Social Anxiety among Egyptian University Students

Thesis

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Psychiatry and Neurology

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ABSTRACT

Objective: The aim of the work is to study the prevalence, severity, demographic variables of social anxiety disorder in a convenience sample of Egyptian university students, and its impact on their academic achievement.

Method: 300 undergraduate University students were assessed to detect social anxiety and quantify its severity using the standardized measure of Present State Examination, Symptom checklist prepared from DSM-IV-TR diagnostic criteria for anxiety disorders, Liebowitz Social Anxiety Scale (LSAS) and Raulin & Wee Social Fear Scale (R&W)

Results: 9.3% of students were diagnosed as having social anxiety disorder, most of them were females, 7.3% of them showed moderate degree of social anxiety, and only 2% of them showed severe social anxiety. None of the students was previously diagnosed as having social anxiety disorder nor received any form of psychiatric consultation, or psychotropic medications. 4.7% of students showed subclinical social anxiety. The most commonly feared/avoided situations in students diagnosed as having social anxiety disorder were 'Trying to make someone's acquaintance for the purpose of romantic relationship'(82%) followed by 'Giving a talk in front of an audience'(71%)

Keywords: Social phobia, university students, functional impairment

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List of Abbreviations

ADRB1	:	B1-adrenergic receptor gene
APA	:	American psychiatric association
BAT	:	Behavioral assessment test
BFNE		The Brief Fear of Negative Evaluation Scale
BSPS	:	Brief Social Phobia Scale
CBGT	:	Cognitive-behavioral group therapy
CBSQ	:	Cheek and Buss Shyness Questionnaire
CBT	:	Cognitive behavioral therapy
CIDI	:	Composite International Diagnostic Interview
COMT	:	Catechol-o-methyl-transferase gene.
CRH	:	Corticotrophin releasing hormone
DA	:	Dopamine
DISC	:	Diagnostic Interview Schedule for Children
DSM	:	Diagnostic and Statistical Manual of Mental Disorders
DSM-IV-TR	:	Diagnostic and Statistical Manual of Mental Disorders,(fourth edition),text revision
ESGT		Educational supportive group psychotherapy
fMRI	:	Functional magnetic resonance imaging
FNE	:	Fear of Negative Evaluation scale
GAD	:	Generalized Anxiety Disorder
GAD1	:	Glutamic acid decarboxylase 1gene
GSP	:	Generalized Social Phobia
HAM-A	:	Hamilton Anxiety Scale
HPA	:	Hypothalamo-pitutary adrenal
LSAS	:	Liebowitz Social Anxiety Scale
LSAS-CA	:	Clinician-adminstered version of the Liebowitz Social Anxiety Scale
LSAS-SR	:	Self-report version of the Liebowitz Social Anxiety Scale
NESARC	:	National Epidemiologic Sample on Alcohol and Related Conditions

OCD	:	Obsessive–compulsive disorder
PET	:	Positron emission tomography
PFC	:	Prefrontal cortex
PNS	:	Parasympathetic nervous
PSE	:	Present State Examination
PTSD	:	Post traumatic stress disorder
QOL	:	Quality of life
R&W	:	Raulin&Wee social fear scale
SAD	:	Social anxiety disorder
SAHP	:	Social attention holding potential
SCID-IV	:	Structured clinical interview for DSM-IV
SDS	:	Sheehan Disability Scale
SGSP	:	Severe type of generalized social phobia
SIAS	:	Social Interaction Anxiety Scale
SNPs	:	Nucleotide polymorphisms
SNS	:	Sympathetic nervous system
SP	:	Social phobia
SPAI	:	Social Phobia and Anxiety Inventory
SPET	:	Single photon emission tomography
SPIN	:	The Social Phobia Inventory
SPS	:	Social Phobia Scale
SPSQ	:	Social Phobia Screening Questionnaire
SSP	:	Specific or circumscribed Social Phobia
SSRI	:	Selective serotonin reuptake inhibitor
SUDS	:	Subjective units of discomfort scale
Tavoidance	:	Total Avoidance subscales
Tfear	:	Total Fear subscales
VISA	:	Various Impact of Social Anxiety Disorder

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INTRODUCTION

Social anxiety disorder or Social phobia is the most common anxiety disorder **(Kessler et al, 2005)**, and the third most common psychiatric disorder after major depressive disorder and alcohol dependence **(Sareen and Stein, 2000)**.Its life time prevalence ranging from 7-13% **(Furmark , 2002).**

Social phobia is under-recognized and under-treated **(Timothy and Atezaz, 1999).** Only a small proportion of persons with the disorder receive any form of treatment, despite the pervasiveness of the disorder and available treatment options **(Crippa, 2009; Lydiard, 2001; Wittchen et al., 2003).** This is a serious problem since untreated social phobia in most cases probably has an unremitting course **(Rapee and Spence, 2004).**

Social phobia is an anxiety disorder characterized by marked and persistent fear of one or more social or performance situations, the individual fears that he or she will act in a way that will be humiliating or embarrassing, the feared social or performance situations are avoided or else endured with intense anxiety **(DSM-IV-TR, 2000).**

Social phobia is of major concern due to its very high rate of comorbidity with other psychiatric disorders as major depression and substance abuse. It also affects young people's intellectual life and choice of career, causing them to abandon their education, refuse job interviews and get stuck in dead-end jobs **(Frey and Rebecca, 2003).** Social phobia is also responsible for impairment in family and marriage relationships,

social network and other interests **(Chagas et al.,2010 ; Stein and Kean, 2000).**

There is paucity of information on the epidemiology of the disorder in the developing world, especially among university students **(Bella and Omigbodun, 2009; Tillfors and Furmark, 2007).**

A cross-sectional survey of students at the university of Ibadan (Nigeria),revealed a prevalence of social phobia at 8.5% **(Bella and Omigbodun, 2009)**, other studies among Swedish and Turkish university students reported its prevalence to be 16.1% and 7.9 % respectively, and also an impairment in their academic functioning **(Tillfors and Furmark, 2007; Izgic et al, 2004)**. In India, social phobia prevalence among university students of different faculties was found 19.5%, which was more than other studies among university students **(Shah and Kataria, 2010).**

Social phobia's high prevalence and marked impact on life demonstrate the need for more vigorous efforts to recognize and treat social phobia, so early identification and adequate treatment will successfully help in reducing the burden of this common condition **(Shah and Kataria ,2010),** also its early treatment could prevent the onset of other psychiatric disorders **(Weissman et al, 1996).**

HYPOTHESES

1. Social anxiety disorder is hypothesized to be common among University students, yet is under recognized and under treated and is associated with lower educational achievements.

2. Social anxiety disorder is also hypothesized to be more common among Medical students i.e. high achievers than in students in faculty of Education i.e. moderate achievers (may be due to the higher- pressure and more competitive professional field).

AIM OF THE WORK

- Aim of the work is to study the prevalence, severity, demographic variables of social anxiety disorder in a convenience sample of Egyptian university students.
- It also studies the relation between students' educational achievement and social anxiety disorder.

CHAPTER I

An Overview of Social Anxiety

Introduction

Social anxiety disorder is the most common anxiety disorder, **(Kessler et al., 2005a)**. Recent data from the National Comorbidity Survey also indicate that it is third most common mental illness, following depression and alcohol abuse **(Sareen and Stein, 2000).**

It is defined by The Diagnostic and Statistical Manual of Mental Disorders **(DSM-IV-TR, 2000)** as an intense fear of negative evaluation from others, and a chronic concern and self-doubt about one's social ability and social performance.

More recently, researchers have been looking at social anxiety as being experienced in one or two specific social situations (specific or non-generalized social anxiety) or in most or all social situations (generalized social anxiety) **(e.g. Hoffman et al., 1999)**. An example of specific social anxiety might be someone who only fears writing in front of others, yet is comfortable speaking in front of others. Some researchers view diagnostic subtypes as representing different points on a continuum of social anxiety severity **(Hofmann et al., 2004; Rapee,1995; Rapee and Spence, 2004; Stein et al., 2000 and Vriends et al., 2007)**. In contrast, others have argued that the subtypes are qualitatively distinct and associated with different patterns of symptoms and impairment **(e.g., Hook & Valentiner, 2002)**. However recent research findings support the former perspective as individuals with the

generalized subtype show greater impairment in all domains (rather than a distinct pattern of impairment) compared to individuals with the non-generalized subtype **(Aderka et al., 2012).**

Other situations that may be a challenge for socially anxious individuals as recognized in the Liebowitz Anxiety Scales **(1987)** might include: telephoning a stranger; looking at people whom you do not know very well in the eyes; urinating in a public bathroom; taking a test of your ability, skill or knowledge; expressing disagreement or disapproval to someone you do not know very well; entering a room where others are already seated. Common themes across all variations of this phobia include a fear of interacting socially, a fear of appearing socially weak or incompetent, and a fear of being judged or scrutinized by others.

Common features of social anxiety disorder include hypersensitivity to criticism, a fear of negative evaluation or rejection, difficulty being assertive and low self-esteem or feelings of inferiority **(DSM IV-TR, 2000).**

Prevalence rates for social phobia

Prevalence rates for social anxiety are generally thought to be historically inaccurate due to the lack of sensitivity in the measures used and the infrequency of socially anxious individuals seeking treatment. The latter issue is highly influenced by the nature of the disorder itself, as an individual who fears social interaction and scrutiny from others is less likely to bring his or her issue to friends, family members, and/or health care providers. This issue is supported by early epidemiology studies that estimated a lifetime prevalence rate between 1% and 4% **(Schneier et**

al., 1992), whereas more recent studies have found prevalence rates to be at least double **(Lipschitz & Schneier, 2000).** In a more recent study using The National Comorbidity Survey, the prevalence estimates of 12-month prevalence of DSM-IV social anxiety disorder as 7.1% and lifetime prevalence falling between 3 and 13% **(Frey and Rebecca, 2003).**

Social phobia across cultures

Studies in other Western countries (eg. Australia ,Canada, Sweden) note similar high rates as in USA **(Iancu et al .,2006),** even countries with strikingly different culture as in Iran note evidence of social anxiety disorder among their populace **(Mohammadi et al., 2006)**.

The prevalence of SP in Eastern societies, although less studied, has been reported to be much lower than Western societies. It remains unclear whether the difference between prevalence rates found in Western and Eastern studies is an accurate reflection of the situation or is due to different constructs and mental representations of this condition **(Wittchen and Fehm, 2001).**

Social phobia states do exist in Eastern societies in the form of ***Taijin Kyofusho syndrome*****,** which is a culture- bound form of social anxiety, described as an obsession of shame, manifest by morbid fear of embarrassing or offending others by blushing, emitting offensive odors or flatulence, staring inappropriately, improper facial expressions, a blemish, or physical deformity **(Takahashi, 1989)**. This fear of offending or bringing shame upon others in public results in social avoidance. The key factor in social avoidance is the fear of disrupting group cohesiveness by

making others uncomfortable **(Kasahara, 1988; Prince & Tcheng-Laroche, 1987)**.This form of social anxiety disorder was first described in Japan since the 1920s **(Good & Kleinman, 1985; Reynolds, 1976)**. However, others have reported similar conditions elsewhere, including Korea **(Lee, 1987)**, various European societies **(Prince & Tcheng-Laroche, 1987)**, and the U.S. **(McNally et al., 1990),** and in some Eastern cultures as well **(Matsunaga et al., 2001)**. This suggests that while TKS might be culturally elaborated and shaped, it is not unique to a particular culture. It is possible that Eastern emphasis on social cohesion and interaction affects the clinical characteristics of anxiety ,that is, anxiety among Eastern individuals is characterized not by individual performance per se, but rather by the disruption of social harmony **(Stein and Matsunaga, 2001).**

An alternative suggestion is that social anxiety is in fact similar across cultures but that the threshold at which it is defined as a disorder varies across cultures. Once again, this difference may have something to do with the degree to which the culture values collectivism versus individualism. In a highly individualistic society, where one gains social advantage by asserting one's rights and leading the pack, even relatively low levels of social fear will be viewed as distressing and interfering. In a collectivist society, where it is more socially advantageous to fit in with the community and express modesty, some degree of social anxiety would be viewed as positive and disorder would only be defined at relatively high levels of social fear. Consistent with this suggestion, some research has indicated that parents in Thailand view externalizing behaviors in their children as more problematic than internalizing, whereas parents in the United States do not show a strong differentiation

(**Weisz et al., 1987; Weisz et al., 1988)**. Thus, internalizing symptoms such as social anxiety might be viewed as more impairing in some societies than in others.

Although epidemiologic and clinical studies on SAD are increasingly common in industrialized countries in the last 2 decades in response to the recognition of SAD as a common disorder accompanied by significant comorbidity and burden **(Stein and Stein, 2008)** , yet such studies are scant in the Middle East and in Arab communities. In a sporadic report from Saudi Arabia, SAD was reported to be a notably common disorder among Saudis and constituted approximately 13% of all neurotic disorders seen at a large clinic in Riyadh. The plausible explanation for this high rate was the strict discipline in the Saudi culture with rigid moral codes and rituals. Even small deviations from the rules are unacceptable, and individuals who do not conform are quickly outcast. Adherence to all social demands could be stressful and requires discipline and self-control that is exercised at the expense of personal autonomy. Furthermore, one who has made a bad impression in public is likely to retain a poor reputation permanently, although the impression is subsequently shown to have been a false one. Taken together, these factors may affect those with unique personality traits or with a strong sense of individuality, thus increasing the incidence of SAD. Indeed, SAD has been reported to be more prevalent in young and well-educated Saudis who are more likely to have developed their own ideas and values and, therefore, are less willing to conform to a ritualistic social milieu. In addition, the low incidence of SAD in Saudi women might result from the situation that women are confined, not exposed to a variety of social

situations, and their social gatherings are mostly recreational with minimal rituals **(Chaleby, 1987).**

Despite high prevalence of social phobia and the extent of suffering and impairment associated with it, only half of individuals with the disorder ever seek treatment, and they do so after 10-15 years of symptoms **(Wang et al., 2005)**, and only a small proportion of them receive any form of treatment **(Rapee and Spence, 2004).**

Caseness of social phobia seems to vary with number of feared situations used , the methodological issues related to case definition, as well as the required level of social impairment and distress, where less severe and impairing forms of social anxiety may, at least, double the rates obtained with a more narrow definition **(Pelissolo et al., 1999)**. However, several explanations underlying the large between-study variability observed, including differences in assessment approaches and cross-cultural differences, have been discussed in the literature **(Chapman et al., 1995 and Furmark et al., 1999)**

Although the terms social phobia and social anxiety are often used interchangeably in the literature, the former more accurately refers to a diagnosed condition, whereas the latter, a milder form of social discomfort. The term social anxiety may be used here as this study's primary focus is with social anxiety symptoms and tendencies whether or not the social anxiety reaches phobic proportions (e.g. criterion for an official DSM diagnosis) **(Leary, 1983a)**.

Social anxiety can at least be equally debilitating as many other psychological disorders and has also proven a challenge to find lasting