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Anxiety Disorder in Adolescent and the Importance of Primary Health Care to Identify This Illness

Daniel Ferreira Moraes de Sousa[1], Julia de Lima Cabra[1], Mylena Varela Santos Oliveira[1] and Lara Cândida de Sousa Machado[2]

1. The Department of Medicine, University of Rio Verde (UniRV) 75900, Brazil

2. Medical School, University of Rio Verde (UniRV), 75900, Brazil

Summary: Introduction: Adolescence, is a life stage characterized by constant emotional instability and psychological conflicts. Analyzing the age of psychological transition of these adolescents along with the environment demands that those ones live, in conclusion, there are conflicts between particularities of intern and extern environment, besides self-knowledge of these adolescents, ending up in what we call AD (anxiety disorder). Objective: Raise reader's awareness about the early recognition of ADs and stress. Methodology: Based on literature review. The virtual library Scielo and the Latin American Journal of Nursing were mainly consulted. Results: The AD is characterized as a mental health disturbance, which has as main symptoms feelings of preoccupation, anxiety or fear which are strong enough to interfere in daily activities. Its detection should be as early as possible, therefore, primary health care is the most efficient to prevent and detect this illness. Conclusion: It is possible to assure that primary health care (periodical medical check) has great impact on detecting and preventing the anxiety disorder in adolescent, since mental health professionals have used many working instruments which are useful for detecting this illness.

Key words: Anxiety, primary health care, depression.

1. Introduction

Adolescence is a life stage in which the psychological must be treated with great caution, because it is possible to notice great personality adaptations and insecurity handling with new responsibilities.

Many of these cases might result in behaviors related to these specifics events. But it is also possible that these are psychiatry disorders complains which possibly are vulnerable to its worsening, and after its analysis and investigation, they can be diagnosed as an AD (anxiety disorder).

Before everything it is necessary to differentiate normal anxiety (related to sporadic events), from pathological or abnormal anxiety. For this purpose, we should basically analyze if it is a short-length anxious reaction, if it is self-limited and if it is related to momentary stimulus or not.

Anxiety disorders are characterized by primary symptoms, in other words, they do not have as a causal factor, an underlying pathology. This disorder is recognized as pathologic when it becomes overdone, disproportional related to a stimulus, or qualitatively diverse from what is observed as normal to a certain life age and interferes in life quality, emotional comfort or the daily performance of a person. The ADs show multifactorial etiology, among them are neurobiological, psychological, environmental and genetic etiology.

Regarding to genetic factors, there are not evidences of a specific gene associated to anxiety, but, diverse genes summed contribute to a vulnerability to develop some anxious disorder. Among neurobiological factors, functional changes in the cerebral area which shape emotions and fear are related to the ADs etiology like the amygdala which

Corresponding author: Daniel Ferreira Moraes de Sousa, medical graduate student, research fields: medical science, psychiatry and psychology.

conditions the fear, hippocampus processes the context and pre frontal cortex which shapes the fear and extinction responses.

Related to neurochemical aspects, the Gamma-Amino-butyric acid neurotransmitters known as GABA, noradrenaline and serotonin have shown themselves involved in anxiety control, shaping the limbic system activity. Some functioning and activation of the hypothalamic-pituitary-adrenal axis abnormalities which is set in a normal stress response are verified in some ADs.

Among psychological issues, there are two concepts: cognitive-behavioral and psychodynamics. In the first part it says that anxious adolescents show a pattern to evaluate threatening situations, preferring so, avoid them. In the psychodynamic factors it is proposed that anxiety symptoms reflect and come from a conflict in the unconscious and from the attempt of creating self-defense mechanism to deal with these conflicts. Both of them have its origin in the emotional bonds shaped in the childhood.

As an environmental factor, stressful situations are defined by those ones which the adolescent lives in his/her ambient, such as interpersonal relationships, violence, disease, drugs use, abandonment feelings. Another risk factor is the existence of anxiety disorders or depressed family members.

The pathological anxiety makes the patient develop compensatory strategies to avoid contact with something that causes fear. Aside from immediate functional damage, possible short and medium length implications are the self-esteem decline and the loss of interest in life according to American Psychiatric Association.

Besides this, periodic medical checks have great importance, aiming to detect other psychological changes prevailing in adolescence. The most effective way of succeeding in the early psychiatry disorders diagnostic is the medical checks with mental health professional experts such as psychiatrists, hebiatrics and psychologists. At the same time, studies prove that a long working day, poor nutrition and the lack of physical exercises, can contribute to the AD arising and other comorbidities.

It is known that around 9.3% of patients keep medical checks, show an anxiety disorder state, according to World Health Statistics the AD origin is in the adolescent particularities and the demands from where he lives, that is, the disagreement between the external and internal environment, and the person's self-knowledge related to his capacity of responding to it.

It is worthwhile to highlight the early diagnosis, along with the accompaniment of a professional; it possibly will result in a better diagnostic. The mental health constitutes an important public health area and more and more early and effective responses should be required from public health services and primary care involvement.

The primary services integrality constitutes an essential step which permits a bigger part of society to have access to these services and also know how to identify AD symptoms.

Objective: Conscientize with adolescence scope, a literature review about the AD (anxiety disorder), explore early identification forms, risk factors and comorbidities, consider the study of diagnostic definitions, according to the classificatory requirements, approach the specific clinic expressions of this illness.

2. Methodology

The study was made by means of narrative descriptive qualitative bibliographic researches based on virtual data. Articles in English or (Brazilian) Portuguese were chosen.

The Scielo virtual library and the Latin American Journal of Nursing were mostly consulted. The research was elaborated aiming to look for articles that would approach the anxiety disorder in adolescents and the importance of primary health care. The terms "Depression; Anxiety; Primary Health Care" were

used as search terms.

4,850 results were found, 20 of them were analyzed by the authors and 5 of them were chosen as base for the review. The research sample was determined by the following inclusion requirements: (1) articles published less than eight years (since 2010) in periodicals; (2) empirical survey; (3) studies hold both worldwide and in Brazil; (4) articles found in one of those virtual libraries mentioned in it; (5) English and Portuguese publications, all the articles analyzed that have not fitted in the inclusion requirements were excluded.

3. Results and Discussion

The anxiety disorders are clinical states whose symptoms are primary, in other words, they are not derived from others psychiatry conditions (depression, psychoses, developmental coordination disorder, hyperkinetic disorder, etc.). However, the anxious symptoms, generally, are present in other psychiatry disorders. It is estimated that around 10% of all the adolescent will fill up diagnostic criteria in some point, for at least one anxiety disorder.

In teenagers, the most frequent clinical state is the separation anxiety disorder (SepAD), prevailing in around 4%, the GAD (generalized anxiety disorder) from 2.4 to 3.3%. The prevalence of SAD (social anxiety disorder; also known as social phobia) is around 1% and the PD (panic disorder), in around 0.6%. These clinical conditions are present frequently, in adolescence. The patient anxious adolescents, are mostly patients that tend to avoid medical checks, considering that in a very unstable emotional period the young people see themselves capable of solving their own conflicts, however in great majority of the cases it is a mistake.

A survey in the Latin American University of Nursing about depression, anxiety and stress has shown that there are differences between genders, women show more elevated depression, stress and anxiety levels compared to men. It is extremely important to be aware and identify the signs which indicate pathological variations which might be complains, even in an initial anxiety disorders level or in its course.

The first step is a medical check with a professional, in private clinics or Basic Health Units. After a medical check the clinical analysis has great importance in the anxiety disorder diagnosis, since this could be notable occurrences in the life of this adolescent, and that in a certain way, unconscious they result in symptoms like: irritability, sleep disorders, attention deficit disorder, bad facts presumption, sudoresis and nausea.

The adequate diagnosis of an AD, both in terms of its severity and the comorbidities present, improves the patient's prognosis by providing more information about course, prevalence, treatment possibilities, among other factors. Because of this, it is important that clinicians and academics have at their disposal appropriate tools for anxiety assessment, both for symptom measurement and for AD screening and diagnosis. On the other hand, the treatment of this illness is predominantly based on the pharmacological therapy associated with psychotherapy (non-pharmacological treatment), which will be prescribed by the professional himself, considering the peculiarity of each patient.

Non-drug treatment is very effective when used effectively, which can guarantee a psychological and emotional maturation and reduce episodes of relapse of the disease. Ensuring a place where the patient can expose their feelings and anguishes, their state and their doubts get explained, receiving guidance on the management and prognosis, constitutes a very important stage of the treatment. It is ideal that there is also a space for parents, family or other caregivers should be offered, increasing the ability of these family members to recognize and tolerate the teenager's discomfort while respecting their privacy. The hebiatrics can also work together with the doctor, guiding them about the use of drugs and their relationship with anxiety disorders, in an attempt to soften the symptoms.

The instruments for evaluating AD are diverse and the vast majority are scales used. Each age range has different forms and degrees of clinical manifestations related to AD [1], therefore, children's scales are used, such as the Infant Manifestation Anxiety Scale elaborated by Castaneda, Mc Candless and Palermo (1956), translated and adapted to Brazil by Almeida and Rosamilha in 1966; the Spielberger IDATE Trait Anxiety Inventory in 1970, translated and adapted to Brazil by Biaggio in 1983 and SCARED, validated by Barbosa, Gaião and Gouveia in 2002 and by Isolan et al. in 2011 [2], anxiety scales for adolescents, consisting of complete patient history, life habits and help of infant scales (psychological factors) [3] clinical evaluation of anxiety in the elderly age, such as scale to evaluate the fear of falling, Mini Mental State Examination Scale and other various tools which can assess specific situations or in a broader context.

The vast majority there are scales that evaluate AD both in adolescence and childhood, since the terms to be evaluated belong to the same pattern, such as the Multidimensional Anxiety Scale for Children and Adolescents—MASC which evaluates anxiety symptoms in children and adolescents. It is composed of 39 items evaluated on a 4-escore Likert scale (between 0 = Never and 3 = Many Times) [4].

As described above, the MASC has four main factors, three of them with sub-factors: (a) Physical Symptoms (12 items), which include the sub factors Tension/Restlessness (6 items, e.g., "I feel tense or nervous") and Somatic/Autonomic (6 items, e.g., "I have trouble breathing"); (b) Danger Avoidance (9 items), consisting of the sub-factors Perfectionism (4 items, e.g. "I try to do things in a perfect way") and Anxious Coping (5 items, e.g. "I always keep myself alert to danger signs") (c) Social Anxiety (9 items), subdivided into Humiliation/Rejection (5 items, e.g., "I get worried that others would laugh at me") and Public Performance (4 items; "I get worried when I'm called in class"); (d), and finally, Separation Anxiety (9 items, e.g., "I get scared when my parents go away") [5, 6].

One of the most commonly found difficulties in assessing anxiety lies in its overlap with depressive symptoms. Researchers have difficulties separating anxiety and depression, and they suggest that these two constructs may be components of a general psychological stress process.

Anxiety affects both high and low school performance students. Becoming anxious about social charges, from classmates or even from themselves, that they must have a good performance. In the case low school performance students, if school failure situations recur, anxiety may increase as a consequence of unwanted performance [7].

The combination of clinical follow-up and drug therapy contributes to a successful treatment and the prevention of disease reoccurrence [8]. Selective serotonin reuptake inhibitors are considered as a first-line treatment because they have a reasonable level of tolerance and their effectiveness is significant, but on the other hand, BZDs (benzodiazepines) are recommended for short-term treatment because of their effects of psychic and physical dependence, even though they are frequently prescribed.

Past events, life habits, relationships and social development may contribute to the unleashing of this disorder, and if the diagnosis is not early, it is possible that the young person becomes a victim of other "mental health enemies", such as: panic disorder, depression and OCD (obsessive compulsive disorder).

According to the WHO (World Health Organization) [9], 322 million people worldwide suffer from depression, 18% more than ten years ago. The number represents 4.4% of the planet's population. Based on the data, seeking the minimization of anxious patients, young people between the ages of 16 and 24 should be advised to conduct regular medical checks in order to avoid worsening of these symptoms and finally to become psychologically healthy adults.

4. Conclusion

Anxiety disorder is a disorder characterized by a

clinical picture in which the various symptoms are primary. This illness is increasing its prevalence significantly in adolescent patients, since it is a phase in life of constant emotional instability, besides psychological and social conflicts.

In the mental health physicians practice, psychological tests are instruments used that can provide important information for the elaboration of the diagnosis, during the evaluation process.

In the evaluation and therapeutic planning of these disorders, it is essential to obtain a detailed history about the onset of symptoms, possible triggers (e.g., marital crisis, loss of death or separation, illness in the family, and birth of siblings).

It is also suggested considering the adolescent temperament (e.g. presence of inhibited behavior), the type of attachment that she has with her parents (e.g., safe or not) and their paternal style of care (e.g. overprotection presence), besides the factors inside in the etiology of these pathologies. The presence of comorbidity associated with anxiety disorder itself should also be evaluated.

Primary care as a form of prevention of AD must be prioritized worldwide in order to obtain greater attention to patients who are predisposed to developing the disorder. Given the incidence and prevalence of anxiety disorders in adolescents and their psychosocial vulnerabilities that can be considered as risk factors for anxiety disorders, health professionals, adolescents and family members should be able to recognize signs and symptoms in the initial phases, and health professionals, in particular, should manage effectively, differentiating the normal profile from the pathological one, evaluating the adolescent and the environment in which it is inserted, and thus providing the best therapeutic option, aiming at an improvement in the quality of life and personal relationships of this patient.

Therefore, it is very important to make adolescents aware that conducting regular medical checks with various mental health professionals is a significant resource for the prevention and early detection of AD and various psychological disorders. During the consultations, it is feasible to use scales and other work instruments by the professional in order to make the diagnosis.

Once this is done, it is appropriate for the professional to designate the specific therapy to the patient, obtaining a greater probability of satisfaction during the treatment and the young person recovery. Faced with this perspective, it is the duty of those responsible for the adolescent to understand the real situation of this adolescent, to make him aware of it, to stimulate him to carry out the routine medical checks.

As for the physician, it is the main tool to work, even before any resources, the holistic and peculiar view of the patients, resulting in the lower incidence of AD cases and contributing to the development of an adequate mental health.

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