorder, generalised anxiety disorder, panic disorder, or mixed anxiety disorders reported the lowest quality of life in the psychological well-being domain, but the investigators observed no statistically significant variations in total quality of life impairment. However, people with social phobia did not suffer major setbacks in the realms of professional functioning or physical well-being. However, the meta-analytic nature of this research meant that it contained subjective as well as objective indicators of quality of life, rendering it difficult to draw significant comparisons across studies.

While the insights provided by meta-analysis are useful, it is essential to additionally consider the findings of individual research. Similar levels of impairment were reported across groups when comparing quality of life in OCD, social phobia, and panic disorder, although variances emerged across multiple dimensions (Lochner et al., 2003). The quality of life for the OCD group was worse in terms of family and routine tasks, whereas the social phobia group struggled more in terms of friendships and other extracurricular activities. Patients with anxiety disorders reported difficulties with recreational impairment and non-prescription drug abstinence. All participants were evaluated using the same quality of life measures, however those tests were designed to gauge objective indicators of functional impairment rather than individuals' own impressions of their own quality of life. As was previously said, it is possible that information about the areas that are important to each person is overlooked when just functionality is considered. When comparing the subjective quality of life of people with different types of depression and anxiety disorders to that of a normative population sample, Rapaport et al. (2005) found that people with all of these conditions had worse quality of life. Patients who suffered from OCD, social phobia, or panic disorder reported more difficulties in their interpersonal connections, leisure activities, and general functioning than in their physical health, in their ability to hold down a job, in their sexual lives, or in their mobility. Oddly, the authors just provided mean standard of life ratings and the proportion of people with quality of life deterioration in each group without doing any statistical analysis of the differences between the groups. Although these are very crucial descriptions of the specimens, statistical examination is still required to ascertain whether or not the differences between the groups are statistically significant.

Conclusion

The contributions of symptom severity and comorbidity to diminished quality of life in anxiety disorders are also intriguing topics for study. Patients with primary anxiety disorders do not seem to be adversely affected by the presence of comorbid anxiety, although individuals with GAD, OCD, social fear, and panic disorder have been shown to have a worse quality of life while depressed. Some studies have indicated a negative relationship between the severity of anxious symptoms and quality of life, while others have found no such connection.

The impact of anxiety disorders on quality of life is a topic of increasing study, yet many questions remain unanswered. It's well-established that anxiety disorders reduce quality of life, however the amount to which they're doing so varies widely. However, the relationships between the severity of symptoms and other diagnoses, as well as the consequences of anxiety symptoms on quality of life, remain unclear. More research is needed to better understand these issues.

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