Anxiety And Fear-related Disorders Among Newly Accepted Students For The Years 2017 And 2018 In The Medical College of Hammurabi, Babylon University
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Abstract:

**Background:** The anxiety and fear-related disorders is common psychiatric disorders proposed by the icd-11(2019) by their focus of apprehension is the stimulus or situation that trigger the fear or anxiety

**Objective:** This study aims at finding out the prevalence of psychoneurosis (anxiety and fear-related disorders) among all the students who are registered in the medical college of hammurabi-university of Babylon as first class students for years (2017, 2018)

**Methods:** This is cross sectional study that enrolled 150 students were interviewed for the presence of anxiety and fear-related disorders using semi-Structured interview which is ccei

**Result:** This study revealed that the means of scores in the scales for anxiety,phobia and conversion disorders are higher in females while the means for obsession and somatic scales are higher in males among students (sample 2017) the means for depression,somatic and anxiety are higher in males and the means for phobia, obsession and conversion disorders are higher in females among students (sample 2018)

**Conclusion:** This study proved that prevalence of anxiety and fear –related disorders are higher in sample (2017) we find significant difference in obsession higher in males and phobia higher in females in sample 2018 also we find significant difference in phobia scales higher in females this females scores high on phobia scales may be due to cultural causes. The means of scores on CCEI for both sexes of students in sample 2017were higher than those of year 2018 who were started their first year 2018in college after cease-fire in the 3years war with ISIS (DAISH).

**Keyword:** CCEI: crown crisp experiential index,Middle sex hospital questionnaire (MHQ)

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**Introduction**

The neurosis was introduced by the Edinburgh physician William Cullen in 1769. By neurosis he meant disorders of sense and motion caused by a general affection of the nervous system. TheWHO Definition of Neurotic Disorders(WHO,1978,9th,Reversion) Neurotic disorder are mental disorders

without any demonstrable organic basis in which the patient may have considerable insight and has unimpaired reality testing, in that he usually does not confuse his morbid subjective experiences and fantasize with external reality(1).

The American diagnostic and statistical manual definition of neurotic disorder (DSM-111), A symptoms or group of symptoms that is distressing to the individual, recognized by him/her as unacceptable and alien, reality testing is grossly intact. The disturbance is relatively enduring or recurrent and is not noted to be a transitory reaction to stressors. There is no demonstrable organic etiology or factor(2). Also newly published International statistical classification of disease 2019 (ICD-11) classified neurotic disorder as four classification which include: Anxiety and fear related disorder, Somatization and related disorder, dissociative disorder and stress and related disorder(3). Our study include the first classification which is anxiety and fear related disorders.

Epidemiological studies of neurosis: Prevalence & incidence of neurosis in the general population the neurotic disorder make out a large proportion of morbidity among the population(4). A famous epidemiological survey in Northern Norway in fishing town of 25000 people examining their population found that 5 % have neurosis (5).

Age, sex and neurosis: In the western culture it has long been held that neurosis are more common in females than males and are common among middle age adult than very old and young(6). Marital state and neurosis: the neurotic illness in one partner creates stress under which the spouse sooner or later break down reported from two total population surveys carry out in Southern Sweden that the risk of healthy wife of neurotic ill husband will develop neurotic disorder is significantly greater than the risk of healthy husband of neurotic ill wife becoming ill and this may be due to the rule of male giving himself outlet outside the home and marriage (7).

Socio-economic status and neurosis: it is quite possible that poverty and lower social-economic status often positively related to mental illness–(Neurosis) (8). Among University Students: The prevalence of neurosis disorders amongst students vary from 1%-20% of all at risk and in proportion to the stringency of the criteria used (9). In studying the demographic characteristics of students attending health psychiatric at the university of Dublin, found that the medical and dental students are significantly over represented, also students who are totally financially dependent on their parents(10). The studying psychiatric morbidity among students of the university of Ainshams, Egypt found that 36% of those attending students and 12% had neurotic depression. They also found that students at faculties with practical courses show slightly lower rates for psychiatric morbidity than do students at theoretical faculties(11). The study proved that the psychiatric disorders is more common in the first year of university(12,16).

The study neurosis through stressful life events, personality dimension, family interactional patterns and other sociological variable. The main observation are that neurotic patients experience more stressful life events as compared to normal population. Stress in the Studies of the prevalence and distribution of neurosis in society and in selected groups e.g hospital are rarely satisfactory because of the vagueness of the category and is often not precise(13). Age – Sex and Neurosis The study in U.K, they found features of anxiety to be more common among females than male (14). Neurosis and the family: the longer the marriage continues, the more likely it is for both rather than one partner to be Neurotic, also
Male patients have sick wives more often than female patients have sick husbands. Marriage seems to be a protective factor for men and vulnerability factor for women (13).

RESULT

Table 1 sex distribution of student with each sample

<table>
<thead>
<tr>
<th>Sample</th>
<th>Male</th>
<th>Male</th>
<th>Female</th>
<th>Female</th>
<th>All</th>
<th>All</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>20</td>
<td>33.2</td>
<td>40</td>
<td>66.4</td>
<td>60</td>
<td>60</td>
<td>99.2</td>
</tr>
<tr>
<td>2018</td>
<td>30</td>
<td>33.4</td>
<td>60</td>
<td>66.4</td>
<td>90</td>
<td>90</td>
<td>82.4</td>
</tr>
<tr>
<td>total</td>
<td>50</td>
<td>66.6</td>
<td>100</td>
<td>132.8</td>
<td>150</td>
<td>150</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: mean, standard deviation (SD) and standard error (SE) of scores on CCEI among students (sample 2017-2018 and significance of difference between both sex).

<table>
<thead>
<tr>
<th>Scale</th>
<th>Male</th>
<th>Female</th>
<th>Significance of difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mean</td>
<td>SD</td>
<td>SE</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.16</td>
<td>1.51</td>
<td>0.16</td>
</tr>
<tr>
<td>phobic</td>
<td>2.11</td>
<td>1.81</td>
<td>0.15</td>
</tr>
<tr>
<td>obsessional</td>
<td>6.21</td>
<td>1.61</td>
<td>0.18</td>
</tr>
<tr>
<td>somatic</td>
<td>2.12</td>
<td>1.54</td>
<td>0.16</td>
</tr>
<tr>
<td>depression</td>
<td>2.41</td>
<td>1.21</td>
<td>0.19</td>
</tr>
<tr>
<td>conversion</td>
<td>3.81</td>
<td>1.23</td>
<td>0.25</td>
</tr>
</tbody>
</table>
Table 3 mean, standard deviation (SD) & standard error (SE) of scores on CCEI among students (sample 2018-2019 and significance of difference between both sex

<table>
<thead>
<tr>
<th>Scale</th>
<th>Male Mean</th>
<th>SD</th>
<th>Se</th>
<th>Female Mean</th>
<th>SD</th>
<th>SE</th>
<th>c-value</th>
<th>P2a%</th>
</tr>
</thead>
<tbody>
<tr>
<td>anxiety</td>
<td>2.4</td>
<td>1.4</td>
<td>0.16</td>
<td>2.2</td>
<td>1.44</td>
<td>0.19</td>
<td>0.15</td>
<td>n.s</td>
</tr>
<tr>
<td>phobic</td>
<td>2.5</td>
<td>1.3</td>
<td>0.14</td>
<td>4.1</td>
<td>1.56</td>
<td>0.17</td>
<td>6.3</td>
<td>0.00006 significant</td>
</tr>
<tr>
<td>obsessional</td>
<td>6.2</td>
<td>1.5</td>
<td>0.18</td>
<td>6.5</td>
<td>1.31</td>
<td>0.18</td>
<td>2.7</td>
<td>0.01 significant</td>
</tr>
<tr>
<td>somatic</td>
<td>2.45</td>
<td>1.4</td>
<td>0.16</td>
<td>2.1</td>
<td>1.27</td>
<td>0.19</td>
<td>3.5</td>
<td>0.001 significant</td>
</tr>
<tr>
<td>depression</td>
<td>2.49</td>
<td>1.2</td>
<td>0.14</td>
<td>2.1</td>
<td>1.26</td>
<td>0.17</td>
<td>1.7</td>
<td>0.1</td>
</tr>
<tr>
<td>conversion</td>
<td>3.51</td>
<td>1.5</td>
<td>0.19</td>
<td>3.6</td>
<td>1.76</td>
<td>0.24</td>
<td>0.7</td>
<td>n.s</td>
</tr>
</tbody>
</table>

Table 2- the mean of scores in the scales for phobia, conversion, anxiety and depression are higher in females while the means for obsession and somatic scales are in males. Differences are significant in phobia (more in females) and significant in obsession (more in males).

Table 3- the means for depression, somatic, and anxiety are higher in males but differences are significant in somatic scale only. The means for phobic, obsessional and conversion are higher in females and the difference is highly significant in the phobic scale and significant in obsessions.

The means of scores of governorates male students on the scales of depression, conversion, phobia and obsession are higher than Babylon students while the means for the scales of somatic and anxiety of Babylon students are higher than the others governorates females students and the difference is highly significant in somatic scale & non-significant in anxiety while the differences are highly significant in depression and significant in conversion and phobia between other governorates and Babylon students.

**Discussion**

Both samples of students and in both sexes we found a high scoring on obsession scale. This score is higher than that obtained by Maghzaji et al (15). This high scoring on obsession may be explained on the basis of obsessional personality of the doctors in general. In sample 2016 we find significant differences in obsession (higher in males) and phobia (higher in females). In sample 2018 also we find
significant differences in phobia scales (higher in females). These results differ from those obtained by Maghzaji where the means of scores are higher in females and there were significant differences in anxiety, phobia and obsession.

The study of the prevalence of psychiatric morbidity among the first year students at the Edinburgh and Belfast universities they found the prevalence was more common in females than males (9).

Contrasting result was reported by Okasha et al (1977) in their study of psychiatric morbidity among Egyptian university students where males found to be over-represented as compared to females students (11). Concerning our study we find that females score high on phobia scale, this may be due to cultural causes. The effect of general environment on psycho neurotic status the means of scores on CCEI (the crown crisp experiential index) for both sexes of students in sample 2016 were higher than those of the sample 2018 who were started their first year in the college after cease-fire in 3 years with ISIS (DAISH). The effect of culture bound psychoneurotic status of students: we have found a significant differences in the scoring for depression, phobia and anxiety (higher in other governorates students than Babylon students because of feeling of insecurity and difficulty getting life demands (food, clothing, suitable housing).

The effect of academic degree of parents on the psychoneurotic status of students:

In students sample of 2016 and 2018 we find that students of parents of low academic degree had higher means of scores on all the scales except that of conversion. The differences are highly significant in depression and significant in phobia, somatic anxiety and obsession scales due to deprivation of these students being raised up in a family with a large number of children and low socio economic status.

The study of psychiatric morbidity among university students in Egyptian found that most important precipitating factors for psychological disturbance is the economic difficulties (11). On conversion scale, those students (sample 2017) with high family income score high it may be due to overprotection parents who may reinforce conversion behavior in a small number family with a good socioeconomic status.

REFERENCES

1- WHO 1978-World Health Organization, Geneva
7- Hagnell,O,andKreitman,N,Mental illness in married pair in total population,Br, J ,Psych.1994, 375, 693-702
16- Gelder M, GATHD, MAYOUR. OXFORD textbook of psychiatry (2018) 7th.ed P- 231