



**PREVALENCE OF SOCIAL ANXIETY DISORDER AMONG MEDICAL INTERNS  
AND POSTGRADUATE STUDENTS.**

A. Godson<sup>1\*</sup> and M. B. Abdulrahuman<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Psychiatry, Tirunelveli Medical College Hospital, Tirunelveli-627011, Tamilnadu, India.

<sup>2</sup>Department of Psychiatry, Tirunelveli Medical College Hospital, Tirunelveli-627011, Tamilnadu, India.

**\*Corresponding Author: Dr. A. Godson**

Assistant Professor, Department of Psychiatry, Tirunelveli Medical College Hospital, Tirunelveli-627011, Tamilnadu, India.

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**ABSTRACT**

Social anxiety disorder is a least understood and under recognized disorder among all anxiety disorders. Individuals with social anxiety disorder avoid situations in which there is potential for negative evaluation by others or face the situation with overwhelming fear or anxiety and distress. They have difficulty in interact with strangers or unfamiliar situations. Their safety seeking behaviour usually impairs their social and academic performances. **Aim:** To study the prevalence and severity of social anxiety disorder and its impact among medical interns and postgraduate students of a tertiary care centre. **Method:** A Cross sectional prevalence study was conducted among medical students by asking them to fill the self administered Liebowitz social anxiety scale and Sheehan's disability scale. **Result:** In our study population 60% are female students and remaining (40%) are male students. The mean age of the study sample is 24.42. Among the study population 12%(n=16) of students have significant social anxiety. Majority students with social anxiety disorder are male 7.6%(n=10), remaining are female 4.5%(n=6). Moderate social anxiety is the most common type. Co-morbid substance abuse was negligible (n=1) among students with social anxiety. **Conclusion:** Prevalence of social anxiety disorder is significantly high among medical students. In contrast to other studies, male students have higher prevalence of social anxiety and the comorbid substance abuse also insignificant in students with social anxiety. The social anxiety is not associated with any disability in our study sample.

**KEYWORDS:** Social anxiety disorder, social phobia, Liebowitz scale, anxiety.

**INTRODUCTION**

Social anxiety disorder also referred to as social phobia involves the fear of social situations, including situations that involve scrutiny or contact with strangers.<sup>[1]</sup> Persons with social anxiety disorder are fearful of embarrassing themselves in social gatherings, oral presentations, meeting new people and strangers. According to various studies, the lifetime prevalence of social anxiety disorder ranging from 3-13 percent.<sup>[2]</sup> This disorder usually has its peak onset around teen age. This diagnosis has been considered the "neglected" anxiety disorder.<sup>[3]</sup> It is considered as the third most common psychiatric illness, after alcohol dependence and depression, affecting over 5% of the general population.<sup>[4,5]</sup>

A significant number of patients presenting with social anxiety disorder will have other comorbid anxiety disorders, particularly panic disorder with agoraphobia and specific phobic disorders. Patients with such comorbid anxiety and depressive symptoms have an increased incidence of suicidal ideation and a history of attempts.<sup>[6]</sup> Despite its high prevalence, however, social

anxiety is often under diagnosed and untreated, leading to a legacy of morbidity.<sup>[7]</sup>

Social anxiety disorders, is a serious mental health problem in India with an incidence of 2.79% and prevalence of 1.47 %.<sup>[8,9]</sup> Patients diagnosed with social phobia have the highest risk of alcohol abuse among all patients with anxiety disorder. Social phobia is of major concern to society as a whole for two reasons. One reason is the disorder's very high rate of comorbidity with other mental health problems such as major depression and substance abuse. The second is the loss to the larger society of the gifts and talents that these patients possess. Thereby, early diagnosis of this condition is imperative.<sup>[10]</sup>

**MATERIALS AND METHOD**

**AIM**

The aim of the study is to study the prevalence and severity of social anxiety disorder among medical college students (Interns and postgraduates) of Tirunelveli medical college hospital, Tamilnadu, India.

**OBJECTIVE**

To study the prevalence rate of social anxiety disorder using Liebowitz social anxiety scale (LSAS). To assess the severity, disability and comorbidity of students affected with social anxiety disorder.

**Inclusion criteria**

Interns and postgraduate students of tirunelveli medical college who were willing to participate this study were included.

**Tools**

The socio-demographic data were assessed by using self designed semistructured proforma which contains age, sex, locality, substance abuse, past and family history of mental illness. Liebowitz social anxiety scale was used to assess the fear or anxiety and avoidance in both social situation and performance situation. Sheehan's disability scale was used to assess the severity of disability associated with social anxiety disorder in interpersonal, academic and daily activity areas.

**METHODOLOGY**

The study was a cross-sectional and self administered study conducted among interns and postgraduate students of tirunelveli medical college hospital, tirunelveli, Tamilnadu. Approval from the Ethical committee, of Tirunelveli medical college hospital was obtained. After obtaining an informed consent, the students were asked to fill the semistructured proforma which contains their socio-demographic data, substance abuse, past and family history of mental illness. Then they were asked to fill the Liebowitz social anxiety scale after giving adequate information regarding the method of scoring. The Liebowitz social anxiety scale is a standardized scale for assessing social anxiety which is composed of 24 items divided into 2 subscales, 13 concerning performance anxiety, and 11 pertaining to social situations.<sup>[11]</sup> The 24 items are first rated on a Likert Scale from 0 to 3 on fear felt during the situations, and then the same items are rated regarding avoidance of the situation. The Sheehan's disability rating scale consists of three items, which assess the disability due to social anxiety in various areas like daily work, social life and family life. After obtaining the individual scoring sheet, statistical analysis was done to assess the prevalence of social anxiety and its associated disability.

**RESULTS**

In our study population 60% are female students and remaining (40%) are male students. The mean age of the study sample is 24.42. 62% of students came from urban area and 38% belongs to rural area. Majority of study sample are undergraduate interns (75%) when comparing with postgraduate participants (25%). The study population composed of 76% Hindus, 14% Christians and 10% Muslims. Among the study population only 8% had family history of mental illness. Substance abuse is not common among the study population as the majority of students are female. Only 6% of students admitted that

they are abusing alcohol, 2% are smoking and remaining students are not abusing any substance. The mean score of performance domain, social situation and total score of the social anxiety scale are 18, 15.54 and 33.40 respectively.

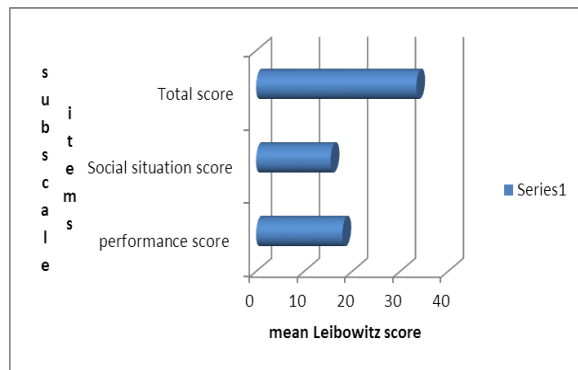
Among the study population 12% (n=16) of students have significant social anxiety based on Liebowitz social anxiety scale in which total score of more than 55 is considered as presence of social anxiety disorder. Majority students with social anxiety disorder are male 7.6% (n=10), remaining are 4.5% (n=6) are female. Among the 12% students who had social anxiety 9.2% had moderate social anxiety, 2.3% had marked and 0.5% had severe social anxiety symptoms. Co-morbid substance abuse was negligible (n=1) among students with social anxiety. Similarly only one student with social anxiety has family history of mental illness, which was also insignificant. The average Sheehan's disability scale score is 2.44. Only 6 out of 130 students scored more than 15 in Sheehan's disability scale which indicates the disability due to presence of social anxiety in our study population is negligible.

**Table 1: Socio-demographic data of study population.**

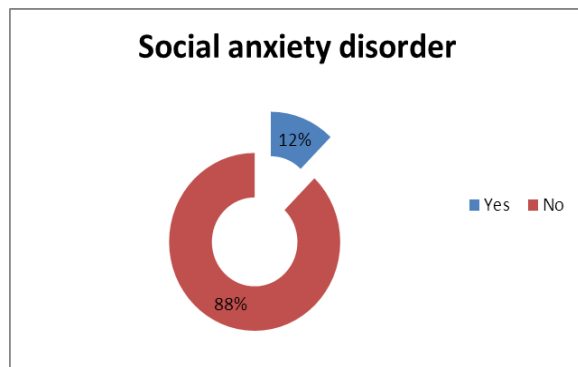
S. No.	Socio-demographic indicators	Number (n)	Percentage (%)
1.	<b>Sex:</b>		
	Male	52	40%
	female	78	60%
2.	<b>Location:</b>		
	Rural	49	38%
	Urban	81	62%
3.	<b>Religion:</b>		
	Hindu	99	76%
	Christian	18	14%
	Muslim	13	10%
4.	<b>Students:</b>		
	Interns	97	75%
	Postgraduate	33	25%

**Table 2: Clinical co-morbidities in study population.**

S. No.	Clinical co-morbidities	Number (n)	Percentage (%)
1.	<b>Past History of mental illness</b>		
	Yes	4	3%
	No	126	97%
2.	<b>Family history of mental illness</b>		
	Yes	11	8%
	No	119	92%
3.	<b>Substance abuse</b>		
	Alcohol	8	6%
	smoking	2	2%
	No	122	92%



**Picture 1: Mean score of Liebowitz social anxiety scale.**



**Picture 2: Prevalence of social anxiety disorder among students.**

## DISCUSSION

In our study, female medical students (60%) dominated the study population which is similar to the study sample in a study conducted among medical students of Saudi Arabia by Adnan Khalifah Alkhalifah et al.<sup>[16]</sup> Several studies reported that the mean age of onset is during the teen. As the medical interns (75%) are the majority population and the mean age of the study sample is 24.42, the prevalence of the social anxiety in this population could not be generalized to all age groups. In our study the prevalence of social anxiety disorder is 12% which is close to the findings (10.3%) by Chhabra et al.<sup>[12]</sup> and more when comparing with the prevalence rate (5.2%) reported by Mercedeh Norouzi et al.<sup>[13]</sup> among the Iranian students. In an Indian study Harikrishnan et al.<sup>[15]</sup> found 30.7% prevalence of social anxiety disorder which is remarkably high than the prevalence seen in our study.

Males have higher prevalence (7.7%) of social anxiety disorder comparing with female (4.6%) in our study. Similar to our study findings was reported by Harikrishnan et al.<sup>[15]</sup> who found slightly more prevalence of social anxiety among male than female, but the difference didn't have any statistical significance. In contrast to our study, most of the other studies reported higher prevalence of social anxiety among female. Chhabra et al found a prevalence of 5.5% and 4.7% in female and male respectively, which was statistically significant too.<sup>[12]</sup> Similar finding was replicated by Anselme Djiclonou et al who reported 17.9% in female

and 9.3% in male students of Parakou university.<sup>[14]</sup> Among school going adolescents, the prevalence of social anxiety disorder was high in female than male as per the study by H.U. Wittchen et al.<sup>[17]</sup>

Regarding the grading of social anxiety disorder, 9.2% of our study population have moderate social anxiety disorder and 2.3% and 0.5% have marked and severe social anxiety disorder respectively. In our study sample the most common grade is moderate social anxiety which is replicated by several studies including an Indian study by Harikrishnan et al.<sup>[15]</sup> He found that the prevalence of moderate social anxiety was 14.6%, marked and severe variety was 12.8% and 2.5% respectively. Similarly, Adnan Khalifah Alkhalifah et al reported higher prevalence of moderate and marked social anxiety among student population.<sup>[16]</sup>

The comorbid alcohol abuse is negligible (n=1) among the students with social anxiety disorder, in spite of 6% prevalence of alcohol abuse in our total study sample. This finding may be due to more number of female students in total sample. In our study, the mean Sheehan's disability score was 2.44 which are insignificant and the students with social anxiety too have no dysfunction in all areas of life. Adnan<sup>[16]</sup> found that the academic performance of students didn't affected by different grades of social anxiety, which is similar to our study findings.

## CONCLUSION

The prevalence of social anxiety disorder is high in male students than female students. In contrast to the belief and previous study findings, students with social anxiety in our study have negligible comorbid alcohol abuse and associated disabilities. The diagnosed cases only represented the tip of the iceberg. Since the incidence of overt disease is high, adequate measures need to be taken to arrest the progress in to severe disability in cases with moderate and marked category which can be easily treated with medications and cognitive behavioural therapy. Further research should be focused on people with different age group, social and educational class.

## CONFLICT OF INTEREST

Authors display no conflict of interest.

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