The Prevalence of Anxiety Disorders among Primary School Students in Riyadh District, Saudi Arabia

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Abstract

Background: Anxiety is a state of fear or subjective feeling of apprehension dread, or foreboding. A lot of risk factors aggravate anxiety disorders including age, depressed parents, parental loss, childhood adversities, economic factors, physical abuse and drug abuse. The anxiety disorders include Panic disorder, Obsessive-Compulsive disorder, Social Phobia, Specific Phobia, Post-Traumatic Stress Disorder, generalized anxiety disorder, and anxiety disorder due to a general medical condition. The prognosis varies on the severity of each case and utilization of treatment for each individual, If these children are left untreated, they face risks such as poor results at school, avoidance of important social activities, and substance abuse.

Objectives: This study aims to determine the prevalence of anxiety disorders among primary school students in Riyadh district, Saudi Arabia 2019.

Methodology: A cross sectional study was conducted among 280 students during April 2019. A multistage random sampling method was used and data was collected by SCARED score and self-administered questionnaires.

Results: We found that 178 of the students met the criteria of anxiety by using screen of child anxiety disorder (SCARD); giving prevalence of 63.6%. The most frequent type which detected by SCARD score were panic disorder and separation anxiety disorder with same percentage (92.7%), The least common one is school avoidance (35.4%). Whereas 9% of all anxious participants had all types of anxiety. The result show there was statistical significant between anxiety and main risk factors show that the males participants had (76.2%) higher anxiety than females (56%). The participants who lost parents (92.2%) had suspected anxiety more comparing to who had living parents (62.2%). More than two third of child who expose to physical abuse, get afraid from wars and disasters and who said that their concentration had been decreased in classes when they feel anxious and uncomfortable had anxiety (70.7%, 68.1% and 71.2%) respectively.

Conclusion: In our study we found that the anxiety disorders among children in our district had present with high percentage which more than half of our participants had at least one type of anxiety where panic attack and separation anxiety located in the top of the list. And the anxiety percentage affected by sex where more increased in males, loss one or both parents, exposure to physical abuse and seen the wars views and natural disasters. Also the anxious student had poor concentration on their classes. Through our study, we reached a number of points that may help solve this problem making cycling screening at the school level for early detection of cases of anxiety in children. Early Careful treatment of the affected children should be given and private sessions should be done with child psychiatric specialists. Activate roles of social specialist in governmental schools. Avoid the use of beatings as a means of education.

Keywords: *Anxiety Disorders; Primary School Students; Saudi Arabia*

Introduction

Anxiety disorders are the most common group of psychiatric illnesses in children. Anxiety is a blanket term covering several different forms of abnormal and pathological fear. Anxiety disorders are often debilitating chronic conditions, which can be present from an early age or begin suddenly after a triggering event [1]. The American Psychological Association (APA) defines anxiety as "an emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure". Moreover, other sources have used "anxiety" as a general term for several disorders that cause nervousness, fear, apprehension, and worries [2]. A lot of risk factors aggravate anxiety disorders including age, sex, temperament, depressed parents, parental loss, childhood adversities, economic factors, sexual abuse, physical abuse and drug abuse. It is manifested by a wide array of physical signs and measures of autonomic activation. Regardless of etiology, anxiety can present with disruption of practically any bodily system [3]. Anxiety disorders are typically diagnosed in primary health care centers [4]. They are diagnosed after the exclusion of other diseases that cause similar symptoms. Anxiety disorders are classified in to five categories including Generalized anxiety disorder, Panic Disorders, phobias, Obsessive-Compulsive Disorders and Post-traumatic Stress Disorder [5]. Generalized anxiety disorder (GAD) is the most common anxiety disorder seen in primary care, affecting approximately 3% of adults in the United States. This disorder is characterized by at least 6 months of pervasive and excessive anxiety; recurring worry about common events and physical symptoms, such as muscle tension, insomnia, and fatigue [6]. Panic Disorders are sudden, overwhelming feelings of terror, often associated with fear of going crazy, losing control, or dying. They are usually accompanied by physical symptoms including rapid heart rate, trembling, and difficult breathing. When panic attacks come unexplained, they are called "spontaneous" and when they come in predictable situations for a particular client (for example, in shopping center or when driving on a freeway) they are called "situational" [7]. Specific phobia is characterized by intense fear of particular situation or experiences, usually without spontaneous panic attacks and sometimes without prominent autonomic nervous system discharges associated with situational panic [8]. Social phobia is morbid fear of embarrassment, which leads to avoidance of social experience. Sometimes it is limited to public speaking, and at other times it is a pervasive shyness, which limited exposure to unfamiliar people [7]. Obsessive-Compulsive Disorders (OCD) are repeated unwanted, repugnant thoughts. Compulsions are ritualized actions taken to reduce the distressing feelings produced by the obsessions. Hand washing and checking are typical compulsion. Obsessive-Compulsive Disorder (OCD) thoughts and behaviors can consume many hours every day and leave the sufferers only when they sleep [7]. Post-traumatic Stress Disorder (PTSD), sometimes not listed with the other anxiety disorders, is associated with depression panic attacks, and anxiety. Avoidance and substance abuse may also become problems. PTSD follows an unusual and overwhelming stressor, such as a sever fire or assault. Nightmares and flashbacks that recall the trauma are common [7]. Etiological theories of anxiety may be classified as those which focus predominantly on biological variables and those that emphasis the role of psychological and psychosocial factors [8]. The genetic hypothesis: the genetic hypothesis also entails the view that a dysfunctional biological factor which underpins the process of detecting anger is genetically transmitted in families where anxiety disorders occur. In support of the genetic hypothesis there is a substantial body of evidence which shows that there is a high rate of anxiety disorders in the first-degree relatives of people with such conditions [8]. The adrenergic-noradrenergic hypothesis: Panic attacks are thought to be caused by dysregulation of adrenergic and noradrenergic system of autonomic nervous system, particularly in the locus coeruleus. In the differential diagnosis of anxiety disorders in children it is vital to exclude thyrotoxicosis (over activity of the thyroid gland), the symptoms of which mimic anxiety [8]. The prognosis varies on the severity of each case and utilization of treatment for each individual. It is the most common cause of disability in the workplace in the United States. If these children are left untreated, they face risks such as poor results at school, avoidance of important social activities, and substance abuse. Children who have an anxiety disorder are likely to have other disorders such as depression, eating disorders, attention deficit disorders, both hyperactive and inattentive [9]. Several methods of treatment have been found to be effective in treating childhood anxiety disorders. Cognitive behavioral therapy (CBT), a well-established treatment for anxiety related disorders in children and adolescents, is a good first therapy approach. administering medications like antidepressants to children is controversial. As a result, other forms of treatment have become increasingly popular. Family therapy is a form of treatment in which the child meets with a therapist together with the primary guardians. In play therapy, the child is allowed to play [10] however they please as a therapist observes them [8]. Globally as of 2010 approximately 273 million (4.5% of the population) had an anxiety disorder; between 10 and 20 percent of all children will develop a full-fledged anxiety disorder prior to the age of 18, making anxiety the most common mental health issue in young people [1]. The European Union (EU) reported anxiety as being the most prevalent psychiatric condition, affecting more than 60 million people [11]. In Nigeria, the prevalence of one anxiety disorders in 2009 was 10.28% [1]. The high anxiety was found in 11%, in Indian study in 2012 [12]. While Iranian study, published 2015, the prevalence rates of 6.8% for anxiety disorders in children and adolescents [13]. According to Egyptian study 2015 the positive clinical cases represent 20.6% [14]. Whereas high rates of significant anxiety problems in the Gaza Strip study was (21.5%) [15]. The diagnostic percentage of the students was 18,6% in Taif governorate, Saudi Arabia [16]. Because anxiety disorders in children are often more challenging to identify than their adult counterparts, as no previous data was found among primary school students to the best of our knowledge.

Aim of the Study

The aim of our study is to determine the prevalence of anxiety disorders among primary school students in Riyadh district during 2019.

Methodology

Study design

This is a cross sectional study was conducted among public primary schools in Riyadh district, Saudi Arabia during 2019. The study population is students (males and females) in public primary schools in Riyadh.

Population selection criteria

Inclusion criteria: Students enrolled in public primary schools in Riyadh district city, Students more than 10 years old, because students less than 10 years will be unable to fill our questionnaires by themselves.

Exclusion criteria: Primary school students who were not present at time of conducting the study or not willing to participate.

Final sample size calculated = 280 students. A multistage random sample was carried out to recruit the participants of the study as follow: First stage: two public primary schools (one for males and other for females) were selected by using simple random sample. Second stage: all students in the schools selected was included in the study where were (1304) students. Total of 280 students of them taken in our sample size and distributed proportionally among the chosen schools as showing on table 1.

Variables	No.	Percentage (%)
Sex		
Male	105	37.5
Female	175	62.5
Age		
>14	196	70
<14	84	30
Live Parents		
Yes	267	95.4
No	13	4.6
Father Occupation		
Employed	251	89.6
Non Employed	29	10.4
Mother Occupation		
House Wife	251	89.6
Employed	29	10.4
The number of families at home		
One Family	193	68.9
Two families	38	13.6
Three or more	49	17.5
Number of siblings		
None	1	.4
Three or less	92	32.9
Four of five	116	41.4
Six or more	71	25.4
The order of child among his siblings		
Oldest one	61	21.8
Middle one	164	58.6
Youngest one	55	19.6

Exposure to physical abuse		
Yes	157	56.1
No	123	43.9
Exposure to previous accident		
Yes	88	31.4
No	192	68.6
Exposed to previous experience of closed person death		
Yes	178	63.6
No	102	36.4
Get afraid of the wars and disasters		
Yes	188	67.1
No	92	32.9
The Anxiety affect on child concentration		
Yes	170	60.7
No	110	39.3
The child fail in school before		
No	246	87.9
Yes, only one	23	8.2
Yes, twice	7	2.5
Yes, three or more	4	1.4
Total	280	100

Table 1: Distribution of demographic variables, family factors, negative life events and school achievement of participant children.

Data collection tools: The data was collected by Screen for Child Anxiety Related Disorders (SCARED). Self structured questionnaire Screen for Child Anxiety Related Disorders (SCARED). The score is developed For children and it have list of sentences that describe for you how people feel and it is scored on a scale from (0-2); the list have three option "Not True or Hardly Ever True = 0" or "Somewhat True or Sometimes True = 1" or "Very True or Often True = 2". Then, for each sentence, fill in one circle that corresponds to the response that seems to describe the child for the last 3 months. A total score of ≥ 25 may indicate the presence of an Anxiety Disorder. Scores higher than 30 are more specific. A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate Panic Disorder or Significant Somatic Symptoms (PN). A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate Generalized Anxiety Disorder (GD). A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate Separation Anxiety SOC (SP). A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate Social Anxiety Disorder (SC). A score of 3 for items 2, 11, 17, 36 may indicate Significant School Avoidance (SH). self structured questionnaire; the questionnaire displayed to an experienced and he added some modifications to it, to achieve the goal of our questionnaire which is to determine the risk factors and the effect of anxiety disorders in children in Riyadh city. The questionnaire was divided into several groups of questions which evaluate the risk factors and school achievement as the following: personal data, family factors, negative life events, impact of anxiety disorders in school achievement.

Data collection method: We collect the data on 2 weeks in April 2019. To achieve this goal the students were divided into two subgroups (each consists of 8 students); one for each school and those groups were divided to some subgroups in each school.

Data analysis: The data was checked and analyzed by using Statistical Package For Social Science (Portable IBM SPSS Statistics v20). Descriptive (mean, percentage and standard deviation) and inferential (chi-square) for continuous variables was calculated. Frequencies was determined for categorical variables. And data was presented in tables and graphs by using computer application (excel and word) software program.

Ethical consideration

Approval of the project was obtained from Ministry of Health and King Saud University department of community medicine. As well as having approval from each school administration,from where we provide information about our research and its objectives to the participants or their parents, then we were collected the information from students after their agreement, with their right to agree or withdraw, insuring that the information will be only used in our research and with respect the privacy and secrecy.

Results

In our sample there were 280 students were studied, the participant age ranged from (10 - 18) years with mean age was (13.34 ± 1.863), the sample divided in to tow groups (< 14 years and > 14 years) with 196 (70%) < 14 years and 84 (30%) > 14 years. With sex distribution showed that 105 (37.5%) were males and 175 (62.5%) were females, (95.4%) of them had living parents, (89.6%) had employed father and house wife mother, (68.9%)lived with own family (one family), (41.4%) had four to five siblings, (58.6%) middle in order among his siblings, (56.1%) expose to physical abuse, (68.6%) didn't expose to previous accident, (63.3%) exposure to previous experience of closed person death, (76.1%) get afraid of wars and disasters, (60.7%) think that the anxiety affect on their concentration on classes and (87.9%) didn't fail in school before (Table 1).

We found that 178 of them met the criteria of anxiety by using screen of child anxiety disorder (SCARD); giving prevalence of 63.6% (Figure 1).
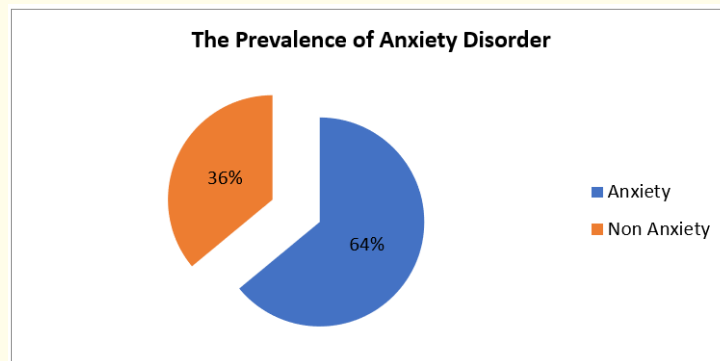

Figure 1: Distribution of participants according to presence of anxiety.a

Types of anxiety disorders which detected in this study is generalized anxiety disorder, panic disorder, separation anxiety disorder, social phobia and school avoidance. The same participants may present with more than one type of anxiety or may had all types together. The most frequent type which detected by (SCARD) score were panic disorder and separation anxiety disorder with same percentage (92.7%), followed by generalized anxiety disorder (57.3%) and social anxiety disorder (55.6%). The least common one is school avoidance (35.4%). Whereas 9% of all anxious participants had all types of anxiety (Table 2).

Types	Yes		No		Total	
	No.	%	No.	%	No.	%
Panic	165	92.7	13	7.3	178	100
GAD	102	57.3	76	42.7		
Separation	165	92.7	13	7.3		
Social	99	55.6	79	44.4		
School avoidance	63	35.4	115	64.6		

Table 2: Clarify the types of anxiety.

By using Chi-square test there was statistical significant between anxiety and (sex, life parents, exposure to physical abuse, get afraid from wars and disasters and concentration defect) with P-value (.001, .012, .004, .018 and .001) respectively. The result shows that the males participants had (76.2%) higher anxiety than females (56%). The participants who lost (one or both) parents (92.2%) had suspected anxiety more comparing to who had living parents (62.2%). More than tow third of child who expose to physical abuse, get afraid from wars and disasters and who said that their concentration had been decreased in classes when they feel anxious and uncomfortable had anxiety (70.7%, 68.1% and 71.2%), respectively (Table 3). Although we found that (75.9%) of child their fathers were un employed and (69%) with employed mother had anxiety, (75.5%) from participants who lived with three or more families in same house had anxiety, (0.5%) of students who didn't have siblings had anxiety and (67.2%) of children with four to five siblings had suspected anxiety, From the youngest child (72.2%) had anxiety, while oldest one (55.7%). We found that (70.5% and 66.3%) who expose to previous accident and had experience of closed person death, respectively was screened as anxious in SCARD score.

Factors	Anxiety		Non Anxiety		Total	Chi-square	P-value
	No.	%	No.	%	No.		
Sex							
Male	80	76.2	25	23.8	105	11.552	.001*
Female	98	56	77	44	175		
Age							
<14 years	121	61.7	75	38.3	196	.952	.329
>14 years	57	67.9	27	32.1	84		
Life Parents							
Yes	166	62.2	101	37.8	267	4.861	.021*
No (lost one or both)	12	92.3	1	7.7	13		
Father occupation							
Employed	156	62.2	95	47.8	251	6.726	.242
Non employed	22	75.9	7	24.1	29		
Mother occupation							
House wife	158	62.9	93	37.1	251	.406	.337
Employed	20	69.0	9	31.0	29		
Number of families at home							
One family	116	60.1	77	39.9	193	4.099	.129
Two families	25	65.8	13	34.2	38		
Three or more	37	75.5	12	24.5	49		
Number of siblings							
None	1	0.5	0	0	1	1.949	.583
Three or less	57	62.0	35	38.0	92		
Four or five	78	67.2	38	32.8	116		
Six or more	42	59.2	29	40.8	71		
The order of child among his siblings							
Oldest one	34	55.7	27	44.3	61	3.609	.165
Middle one	104	63.4	60	36.6	164		
Youngest one	40	72.7	15	27.3	55		
Exposure to physical abuse							
Yes	111	70.7	46	29.3	156	7.844	.004*
No	67	54.5	56	45.5	123		
Exposure to previous accident							
Yes	62	70.5	26	29.5	88	2.625	.068
No	116	60.4	76	39.6	192		
Exposed to previous experience of closed person death							
Yes	118	66.3	60	33.7	178	1.562	.131
No	60	58.8	42	41.2	102		
Get afraid of wars and disaster							
Yes	128	68.1	60	31.9	188	5.034	.018*
No	50	54.3	42	45.7	92		
Anxiety affect on child concentration							
Yes	121	71.2	49	29.8	170	10.807	.001*
No	57	51.8	53	48.2	110		

Failure in school before							
No	155	63.0	91	37.0	246	.741	.864
Yes, only once	16	69.6	7	30.4	23		
Yes, twice	4	57.1	3	42.9	7		
Yes, three times or more	3	75.0	1	25.0	4		

Table 3: Illustrates the association between anxiety and demographic variables, family factors,

negative life events and school achievement of child participants in the study.

: Chi-square test (P < 0.05 is considered statistical significance).*

Discussion

Anxiety disorders are highly prevalent and have negative consequences on individual and social level. in our study there were 280 students were studied, 178 of them met the criteria of anxiety by using screen of child anxiety disorder (SCARD), giving prevalence of 63.6% similar result was reported by European study was 83%, on the other hand the prevalence and risk factors of anxiety disorders in an Egyptian study was 20% [14]. This maybe because of different sample size and population. Another study conducted in Saudi Arabia focused on female secondary students as The Beck Depression Inventory was used for evaluation and found that 42.9%, 54.9%, and 23.1% had significant depression, anxiety, and obsessive-compulsive symptoms, respectively [17]. Our study findings illustrated the majority of student 92.7% had panic and separation disorders 92.7% these is in disagreement with data reported by Egyptian and Nigeria studies which demonstrated the majority of student had GAD 9.2% and 32.97% respectively [1,14]. As regarding to separation disorder in study of Nigeria was 26.38% and panic disorder was 3.2% in study of Egyptian. The prevalence in the present study is higher than that reported by Egyptian and Nigeria studies and this attributed to the fact that these studies were designed mainly to take percent of each type from the percent of total sample [1,14]. On other hand, Social anxiety disorder (SAD) is considered the third most common psychiatric disorder, after major depressive disorder and alcohol dependence. The prevalence of SAD in the Western regions ranges from 7% to 13% [18]. Our study showed the prevalence of SAD was 55.6% and this finding was different from data reported in Egyptian study in which that only 2.5% had SAD. The prevalence of SAD in Abha, Saudi Arabia is high comparable to SAD prevalence estimates in other countries, such as New Zealand (9.4%) and the United States (12.1%) [19]. Fortunately, in the present study the majority of student 64.6% had not school avoidance disorder, these finding was congruent to study of Nigeria who found 8.79% of student had school avoidance disorder, this can be explained by the fact classmates play roll in like school and deal with daily activities [1]. In the Gaza study show, Anxiety disorder common among male 51,5%. This agreement with our study we noticed the males was 76.2%. While in Egyptian study anxiety among female was 55.3%. Back the reason to fact that males tends to express their fell more than female [14,15]. Our study revealed that 92.3% of who lost parents had anxiety in contrast of Gaza study show 3.8%, this may because the dead of one parent may lead to the marriage of the other and consequently the stressors were increased. In the present study, 70.7% of student who have physical abuse develop anxiety disorders. In other hand, the student in Nigeria showed 7.7% were victims of physical abuse and student's experienced traumas in war zones is often directly related to the development of anxiety symptoms such as fear and nightmares 67.1%, as we found this is similar to that in Gaza study. In our study 71.2% of anxiety student had poor concentration while 49.6% comparing to Gaza study. We found 89.6% of student who had anxiety disorders, their fathers are unemployed, unlike Egyptian study that revealed 12.8% of the anxiety student had unemployed fathers. In our study 66.8% of anxious student had four or more siblings similar to Egyptian study 68.4%.

Conclusion

In our study we found that the anxiety disorders among children in our district had present with high percentage which more than half of our participants had at least one type of anxiety where panic attack and separation anxiety located in the top of the lest. And the anxiety percentage affected by sex where more increased in males, loss one or both parents, exposure to physical abuse and seen the wars views and natural disasters. Also, the anxious students had poor concentration on their classes. We note that there is no statistical significant effect of age, occupation of both father and mother, number of families in the same house, number of siblings, order of child in his family, even expose to pervious accidents and experienced loss of close persons on anxiety distribution on our sample. In spite that the anxiety had significant effect on the concentration of children in their classes, it didn't has significantly effect on their school achievement.

Recommendation

For recommendations; at the governmental level making cycling screening at the school level for early detection of cases of anxiety in children. Early Careful treatment of the affected children should be given and private sessions should be done with child psychiatric Specialists. Making the studies about the impact of wars and disasters on the psyche of children. Performing educational sessions to the

community about anxiety disorders in children and how to handle them. Making special courses for teachers about how to deal with students especially those with anxiety disorders. Activate roles of social specialist in governmental school. At the family level; advice the family: avoid the preference between the children, avoid the use of beatings as a means of education and provide a special care for fatherless children, and don't make them feel that the extent of loss.

Limitations of the Study

This study faced a number of limitations as there was a lack of sufficient data estimating either the prevalence or the incidence of this disorder among primary school within the Kingdom of Saudi Arabia. we did not compare schools, as the inconsistencies between them are difficult to identify.

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