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FACTORS CONDITIONING AND TRIGGERS TO IMPAIRMENT OF DISORDER OF ANXIETY IN WIDESPREAD USERS ASSISTED IN CAPS-AD

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ARTICLE INFO

ABSTRACT

General Objective: to identify the main factors that contributed to the emergence and development of TAG in users assisted at the CAPS-AD in Augustinópolis - TO. Methodology: The research is an exploratory-descriptive study, with a qualitative and quantitative approach. Opinion of approval by CEP nº 3.038.255, on November 26, 2019. Results and Discussion: It was found that Half of users affected by Generalized Anxiety Disorder - TAG are female, reaching 66.7% and only 33.3% are male. With regard to the onset of symptoms, 46.7% of the participants reported having the first symptoms and the onset of the pathology between 1 to 5 years old. When asked which factors contributed to the emergence of TAG, 17.6% mentioned overload and 14.7% reported concerns. Conclusion: Therefore, this research becomes relevant, as it allows health professionals in general and managers to reflect on the impacts that this disorder has on the health and social life of an individual, noting the need to identify these symptoms early, avoiding major complications and suffering in these individuals who struggle daily with TAG and the symptoms pertinent to this disorder.

INTRODUCTION

Disorder Generalized is one of the problems that has increased considerably over the years, being one of the factors that greatly affect the social, emotional and daily life of countless people, especially the female gender being the main target of this pathology. In view of this, the research seeks to understand the real reasons that have been supporting the emergence of GENERALIZED ANXIETY DISORDER (TAG), in users assisted in CAPS-AD, having as theme: Conditioning and triggering factors for the onset of generalized anxiety disorder in users assisted at the CAPS-AD. The survey was conducted at the Psychosocial Care Center: CAPS-AD. Fifteen users were interviewed using a questionnaire and a Hamilton scale as an instrument to measure the users' degree of anxiety. Data were analyzed using the SPSS version 23 statistical package. The research received an opinion approved by the Ethics and Research Committee of UNITINS, under number 3,038,255 approved on November 26, 2018.

Based on this assumption, this research aims to: Identify the main factors that contributed to the emergence and involvement of TAG, in users assisted at the CAPS-AD. This study is justified by the need to know/understand the various conditioning and triggering factors that contributed to the onset of Generalized Anxiety Disorder (TAG) in patients followed by the CAPS- AD, as this mental suffering has increased over the years, and how much these signs and symptoms of this respective pathology negatively interfere in the social life of these individuals. O TAGaffects the emotional, social and everyday life of countless people.Based on these assumptions, this work aims to propose a positive relevance, seeking to familiarize the main causes for the emergence of TAG. In this way, we can point out strategies that can prevent and limit its consequences on individuals in society.It is noticed that the mental disorder has been one of the great problems in the world population, these factors act negatively in the individual's social life, bringing unpleasant feelings in their life, in their work, in all situations, further impairing life of these users. Therefore, the following issue was elaborated: What influencing factors for the onset ofTAG among users of CAPS-AD?

The study aims to identify the main factors that contributed to the emergence and involvement of TAG in users assisted at the CAPS-AD. In this way, it was possible to achieve the specific objectives, namely: to draw the socioeconomic profile of users assisted and diagnosed with TAG,know the symptoms of TAG, from the perspective of users assisted, investigate the difficulties encountered by users affected by TAG, which may interfere in social life, and, in the last category, identify the degree of anxiety of users of according to the Hamilton Anxiety ScaleTherefore, this study is structured starting from the introduction (presented) followed by the literature review, where important information about the approached theme is described; then there is the methodology in which all the procedures performed to obtain the data are carefully described. Afterwards, the results and discussion are exposed, where all the data obtained through the investigation are displayed, according to authors who discuss the topic. Finally, conclusions are drawn with the perspective of specifying the suggestions and considerations in order to list the problems found in the research, in addition to subsequently exposing the references.

METHODOLOGY

The research is an exploratory-descriptive study, with a qualitative and quantitative approach. The main purpose of exploratory research is to develop, clarify and modify concepts and ideas, with a view to formulating more precise problems or researchable hypotheses for further studies. These are developed with the aim of providing an approximate overview of a given fact (GIL, 2010). Combined exploratory-descriptive studies are studies whose objective is to fully describe certain phenomena, as an example we can cite the studies of a case when it is performed empirical and theoretical analyses. Given this, quantitative or qualitative descriptions can be found when their accumulation of in-depth information, such as those achieved through participant filtration (MARCONI & LAKATOS, 2010). The target audience of the research were users diagnosed with TAG, assisted at the Psychosocial Care Center for Alcohol and Other DrugsCAPS-AD in the city of Augustinópolis-TO.The total number of users registered at this mental health center currently totals 587 users, of which only 30 were diagnosed with TAG, these were approached by accessibility and for accepting the informed consent form. Therefore, the population of this research was 30 and the sample will be by accessibility. Data were collected through a questionnaire with open and closed questions, with a total of 12 questions applied to each user assisted in CAPS-AD, who agreed and agreed to answer.According to Fachin (2006), the questionnaire is a set of questions about the topic, previously elaborated, to be answered by an interlocutor, in writing or orally. Along with the questionnaire, the Hamilton Scale was applied to these patients, where this scale is able to identify the degree of anxiety of patients already diagnosed. The Hamilton Anxiety Rating Scale (HAM-A) is a widely used and validated instrument to measure the severity of an individual's anxiety. Hamilton Anxiety Scale (HAS) is defined as a hetero-assessment instrument, which was originally developed by Hamilton in the year of (1959) as a way to measure the psychic and somatic components of anxiety (CORREIA & BARBOSA, 2009). Data were analyzed using the SPSS version 23 statistical package. The characterization of the sociodemographic profile and anxiety was performed using absolute (n) and relative (%) frequency; for categorical variables and mean, standard deviation, median, minimum and maximum for continuous variables. For questions that had multiple answers, the cumulative frequency was used. Data normality was verified using the Shapiro-Wilk test. The procedures that were carried out allowed the organization and comparison of the data collected in the field with the consulted literature relevant to the topic of work. In this way, the analysis of the collected data and the researched references were directed to answer the investigative theme proposed in this research. The research was supported by resolution 466 of December 12, 2012 of the National Health Council (BRASIL, 2012). Also, this research was approved by the Ethics Committee (CEP) of UNITINS under Opinion No. 3.038.255, on November 26, 2019.

RESULTS AND DISCUSSIONS

Half of users affected by Generalized Anxiety Disorder - TAG are female, reaching 66.7% and only 33.3% are male. In table 1, in relation to age group, it was shown that the prevalence of older age of users surveyed in the psychosocial care center are people aged between 50-59 years old with 46.7% reaching almost half of those surveyed. The other age groups were fragmented, where in second place is 40-49 years old reaching 20%, inthird and fourth place, the results were tied between 30-39 and 18-29 years old with 13.3%, and in last place those over 60 years old. In this context, kinrys & wygant (2005) carried out a national comorbidity survey (National Comorbidity Survey-NCS) and estimated a lifetime prevalence of GAD with 5.7%. Thus, the survey found that females are approximately twice as likely to develop generalized anxiety disorder than males in the same situation, with rates prevalent throughout life with 6.6% and 3. 6% relatively. The preponderance index increased to 10.3% among women aged 45 years and over, however it remained unchangedcompared to men of the same age group with 3.6% of cases. Given these assumptions, the respective findings of the author had favorable significance to the research results, thus evidencing greater reliability. Also following the line of the results in table 1, in relation to the level of education, the following findings were found: About 53.3% of respondents have primary education, 26% of respondents have no education, and only 20% have higher education. Regarding family income, it was found that 66.7% of the total sample has an income between 1 to 5 minimum wages, and 33.5%has an income < than a minimum wage. Thus, the parameters related to the number of people who claimed to live alone were 3 surveyed, totaling 20% of the values obtained. In the same table, users who reported living with 2 people were 5 users with a total of 33.3% and with the same result 2 people also stated that they lived with 3 people, totaling 33.3%, being evident the tie between both, whereas 4 to 5 users reported that they lived with two people, reaching 13.3%. However, 73.3% of users surveyed do not have their own income, which becomes one of the factors that can potentiate generalized anxiety, because the economic factor is linked to insecurity about the future, which increases concerns even more, and makes them widespread. Education is also related to income, as it is clear that the lower the level of education, the lower the chances of a good job, a good salary, often becoming a hostage to unemployment. Given this, with regard to the OMS (World Health Organization, 2019), it states that the contributing factors for the emergence of TAG are socioeconomic factors, such as poverty and unemployment, followed by genetic and environmental factors, such as the lifestyle in big cities, stress, self-charge, overload, among many other factors. The survey shows that when asked about anxiety, all respondents, that is, 100% of respondents acknowledge having Generalized Anxiety Disorder.

According to table 1, regarding the time and appearance of signs and symptoms reported by the research participants, there was a predominance with 46.7% of the participants who reported having the first symptoms and onset of the pathology between 1 to 5 years, in second place stands out with 40.0% those who noticed the first symptoms for more than 10 years, and in third and last place with 13.3% of users had the first signs between 6 to 10 years. Regarding the changes in the way of living after the appearance of the pathology, 86.7% of users claim to have faced daily changes in their way of living, and only 13.3% claim to have not undergone any changes. Thus, with regard to barriers and difficulties, 66.7% confirm that they suffer and survive these barriers daily, and only 33.3% which is equivalent to the number of 5 respondents claim to have no barriers or difficulties, and that still with the pathology they can live in a normal and balanced way without difficulties. In view of the results, it is clear that this disorder makes life difficult for these individuals in an immeasurable way, being perceived that our future population may have a huge difficulty in socializing, given the numerous difficulties in the ability to relate to strangers, ability to develop their household tasks, all of this makes people feel frustrated in the midst of so many routine difficulties due to this disorder.

Table 1. Characterization of the sociodemographic profile

	N	%
Sex		
Feminine	10	66,7
Masculine	5	33,3
Age group		
18 to 29	2	13,3
30 to 39	2	13,3
40 to 49	3	20,0
50 to 59	7	46,7
≥ 60	1	6,7
Schooling		
No education	4	26,7
Elementary school	8	53,3
University education	3	20,0
Family income		
< 1 minimum wage	5	33,3
1 to 5 minimum wages	10	66,7
No. Of people in the house		
2	5	33,3
3	5	33,3
4 to 5	2	13,3
Lives alone	3	20,0
Own income		
Not	11	73,3
Yes	4	26,7
You have anxiety		
Yes	15	100,0
Not	0	0,0

n = absolute frequency; % = relative frequency
Source: Survey Data, 2019

Anxiety disorders are the most common disorders in the population, thus resulting in remarkable functional impairment and suffering. This disorder affects the individual's thinking and learning, causing it to produce distortions in the understanding not only of time and space, but also of people in general and the meanings of the events that took place. Therefore, these distortions can negatively interfere in studies and learning by decreasing concentration, reducing memory and the individual's ability to make relationships (MARCOLAN & CASTRO, 2013). Reinforcing the author's argument above, people diagnosed with TAG have difficulties in making decisions, in solving everyday problems and finding it easy to cope with change (OLIVEIRA, 2011). Given the research findings, it is clear that these corroborate the aforementioned authors, as it is clear that more than half have problems that cause difficulties and other cognitive and behavioral problems.

Table 2. Characterization of anxiety

Time with anxiety symptoms		
1 to 5 years	7	46,7
6 to 10 years	2	13,3
> 10 years	6	40,0
Change in way of living		
Not	2	13,3
Yes	13	86,7
Barriers or difficulties		
Not	5	33,3
Yes	10	66,7

n = absolute frequency; % = relative frequency
Source: survey data, 2019.

As shown in Figure 2, it is possible to observe that when asking the participants in their perception which were the contributing factors for the emergence of GAD, 17.6% mentioned overload, 14.7% reported concerns, prevailing in second place, 11.8% of those surveyed stated that it was due to death in the family, 8.8% were unable to answer. On the other hand, when comparing the results of self-restraint, conflicted marriage, depression, stress and fear, they all remained tied with 5.9% of the cases, even in the case of Figure 2 in relation to the results related to triggering factors, they remained tied to live alone, childhood suffering, fear of dying, many negative thoughts, conflicting relationships and living without a family, all with a percentage of 2.9% of cases. There are many paths towards the

development of anxiety disorder in young people and adults, which involve an even greater and complex interaction of properly biological and environmental factors and, finally, individual factors. In this way it ends up becoming the basis for the principles of multipurpose, a single factor that drives multiple factors, and a final state where many paths can lead to the same results. In view of this, a biological vulnerability is presumed, one of the examples being behavioral inhibition, which predisposes anxiety disorder to young people, which is then activated and maintained by environmental factors such as cognitive processes and learning experiences. In this sense, there is a biological vulnerability through genetics and temperament in the condition of hypersensitivity to stress and challenges that end up being predisposing to the development of anxiety disorders (PAUL STALLARD, 2010, p.15). Reinforcing the above argumentation, Araújo, Mello &Leite (2007) state that anxiety currently involves multifactorial aspects, in a somatic or cognitive way. It usually manifests itself in circumstances that denote danger, a threatening or specific situation, or even due to some change in the environment that is found, sequenced in the process of economic, social and cultural development. Genetic and environmental factors and the experiences lived in a painful way during the development of the individual's personality may be associated with anxiety. This disorder affects a large part of the population, among the most varied socioeconomic categories, with a higher percentage and prevalence in women and often in individuals over 18 years of age. According to a survey in the United States, in the period between 1980 and 1995, it was designated as having a high predominance in individuals aged between 25 and 74 years of age. Among the genetic, environmental factors and experiences of suffering experienced during the formation of their personality, appearing to be related to clinical anxiety.

Table 3. Description in percentage of factors that contributed to the onset of anxiety

Factors that contributed to anxiety	N*	%
Self-collection	2	5,9
Conflicted marriage	2	5,9
Depression	2	5,9
Stress	2	5,9
Childhood suffering	1	2,9
Fear	2	5,9
Fear to die	1	2,9
Death in the family	4	11,8
Too many negative thoughts	1	2,9
Concerns	5	14,7
Conflicted relationship	1	2,9
Without family	1	2,9
Overload	6	17,6
Live alone with no one	1	2,9
Do not know	3	8,8

n* = cumulative frequency; % = relative frequency
Source: Survey Data, 2019.

Through what is exposed below in figure 3, it was possible to observe that the signs that characterize anxiety had the highest percentage, with 21.1% of users having exacerbated concerns. As exposed, it is clear that anxiety is a problem that affects many people, from adolescence, youth, adult and elderly, but it is clearly visible that anxiety brings catastrophes that the individual struggles daily. Exacerbated concern brings a very great discomfort to the individual, concerns about bad things that often don't even happen, but it causes psychological damage to those affected by TAG. According to Castillo et al. (2000) anxiety is a vague feeling, unpleasant to feel, where the person has multiple feelings at the same time, whether fear, discomfort, tensionmuscular, characterized by the longing for future danger, for something that may or may not happen, a strange and unknown discomfort. According to the DMS-IV, generalized anxiety is defined as a state of exacerbated worry, where it can affect various routine activities in an individual's life, significantly impairing social life. It is noticed that the anxiety disorder has been one of the great problems in the world population, in this way these factors act negatively in the social and emotional life of the individual, bringing unpleasant feelings to them. Anguish is one of the daily feelings that the individual with anxiety can feel, considering the statistical results

it presents a percentage of 19.7% of the cases, where most of them reported feeling. As if that wasn't enough, given the visible symptoms of the pathology, with 18.3% there is discomfort, and with 14.1% fear is found. Fear and discomfort allow the individual to feel insecure, as it makes people afraid of anything and everything, fear of crowds, fear of being alone, fear of the dark, fears accompanied by inexplicable discomfort. Thus, we also have muscle tension with 12.7% of cases, headache with 2.8%, and only 1.4% of respondents said they feel insomnia. Anxiety disorders are common in all psychiatric disorders and end up resulting in great suffering and important functional impairment of the individual. Anxiety is defined as a vague and generalized, unpleasant sensation of continuous apprehension that is accompanied by numerous physical manifestations, and to some extent ends up being a normal and useful affective state. Anxiety is defined as a vague, diffuse, unpleasant feeling of apprehension. Anxiety disorders arise when it exceeds the limit of normality, so that the sensation becomes much more intense and unpleasant, which prevents the affected individual from functioning properly and developing.

Table 4. Description in percentage of signs and symptoms that characterize anxiety

Signs that characterize anxiety	N*	%
Insomnia	1	1,4
Anguish	14	19,7
Discomfort	13	18,3
Headache	7	9,9
Fear	10	14,1
Exacerbated worry	15	21,1
Muscle tension	9	12,7
Others	2	2,8

N* = frequência cumulativa; % = frequência relative
Source: Survey Data, 2019.

Through reports of surveyed users, Figure 4 demonstrates the various and different ways carried out in search of the same purpose "relieving anxiety symptoms". With 19.0%, walking stands out as a method of relief and control of GAD, in second place with 14.3% of the reports, that when they feel the symptoms, they talk to friends and let off steam, which results in the feeling of relief, a method that is tied with those who reveal that they feel better and relieved when taking the medication, also with 14.3%. Thus, still referring to the figure above, 9.5% of the statistical explanations are classified as performing physical exercises, and with a tied percentage with 4.8% they distinguish themselves from drinking tea, diet, staying at home/alone, smoking a cigarette, ignoring the symptoms and trying to forget, not being able to alleviate the symptoms due to the intensity they present, others prefer to isolate themselves, and finally take a good shower, and take a trip to relax.
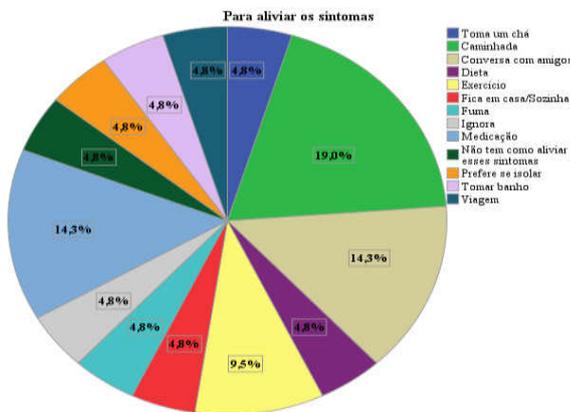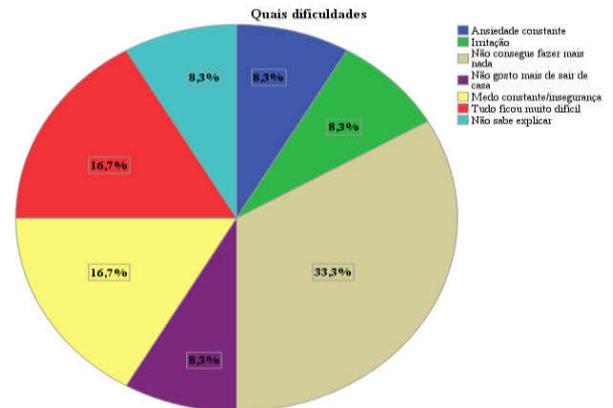

Source: Survey Data, 2019.

Figure 1. Description in percentage of what they do to alleviate symptoms

Faced with the difficulties encountered by patients with generalized anxiety, 33.3% are unable to do anything more than they used to do,

which makes these patients feel frustrated, sad and also end up feeling incapable. With 16.7% reported feeling constant fear, tied with the stress that everything was very difficult after the pathology, following the sequence, the tied categories stand out, with 8.3% constant anxiety, irritation, not liking to leave the house anymore, and others could not answer. All these difficulties make the individual's daily routine, experienced before, become more difficult, because through the pathology, there is a radical change in his life. In this way, it was possible to understand a little more about what these users suffer and what they do to alleviate these symptoms and make them feel better.


n* = cumulative frequency; % = relative frequency
SOURCE: Survey data, 2019.

Figure 2. Description in percentage of difficulties faced by signs and symptoms of GAD.

The research sample consisted of the instrument (HAS) applied to 15 users monitored by the CAPS-AD, with users between 18-29 and 60 years of age. In view of the results scaled in the figure below, crippling anxiety prevailed with 33.3%, which makes a reliable sample in front of all the bibliographic reports of different authors throughout the research, as it was evident that most of the respondents have a great degree of anxiety, as shown in figure 6, where it clearly becomes. I explain the signs and symptoms of anxiety in those surveyed. Based on the results, it is clear that this disorder has grown considerably, which causes extreme damage to the health and social life of affected individuals. It is increasingly worrying how much this number has been growing, which becomes worrying in terms of the life perspective of future generations. As the figure below shows us, through the results of (HAS) the degree of anxiety that is most prevalent is the degree of disabling anxiety, which allows us to understand how difficult life is for these users in the face of countlessdifficulty that this disorder brings the life of each one. It is clear that scholars and science have to seek ways to minimize these rates, so that in the future we can have a healthier generation and society. It is also necessary to understand that physical activity, a peaceful social life, and the environmental factor in which the individual finds themselves is very favorable for these symptoms to decrease with professional monitoring.

With 26.7% of cases we found mild anxiety, which is good, as we know that this pathology brings radical changes and changes in a person's life. With results tied at 20%, there is moderate and severe anxiety, which bring significant and disturbing damage to those affected by this pathology. A Hamilton Anxiety Scale (HAS Hamilton Auxiety Scale) was applied. The scale (HAS) was developed by Max Hamilton in 1959, it was one of the first scales developed to assess the degree of anxiety symptoms. The scale is organized in 14 items, with variations between 0-4 corresponding relatively to 0- to none, 1-mild, 2-moderate, 3-strong and 4-maximum. The total score is defined by the sum of the grades assigned in all 14 categories of the scale, the result of which is estimated at 0-56, where <17 means mild severity, 18-24 indicates moderate severity, and 25-30 severe severity. above 30 indicates disabling anxiety (EUGENIA ANES et al. p.488, 2014).
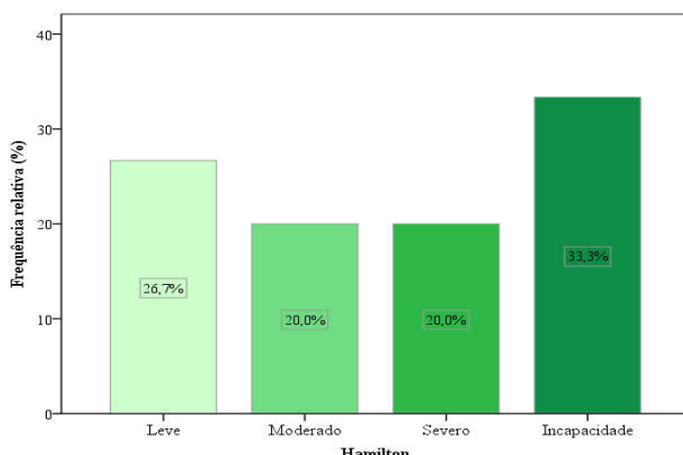
SOURCE: Survey data, 2019.

Figure 3. Description in percentage of the frequency distribution of the Hamilton classification

CONCLUSION

The realization of this research allowed the achievement of the objective of the study, which refers to discovering the conditioning factors for the development of the anxiety disorder, since this psychological disorder directly affects the individual's emotional and social life. It is noticed that the users interviewed demonstrate that they know insufficient information about TAG, but the great suffering and difficulty of users who suffer daily from this disorder and the obstacle that each one faces through social, routine and daily life was understood. It was found that through the approach, most of the time, respondents feel insecure, frustrated, afraid of the worst, which enables progressive mental suffering, which most often prevents these users from living life normally and being able to have a good social relationship. The sociodemographic profile shows a population with high levels of anxiety, with a higher prevalence of females than males. TAG is triggered by multiple factors, which are genetic, socioeconomic, social, environmental, and also by suffering experienced through the formation of their personality. According to the research, it was evidenced that the main factors for the development of these disorders were the self-demanding of individuals with themselves, generalized concerns, fear, overload, stress, among others, which were also understood. Therefore, it suggests to TAG patients to be assiduous in the therapeutic follow-up of CAPS, participating in support groups and performing physical exercises, in order to minimize anxiety symptoms. Therefore, it is necessary that the CAPS (Psychosocial Care Center), NASF (Family Health Support Center), UBS (Basic Health Units) and hospitals are able and prepared to receive and receive people with mental disorders, considering that these are public health problems of great prevalence and incidence that have affected individuals of all ages, from childhood to old age. It is proposed that, in view of this, public and governmental policies and the Ministry of Health can welcome this population extremely affected by this disorder, embracing this problem, thus promoting prevention of these diseases that negatively affect the individual's health and emotional well-being. With regard to signs and symptoms of anxiety, it is understood that exacerbated concern is predominant over other signs, namely: anguish, discomfort, fear, muscle tension and insomnia. In view of this, it is essential to build and formulate strategies that can promote an improvement to these symptoms that so disturb users affected by TAG, through these strategies you can specify physical exercises, they have the ability to control anxiety, avoid thoughts negative aspects, always focusing on the present and trying to minimize daily stress, all of these aspects can bring benefits and reduce the aforementioned symptoms. Therefore, this research becomes relevant, as it allows health professionals in general and managers to reflect on the impacts that this disorder has on the health and social life of an individual, noting the need to identify these symptoms early, avoiding major complications. and suffering in these individuals who struggle daily with TAG and the symptoms relevant to this disorder.

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