ANXIETY DISORDERS

Ms. Rashmi A*| Dr. Geeta Chaudhary**
**Ph.D. Scholar, Himalayan University, Itanagar, Arunachal Pradesh, India.*
***Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India.*
DOI: http://doi.org/10.47211/trr.2022.v08i02.019

ABSTRACT
Anxiety disorders are a group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness. They can interfere with daily activities, relationships, and work. Anxiety disorders can affect people of all ages, genders, and backgrounds. According to the Anxiety and Depression Association of America, anxiety disorders are the most common mental health disorders in the United States, affecting about 40 million adults every year. Mothers of children undergoing surgery can also experience anxiety and stress. They may worry about the safety and well-being of their child, the outcome of the surgery, and the recovery process. This can lead to emotional distress, such as fear, sadness, and sleep disturbances. It's important for mothers to take care of their own mental health during this time, by seeking support from family, friends, or a mental health professional. They may Practice relaxation techniques, such as deep breathing or visualization, to reduce own anxiety. Seek support from family, friends, or a mental health professional, if needed. Need to take care of own physical and emotional health, by getting enough sleep, eating well, and exercising regularly.

Key Words: *Anxiety disorder, mental health, depression and anxiety in mothers of children undergoing surgery.*

ABOUT AUTHORS:

Author Ms. Rashmi A is a Research Scholar at Himalayan University in Itanagar, Arunachal Pradesh, India.

Author Dr. Geeta Chaudhary is Research Supervisor, Himalayan University, Itanagar, Arunachal Pradesh, India. She has presented papers in various conferences and also has many publications to her name.

INTRODUCTION

Anxiety disorders are a group of mental health conditions characterized by excessive and persistent worry, fear, and nervousness. They can interfere with daily activities, relationships, and work. Anxiety disorders can affect people of all ages, genders, and backgrounds. According to the Anxiety and Depression Association of America, anxiety disorders are the most common mental health disorders in the United States, affecting about 40 million adults every year.

Common reasons of anxiety:

1. Stressful life events, such as a job loss, divorce, or death of a loved one.
2. Genetics or family history of anxiety disorders.
3. Medical conditions, such as heart disease, diabetes, or thyroid problems.
4. Substance abuse or withdrawal.
5. Trauma or abuse, such as physical, sexual, or emotional abuse.
6. Environmental factors, such as exposure to toxins or pollution.
7. Personality traits, such as perfectionism or low self-esteem.
8. Brain chemistry imbalances, such as low levels of serotonin or GABA.
9. Chronic pain or illness, such as arthritis or fibromyalgia.
10. Certain medications, such as steroids or stimulants.

Children undergoing surgery can experience anxiety, which can have negative effects on their physical and emotional well-being. Anxiety can cause increased heart rate, blood pressure, and stress hormones, which can interfere with the anesthesia and recovery process. It can also lead to emotional distress, such as fear, sadness, and behavioral changes.

Common reasons of stress during surgery of children:

1. Fear of the unknown, as children may not understand what is happening or what to expect during surgery.
2. Separation anxiety, as children may feel anxious or upset about being away from their parents or caregivers.
3. Pain or discomfort from the surgery or medical procedures, such as IV insertion or intubation.
4. Side effects of anesthesia, such as nausea, vomiting, or confusion.
5. Concerns about the outcome of the surgery, such as whether it will be successful or if there will be complications.
6. Emotional distress from the experience, such as fear, sadness, or anger.
7. Disruption of normal routines and activities, such as missing school or extracurricular activities.
8. Financial concerns, such as medical bills or time off work for parents or caregivers.
9. Communication barriers, such as language differences or hearing impairments.
10. Cultural or religious differences, such as beliefs about medical procedure

Mothers of children undergoing surgery can also experience anxiety and stress. They may worry about the safety and well-being of their child, the outcome of the surgery, and the recovery process. This can lead to emotional distress, such as fear, sadness, and sleep disturbances. It's important for mothers to take care of their own mental health during this time, by seeking support from family, friends, or a mental health professional.

Kain, Z. N et al (2009) To assess the amount of time that healthcare providers spend with children and families on the day of surgery in the preoperative area. The study used video infrastructure in the preoperative holding area of Yale New Haven Children's Hospital to record all interactions between children, families, and healthcare providers. Videotapes were coded to characterize and quantify behaviors of healthcare professionals. On the day of surgery, healthcare providers spent medians of 2.75-4.81 min interacting with children and parents in the preoperative area. Families spent a median of 46.5 min in the preoperative area. Healthcare professionals spent the most time in medical talk (averages of 42.5-48.2% of time spent with family) and little time was spent in nonmedical talk (range of 6.2-6.9% of time spent with family). Anesthesiologists and surgeons spent 28% and 18% of the interview in talk to children; admitting nurses spent more of the interview talking to children (43%). Families interact with healthcare providers for only a small proportion of the time they spent in the preoperative area. This is likely to be a result of increased production pressure in the perioperative settings and has implications for providing preparation for surgery on the morning of the procedure.

Anxiety disorders, according to the American Psychiatric Association, are the most common type of psychiatric disorder. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), anxiety disorders include disorders that share features of excessive fear and anxiety and related behavioral disturbances. These disorders include the following:

- **Separation anxiety disorders.** An individual with separation anxiety disorder displays anxiety and fear atypical for his/her age and development level of separation from attachment figures. Although the symptoms develop in childhood, they can be expressed throughout adulthood as well.
- **Selective mutism.** This disorder is characterized by a consistent failure to speak in social situations where

there is an expectation to speak even though the individual speaks in other circumstances, can speak, and comprehends spoken language.

- **Specific phobia.** Individuals with specific phobias are fearful or anxious about specific objects or situations which they avoid or endure with intense fear or anxiety. The fear, anxiety, and avoidance are almost always immediate and tend to be persistently out of proportion to the actual danger posed by the specific object or situation ..
- **Social anxiety disorder.** This disorder is characterized by marked or intense fear or anxiety of social situations in which one could be the subject of scrutiny.
- **Panic disorder.** Individuals with this disorder experience recurrent, unexpected panic attacks and experience persistent concern and worry about having another panic attack. Panic attacks are abrupt surges of intense fear or extreme discomfort that reach a peak within minutes, accompanied by physical and cognitive symptoms ..
- **Agoraphobia.** Individuals with this disorder are fearful and anxious in two or more of the following circumstances: using public transportation, being in open spaces, being in enclosed spaces, standing in line or being in a crowd, or being outside of the home alone ..
- **Generalized anxiety disorder.** persistent and excessive worry about various domains, including work and school performance, that the person finds difficult to control.
- **Substance/medication-induced anxiety disorder.** involves anxiety symptoms due to substance intoxication or withdrawal or medical treatment.
- **Anxiety disorder due to other medical conditions.** Anxiety symptoms are the physiological consequence of another medical condition .

Ways to deal with anxiety disorder:

1. Practice relaxation techniques, such as deep breathing, meditation, or yoga.
2. Exercise regularly, as physical activity can reduce stress and anxiety.
3. Get enough sleep, as lack of sleep can worsen anxiety symptoms.
4. Avoid caffeine, alcohol, and drugs, as they can increase anxiety symptoms.
5. Eat a well-balanced diet, as nutrition can affect mood and anxiety levels.
6. Seek support from family, friends, or a mental health professional.
7. Join a support group, as it can provide a sense of community and understanding.
8. Learn to identify and challenge negative thoughts and beliefs that contribute to anxiety.
9. Use positive coping strategies, such as humor, art, or music, to manage stress and anxiety.
10. Consider medication or therapy, if anxiety is interfering with daily life.

One category of interventions effective in reducing PA is to provide pre procedure information to children in a manner that is appropriate for their developmental stage 6- 12; studies show that most children who undergo a surgical procedure wish to receive detailed information on what they will encounter and on what will happen in the operating room (OR). **(Fortier MA et al 2009)**

Kain, Z. N et al (2004). hypothesized that the clinical phenomena of preoperative anxiety, emergence delirium, and postoperative maladaptive behavioral changes were closely related. We examined this issue using data obtained by our laboratory over the past 6 years. Only children who underwent surgery and general anesthesia using sevoflurane/O(2)/N(2)O and who did not receive midazolam were recruited. Children's anxiety was assessed preoperatively with the modified Yale Preoperative Anxiety Scale (mYPAS), emergence delirium was assessed in the post anesthesia care unit, and behavioral changes were assessed with the Post Hospital Behavior Questionnaire (PHBQ) on postoperative days 1, 2, 3, 7, and 14. Regression analysis showed that the odds of having marked symptoms of emergence delirium increased by 10% for each increment of 10 points in the child's state anxiety score (mYPAS). The odds ratio of having new-onset postoperative maladaptive behavior changes was 1.43 for children with marked emergence status as compared with children with no symptoms of emergence delirium. A 10-point increase in state anxiety scores led to a 12.5% increase in the odds that the child would have a new-onset maladaptive behavioral change after the surgery. This finding is highly significant to practicing clinicians, who can now predict the development of adverse postoperative phenomena, such as emergence delirium and postoperative behavioral changes, based on levels of preoperative anxiety.

Kim, H., Jung, S. M., Yu, H., & Park, S. J. (2015). Conducted a study to determine whether the effect of video distraction on alleviating preoperative anxiety is independent of parental presence and whether a combination of both interventions is more effective than either single intervention in alleviating preoperative anxiety and postoperative behavioral disturbance in preschool children and found that video distraction, parental presence, or their combination showed similar effects on preoperative anxiety during inhaled induction of anesthesia and postoperative behavioral outcomes in preschool children having surgery.

Ways to deal with anxiety when children undergo surgery:

1. Get information about the surgery and what to expect, so you can prepare yourself and your child.
2. Talk to your child about the surgery in age-appropriate language, and answer any questions they may have.
3. Stay calm and positive, and reassure your child that they will be okay.
4. Bring familiar items from home, such as a favorite stuffed animal or blanket, to provide comfort and security.
5. Stay with your child as much as possible before and after the surgery, to reduce separation anxiety. 6. Practice relaxation techniques, such as deep breathing or visualization, to reduce your own anxiety. 7. Seek support from family, friends, or a mental health professional, if needed.
8. Take care of your own physical and emotional health, by getting enough sleep, eating well, and exercising regularly.
9. Follow the doctor's instructions for preparing your child for surgery, such as fasting or stopping certain medication

REFERENCES

1. Fortier, M. A., & Kain, Z. N. (2015). Treating perioperative anxiety and pain in children: a tailored and innovative approach. *Paediatric anaesthesia*, *25*(1), 27–35. https://doi.org/10.1111/pan.12546.
2. Kain, Z. N., MacLaren, J. E., Hammell, C., Novoa, C., Fortier, M. A., Huszti, H., & Mayes, L. (2009). Healthcare provider-child-parent communication in the preoperative surgical setting. *Paediatric anaesthesia*, *19*(4), 376–384. https://doi.org/10.1111/j.1460-9592.2008.02921.x
3. Kain, Z. N., Caldwell-Andrews, A. A., Maranets, I., McClain, B., Gaal, D., Mayes, L. C., Feng, R., & Zhang, H. (2004). Preoperative anxiety and emergence delirium and postoperative maladaptive behaviors. *Anesthesia and analgesia*, *99*(6), 1648–1654. https://doi.org/10.1213/01.ANE.0000136471.36680.97.
4. Kim, H., Jung, S. M., Yu, H., & Park, S. J. (2015). Video Distraction and Parental Presence for the Management of Preoperative Anxiety and Postoperative Behavioral Disturbance in Children: A Randomized Controlled Trial. *Anesthesia and analgesia*, *121*(3), 778–784. https://doi.org/10.1213/ANE.0000000000000839.