

Anxiety Disorders among Children/Adolescents in Tirana, Albania: Descriptive Data about Socio-Demographic Factors and Symptoms

Valmira Skendi¹

Valbona Alikaj²

Enita Metaj³

¹Clinical Psychologist, Msc, PhD candidate. Child and Adolescent Psychiatry Service, University Hospital Center, "Mother Theresa", Tirana-Albania; Corresponding Author Email:skendilma@yahoo.com

²Child and adolescent psychiatrist, MD, PhD. Full time Lecturer at the Faculty of Medicine – University of Medicine, Tirana-Albania

³General Practitioner, Health Regional Authority, Tirana-Albania

Doi:10.5901/ajis.2015.v4n2p295

Abstract

Anxiety symptoms during childhood are more common than had previously thought and they represent a risk factor to develop anxiety disorders during the life. This article is part of a broader study on parenting styles and anxiety disorders ongoing in Albania in children/adolescents. The aim it is to describe sociodemographic factors of the study group, the frequency and characteristics of the predominant anxiety symptoms. Method: 50 consecutive children, who attended Tirana Child/Adolescent Psychiatry Service, aged 8-20 years old (42% male), were assessed using self-report forms and were interviewed from a child/adolescent psychiatrist, during a three month period April - September 2011. Results: The mean age of the study group was 9.5 (SD = 4.436). More than one in four (26.41%) children resulted having higher scores than cut off, in all anxiety disorders. Significant differences were found in all dependent variables based on gender of the subjects, ($P < .001$), on age ($P < .001$) and correlation between different variables ($P < .001$). In terms of gender, the changes were significant in all subscales, with higher scores in girls than in boys ($P < .001$); the only exception was related to the symptoms of OCD, in which there weren't significant differences. Conclusion: This study highlights the importance of early identification of anxiety symptoms in children, aiming early intervention and prevention of these disorders.

1. Introduction

There are a lot of international studies about anxiety disorders in children and adolescents, concerning epidemiology, the etiology, different impairments, treatment etc. In Albania there is a lack of studies about these disorders, in community and in clinical settings.

Overall anxiety disorders are considered to be one of the most common psychiatric diagnoses in children and adolescents. In community samples, anxiety disorders have been shown to occur in 5% to 18% of children. In preadolescent children, the prevalence is 0.3% to 12.9%, depending on the disorder. For adolescents, prevalence ranges are from 0.6% to 7%, depending on the disorder. Specific phobias, SAD and GAD tend to be the most prevalent (Lewis M., 2002).

Anxiety disorders represent a prevalent, understudied and perhaps, underreported phenomenon (Lewis M., 2002). Estimates are that 10% to 20% of school-aged children exhibit symptoms of social withdrawal, anxiety, isolation, hypersensitivity, depression, and self-consciousness. Anxiety disorders are associated with a negative impact in multiple domains such as low self-esteem, social isolation, inadequate social skills and problems in academic work. Youth with anxiety disorders often experience debilitating physical symptoms such as headaches, stomachaches and irritable bowel syndrome. Not only do child anxiety disorders have the potential to persist over time, but there is evidence that they tend to worsen over time. The presence of anxiety disorders in childhood also may confer a general risk for other forms of psychopathology, both concurrently, as well as later in life. These observations highlight the importance of addressing these problems in children (Lewis M., 2002). As Keller et al., (1992) pointed out, median age of onset of these conditions it is found: 10 years of age for overanxious disorder and 8 years of age for separation disorders.

The prevalence of anxiety disorders has varied with the age group of the children surveyed and the diagnostic instrument used (Sadock et al., 2009). Lifetime prevalence of any anxiety disorder in children and adolescents ranges

from 8.3 to 27 percent. A recent epidemiologic survey using the Preschool Age Psychiatric Assessment (PAPA) found that 9.5 percent of preschoolers met DSM-IV-TR criteria for any anxiety disorder, 6.5 percent exhibiting generalized anxiety disorder, 2.4 percent meeting criteria for separation anxiety disorder and 2.2 percent meeting criteria for social phobia (Sadock et al., 2009). Separation anxiety disorder is estimated to be about 4 percent in children and young adolescents. Separation anxiety disorder is more common in young children than in adolescents and has been reported to occur equally in boys and girls. The onset may occur during preschool years but is most common in children 7 to 8 years of age. The rate of generalized anxiety disorder in school-age children is estimated to be approximately 3 percent, the rate of social phobia is 1 percent, and the rate of simple phobias is 2.4 percent. In adolescents, lifetime prevalence for panic disorder was found to be 0.6 percent; the prevalence for generalized anxiety disorder was 3.7 percent (Sadock et al., 2009).

There is very limited information available with regard to sex, age, socioeconomic status and ethnicity as they relate to child anxiety disorders. It is found that with regard to sex, in general community samples, girls outnumber boys in terms of number of fears (Craske, 1997). This may, in part, be the result of socialization and parent modeling. In terms of anxiety diagnoses, in community samples, girls outnumber boys except in the diagnoses of OCD (AACAP, 1997). However, there appears to be less of a sex differential for children and adolescents in clinical settings.

With regard to age, SAD has an earlier age of onset than the other anxiety disorders (Last et al., 1992). Younger children with SAD also tend to have more symptoms and different symptoms than older children (Francis et al., 1987). In contrast, older children with GAD have been shown to have more symptoms than younger children with GAD (Mcgee et al., 1990). These limited data, also parallel the normative developmental trajectory presented earlier. There are no current data describing the relationship between age and other anxiety disorders.

Research on the connection between the socioeconomic status (SES) and ethnicity and their relationship to child anxiety has found that lower SES children have been shown to have more fears and more intense fears than higher SES children. Furthermore, future studies are needed to understand better these important issues (Lewis M., 2002).

2. Method

The aim of this paper is to describe sociodemographic factors of the study group, the frequency and characteristics of the predominant anxiety symptoms.

3. Participants

The study sample consisted of 50 consecutive children, who attended Child/Adolescent Psychiatry Service, University Hospital Center, "Mother Theresa", Tirana-Albania, aged 8-20 years old (mean age of the study group was 9.5; SD = 4.436). 42% of the study group were males and 58% females. The period of the study was April – September 2011.

4. Measure

Participants completed a short socio-demographic questionnaire which contained information on age, gender, parental employment, economical income, and hometown, completed Spence Children's Anxiety Scale (SCAS; Spence, 1998) and then were interviewed from a child/adolescent psychiatrist.

SCAS is considered to be one of the most used and useful self-reporting instruments internationally. SCAS, differently from other scales, takes in consideration in a specific manner, the anxiety symptoms manifested in child/adolescent anxiety disorders, crucially different from adults. Furthermore this instrument was designed according to the diagnostic criteria of DSM-IV (APA, 1994). So, the test allows evaluation through 6 subscales of symptoms of anxiety disorders that often affect children/ adolescents. SCAS scale has been used in many international studies for research or clinical intentions.

SCAS is composed of 44 questions. Maximum score is 114. For each question the children needed to show frequency of symptoms, using Likert scale of 4 options: never, sometimes, often and always.

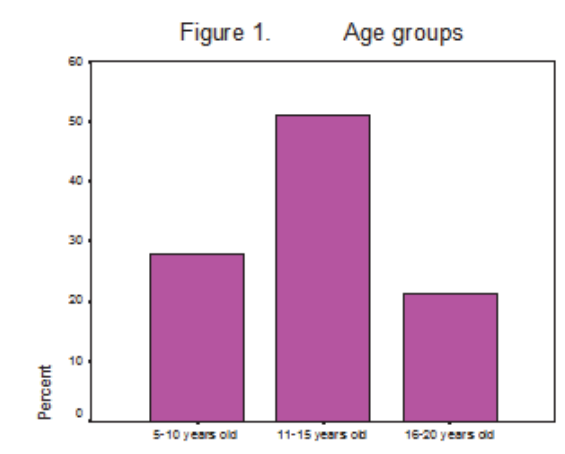
Parents/adolescents gave informed consent. Questionnaires were distributed and instructions were given verbally. Subjects were asked to give correct answers and to ask if they had any uncertainty. There were no invalid questionnaires.

Statistical analysis: The subjects were distributed, into 3 age groups, based on the developmental level: 5-10 years old, 11-15 years old and 16-20 years old. Maximal score was highlighted, standard deviation (SD) and the

percentage of subjects from the sample who referred symptoms from each disorder; There were no missing data. Statistical analysis was performed with SPSS 17.0.

5. Results

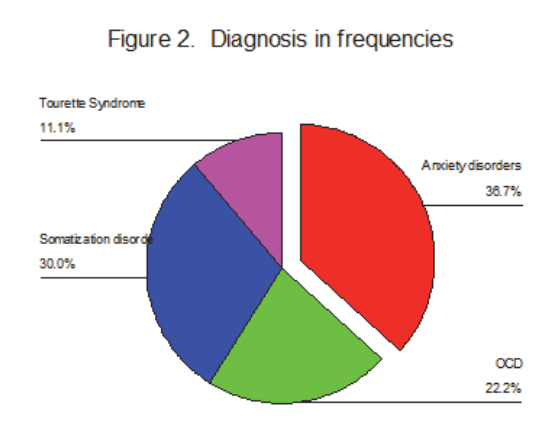
The study showed that 42% (23) of the children were males and 58% (27) of them were females. The mean age of the study group was 9.5 (SD = 4.436), it varies from 5 to 20 years (Fig 1). Most of them lived with both parents, so that 76.5% of children had married parents. The rest of the group lived with only one parent, where 14.2% were divorced parents and in 5.6% one of the parents had died or they lived separately.



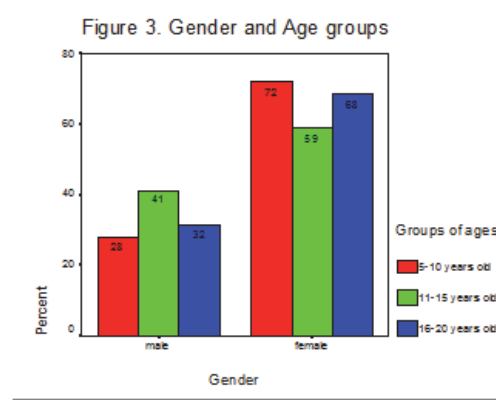
More than half (61.7%) of the participants came from families of middle socio-economic status, 21% came from families with high socio-economic status and 17.3% from families with low socio-economic status.

Most common problems presented from parents or children/adolescents themselves, were those related to anxiety 13%, various somatic symptoms (8%), aggressive behavior (6.2%), movement disorders (6.2%), headaches (6.2%), back pain/chest pain (2.5%), vertigo (1.9%), weakness (1.9%) and abdominal pain (1.2%).

The most frequent diagnosis in the sample group, were: 36.7% of the study group, fulfilled criteria for Anxiety disorders, 30% Somatisation disorders, 22.2% Obsessive-Compulsive disorder (OCD), 11.1% Tourette syndrome. (Fig. 2)



28% of males and 72% of females were between 5-10 years old. 41% of males and 59% of females were between 11-15 years old. 32% of males and 68% of females were between 16-20 years old. (Fig. 3)



From total score of the sample, 26.41% ($n =$ almost 13) of participants had high scores in some of the anxiety disorders. The average score obtained by the SCAS completion was 25.15 ($SD = 13.54$). The limit score (cut-off point) for considering anxiety disorder symptoms elevated was: 12.8 for separation anxiety, 11.2 for social phobia, 11.3 for OCD, 7.4 for physical fears, 9.4 for panic and agoraphobia and 52.2 for total score. We didn't find any high percentage of co-morbidity between symptoms of disorders. The highest co-morbidity association was found between separation anxiety and physical fears (1.6%), between separation anxiety and panic disorders (1.5%) and between panic disorders and OCD (1.4%). Significant differences were found in all dependent variables based on gender of the subjects, ($P < .001$), on age ($P < .001$) and correlation between these variables ($P < .001$). In terms of gender, the changes were significant in all subscales, where girls scored higher than boys ($P < .001$); except OCD symptoms, in which there were no significant differences.

Based on age, the differences were significant for all variables, except physical fears. In these subscales: separation anxiety, OCD, panic/agoraphobia, the group composed from 5-10 years old participants, had higher scores than the those of 11-15 years old ($P < .001$) or 16-20 years old ($P < .001$).

6. Discussion

The current study is the first to describe a clinical sample in Albania, in regard to anxiety symptoms, in relation with socio-demographic variables among children/adolescents.

This article is part of a broader study on parenting styles and anxiety disorders ongoing in Albanian children/adolescents.

Our paper shows that the most frequent symptoms were those related to anxiety, somatic concerns and separation. Here we provide descriptive data regarding socio-demographic variables, different symptoms and most prevalent anxiety disorders among children/adolescents attending Child/Adolescent Psychiatry Service, University Hospital Center, "Mother Theresa", Tirana-Albania, for which there is no previous study in Albania.

Regarding to sex differences, we found that females displayed more anxiety symptoms compared to males in all disorders, excluding obsessive-compulsive disorder. This finding is consistent with many international studies, claiming that anxiety disorders are most common in females, which is consistent with the finding of our study (Muris P, Schmidt H, Merckelbach H., 2000; Spence S., 1998).

Results show that with the increasing age, some symptoms tend to be rarer and some others more common. Evidently, there was a decrease of symptoms of separation anxiety disorder, while the child grows up from 5 to 20 years old, but there were no difference for OCD.

Knowledge of these symptoms makes it easier for professionals to early identify and treat, thus preventing subclinical manifestations for developing chronic disorders of anxiety in later development stages.

Early identification and diagnosis are very important in regard to prevention and outcomes of anxiety disorders in children/adolescents.

Future research need to be done in the community and in a larger sample.

7. Limitations

The main limitation of this study was the lack of a control group from the community. Another limitation was the lack of

information from multiple sources. Furthermore, we cannot generalize these data for the whole Albanian children population.

References

- American Academy of Child and Adolescent Psychiatry. (1998). Practice Parameters for the Assessment and Treatment of Children and Adolescents with Depressive Disorders. Washington, DC 20016.
- Craske MG (1997) Fear and anxiety in children and adolescents. *Bull Menninger Clin* 61:A4–A36
- Francis G, Last CG, Strauss CC: Expression of separation anxiety disorder. The roles of age and gender. *Child Psychiatry Hum Dev* 18:82-89, 1987.
- Last CG, Perrin S, Hersen M., et al: DSM-III-R anxiety disorders in children: Socio-demographic and clinical characteristics. *J Am Acad Child Adolesc Psychiatry* 31:1070-1076, 1992
- Lewis M. (2002). *Child and adolescent psychiatry: a comprehensive textbook*, printed in the USA: Blackwell scientific publications.
- M. B. Keller, P.W. Lavori, J. Wouder, W.R. Beardslee, L.E. Schwartz, J. Roth. Chronic course of anxiety disorders in children and adolescents. *J. Am. Acad. Child Adolesc. Psychiatry*, 31 (1992), pp. 595–599.
- Mc R, Feehan M, Williams S, et al., DSM-III disorders in a large sample of adolescents. *J Am Acad Child Adolesc Psychiatry* 29:611-619, 1990.
- Sadock B., Sadock V. (2009). *Concise Textbook of Child and Adolescent Psychiatry*. printed in the USA: Lippincott Williams and Wilkins.

