

# **Anxiety Related Constructs in Eastern Indian Hospital Patients With Bipolar and Unipolar Affective Illnesses.**

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**BACKGROUND:** The issue of comorbidity of anxiety and depressive disorders has been addressed frequently. Which anxiety construct has a more defined association with unipolar (MDD) or a bipolar affective disorder (BPAD) in hospital patients of India is an intrigue question to answer. This plausibly can address the treatment efficacy as well.

**OBJECTIVE:** The present study aimed to investigate the association of anxiety construct and types in outdoor patients with affective psychoses a city hospital of Kolkata, India.

**METHOD:** Total eighty (n=80) outdoor patients with either MDD or BPAD were selected for the study. They were divided in equal numbers in each group. Patients were matched for age, sex, socio-economic condition etc. Diagnosis was made by the chief psychiatrist of the hospital. The tests administered were State-Trait Anxiety Inventory (STAI), Brief Psychiatric Rating Scale (BPRS), the SCL-90, and the Schedule for the Assessment of Negative Symptoms (SANS) and Brief Fear of Negative Evaluation (BFNE). Appropriate statistical methods (Chi-Square, ANOVA, and Correlation) were used for analysis.

**RESULTS:** Social phobia were found in significantly higher proportion ( $p < 0.05$ ) in MDD group. Obsessive symptoms were found more (not significant) in bipolar disorder. Overall, frequencies of panic disorder, OCD, and social phobia were 26% , 25% , and 12%, respectively. Almost 40% affective disorder patients had a single anxiety comorbidity and about 11% had two or more anxiety diagnoses. Negative evaluation was significantly higher in MDD group. Patients with multiple anxiety comorbidity had significantly higher scores than those without anxiety comorbidity on most SCL-90.

**CONCLUSION:** Our observation indicates that anxiety construct were common accounting for about 50% of comorbidity among outdoor hospital patients. The panic disorder, OCD, and social phobia are common, occurring either singly or in mutual association in patients with affective disorders. While treating these patients intervention should be targeted to the comorbidity issue and thus more effective outcome may be expected. The psychotherapeutic approach should also take into account the anxiety construct of the affective disorder patients.

**REFERENCES:**

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