

To Determine the Frequency of Panic Disorders and Social Phobia in Teenage Pregnancy Presenting in a Tertiary Hospital in Pakistan

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ABSTRACT

Background: Teenage pregnancy is a high risk pregnancy. It is associated with a wide range of subsequent adverse health and social outcomes i.e. anxiety disorders (social phobia and panic disorders).

Aim: To determine the frequency of panic disorders and social phobia in teenage pregnancies presenting in the antenatal clinic of a tertiary hospital in Lahore

Methods: This was a cross-sectional study carried out in six months, involving 150 pregnant teenagers in the 13-19 years range. Each subject was interviewed in a comfortable setting ensuring privacy and confidentiality and assessed for panic disorders & social phobia, according to ICD-10 criteria.

Results: Frequency of social phobia in patients with teenage pregnancy was evaluated which was found to be 14% (n=129), while the frequency of panic disorder in patients with teenage pregnancy was recorded in 15.33% (n=23).

Conclusion: The frequency of anxiety disorders (social phobia and panic disorders) is high among patients with teenage pregnancy. So, it is recommended that every patient who presents with teenage pregnancy should be sorted out for anxiety disorders. However, it is also required that every setup should have their surveillance in order to know the frequency of the problem.

Keywords: Teenage pregnancy, anxiety disorders, social phobia, panic disorders

INTRODUCTION

Teenage pregnancy is defined as pregnancy in women in their teen years (under age 20)¹. Every year girls less than 20 years of age give birth to 13 million newborns. In developing countries, more than one third of women give birth before the age of 20².

Pregnancy during teen years has become an important public health problem worldwide because of the poor social support such teenagers get. Leading causes of death for girls under 20 in poorer countries include complications from these early pregnancies and childbirths including infant mortality³.

In recent years, there has been extensive study of the relationship between motherhood and psychiatric disease. Depressive symptoms are experienced by 10 to 27 % of women in pregnancy; major depressive disorder is experienced by 2-11 %⁴. One factor that makes teenage pregnancies and childbirths very dangerous in many developing countries is the social pressure to reproduce as early as possible.

Social phobia diagnostically is defined by persistent fear of social or performance situations that may involve scrutiny and other people's disapproval. Exposure to a feared situation causes marked distress, attacks of panic, or avoiding people. Panic disorder is defined by discrete episodes of marked autonomic arousal (e.g. increase in heart rate) according to DSM IV criteria. Catastrophic

thinking (e.g. fear of fainting, losing control) accompany these symptoms. Substance abuse or medical conditions are not a direct cause of all these symptoms⁵.

During teenage pregnancy, the incidence of panic disorder is unknown. Retrospective studies Pregnancy protects against panic attacks as suggested by retrospective studies. Changes in PCO₂ during pregnancy reduce anxiety's physiological trigger as theorized in one study⁶.

A recent prospective study, on the other hand, failed to support these findings and shows that the course of the pregnancy disorder is predicted by the intensity of the disorder before pregnancy. 260 pregnant women with PD in the study showed that 30 percent of them experienced an improvement in symptoms, while 19 percent worsened.

Generalized anxiety disorder (GAD) is mostly characterized by significant avoidance, with harmful consequences on social relationships, lower achievements in educational institutes and in the workplace. Besides quality of life declines and increase as high as 22% in suicide rates is seen⁸.

Very few studies in Pakistan have been conducted on anxiety disorders in teenage pregnancies, so this study was conducted to determine the frequency of anxiety disorders in teenage pregnancies in the country.

MATERIAL AND METHODS

This was a cross-sectional study. Place of study was at antenatal Clinic of Obstetrics & Gynecology, Services Hospital, Lahore. Duration of study was six months. 150

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pregnant teenagers were included in the study. Teen age pregnancies (as per operational definition) between the age of 13-19 years were included in the study.

Age 13-19 years

Exclusion Criteria:

- Psychiatric disorder other than anxiety disorders like depression, schizophrenia bipolar affective disorder etc. (from history, mental state, examination and previous record)
- Women with any other chronic medical disorders e.g. hypertension, diabetes mellitus and ischemic Heart Disease (IHD) on history and diagnoses by physician.

Data Collection Procedure: A proforma was used to collect data from outdoor patients visiting Obstetrics and Gynecology department. A written consent was taken from all patients to include their data in the research work. Each subject was interviewed in a comfortable setting ensuring privacy and confidentiality and assessed for panic disorder and social phobia. The diagnostic criteria of social phobia and panic disorder were according to international classification of disease 10th revision (ICD-10)⁹.

RESULTS

Age distribution of the subjects was done. Age range was 13-19 years; majority of the patients were 19 years of age i.e., 67(44.66 %). 52(34.67%) were between 16-18 years and 31(20.67%) were between 13-15 years of age. Mean and standard deviation was calculated as 16.23 ± 2.67 (Table 1).

Frequency of social phobia in patients with teenage pregnancy was evaluated which was found in 21(14%) of patients, while 129(86%) had no findings of social phobia. Frequency of panic disorder in patients with teenage pregnancy was recorded in 23(15.33%) of subjects, while 127(84.67%) had no findings of panic disorder (Table 2).

Table1: Age distribution of the subjects

Age (in years)	n	%age
13-15	31	20.67
16-18	52	34.67
19	67	44.66
Total	150	100
Mean and S.D.	16.23±2.67	

Table 2: Frequency of social phobia & panic disorder in patients with teenage pregnancy (n=150)

Social phobia	n	%age
Yes	21	14
No	129	86
Total	150	100
Panic disorder		
Yes	23	15.33
No	127	84.67
Total	150	100

DISCUSSION

Teenage pregnancy is a high risk pregnancy. The worldwide incidence of adverse obstetrical outcome is higher among teenage mothers. Although teenage pregnancy can be a positive experience, particularly in the later teenage years^{10, 11}, it is associated with a wide range of subsequent adverse health and social outcomes^{12, 13}.

These associations remain after adjusting for pre-existing social, economic, and health problems¹⁴.

Despite being a positive experience especially in the later teenage years^{10, 11}, teenage pregnancy is associated with a wide range of adverse health and social outcomes^{12,13}. After adapting to pre-existing social, economic and health problems, these associations still remain¹⁴.

Very few studies in Pakistan have been carried out on anxiety disorders in teenage pregnancies, so this study was planned to determine the frequency of anxiety disorders in teenage pregnancies. The results of the study recommend screening of panic disorders and social phobia in teenage pregnancies in the antenatal clinics and referral to psychiatry department for early management, because it may lead to adverse perinatal out comes as well.

The findings of our study are in agreement with the study by Balaha MH who found panic disorders and social phobia in (10.34%) in patients with teenage pregnancy¹. As suggested by some authors, physical and mental health issues that teenage mothers report are very much linked with the social and economic drawbacks that they face.

In a study comparing pregnant teenagers with a peer group who were sexually active but not pregnant and a peer group who were not sexually active, the pregnant teenagers did not differ from the others in physical health. Higher rates of mental health problems and symptoms of conduct disorders were seen in the pregnant teenagers, together with the sexually active group¹⁵.

In view of the above discussion, it may be determined that anxiety disorders (social phobia and panic disorders) are prevalent in teenage pregnancy; though these are not having great incidence but they cannot be neglected. Furthermore, this study is showing the primary data in Pakistan regarding anxiety disorders and it may be helpful for referral of these patients to psychiatry department for early management, because it may lead to adverse perinatal out comes as well.

CONCLUSION

The frequency of anxiety disorders (social phobia and panic disorders) is high among patients with teenage. So, it is recommended that every patient who presents with teenage pregnancy should be sorted out for anxiety disorders. However, it is also required that every setup should have their surveillance in order to know the frequency of the problem.

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