

Comorbidity in Relation to Anxiety Construct in Patients with Mood Disorder in Hospital Patients of Eastern India.

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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 conceivably can address the mode of treatment and efficacy as clinicians would be able to select needed intervention.

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

METHOD: Total one hundred ten (n=110) 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), Personality Questionnaire (PQ), 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 15%, 25%, and 17%, 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. Comorbid patients also indicated higher neuroticism ($p > 0.05$) scores.

CONCLUSION: Our observation indicates that anxiety construct were common accounting for about 57% 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. As the higher neuroticism was displayed in comorbid group, for better therapeutic outcome psychotherapeutic approach can be adopted besides pharmacotherapy for dealing with the anxiety construct of the affective disorder patients.

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