e-ISSN: 0976-822X, p-ISSN:2961-6042

Available online on http://www.ijcpr.com/

International Journal of Current Pharmaceutical Review and Research 2025; 17(11); 1998-2006

Original Research Article

Clinical Profile of Anxiety Disorders in a Himalaya Medical College and Hospital Patna Bihar: A Retrospective Study

Vipin Kumar[1], Rohit Kothari[2]

[1]Assistant Professor, Department of Psychiatry, Himalaya Medical College and Hospital, Paliganj, Patna, Bihar, India

[2]Associate Professor, Department of Psychiatry, Himalaya Medical College and Hospital, Paliganj, Patna, Bihar, India

Received: 13-09-2025 / Revised: 15-10-2025 / Accepted: 15-11-2025

Corresponding Author: Dr. Rohit Kothari

Conflict of interest: Nil

Abstract:

Background: Anxiety disorders constitute one of the most common mental disorders in the world, and they are considered major public health problems because of their persistent nature, early onset age, and negative impact on cognitive, social, and occupational functioning. This disorder includes different types of disorders like generalized anxiety disorder, panic disorder, social anxiety disorder, specific phobia, and other mixed anxiety disorders. Even though there are various ways of treatment available, this type of disorder is still often misdiagnosed and under-diagnosed especially in developing countries due to various factors such as stigma, lack of mental health literacy, and lack of access to mental health services. It is necessary to know about the patient's demographics and clinical features.

Aim: To study retrospectively the demographic features, clinical picture, diagnostic trends, co-morbidities, therapeutic management, and outcome of the patients having been diagnosed to be suffering from anxiety disorders in the Department of Psychiatry at Himalaya Medical College and Hospital, Paliganj, Patna, Bihar.

Methodology: A retrospective observational study was carried out at the Department of Psychiatry, Himalaya Medical College and Hospital, Paliganj, Patna, Bihar. Medical records of 200 patients having anxiety disorders within one year were studied. Information regarding demographic characteristics, type of anxiety disorders, disease duration, causes, comorbidities in psychiatry or medicine, family history, treatments and outcomes of the patients were collected by a data collection form. Statistical analysis was done by SPSS Version 27.0. Frequencies, percentages, means and standard deviations were computed for descriptive purposes.

Results: There were 200 patients recruited for the study, who largely consisted of people aged between 21-40 years. Women slightly outnumbered men. In terms of diagnoses, generalized anxiety disorder was the most prevalent condition, followed by panic disorder and social anxiety disorder. Many of these patients reported having moderate or severe anxiety problems that were accompanied by depressive or sleeping problems. The presence of family psychiatric disorders and psychosocial stressors was common among the patients. The use of pharmacotherapy, which mainly involved selective serotonin reuptake inhibitors and anxiolytics in case of need, was the major form of treatment, alongside psychotherapy where applicable. Most of the patients improved clinically during the follow-up period.

Conclusion: The current retrospective study demonstrates that anxiety disorders usually occur in younger and middle-aged people, and they are commonly accompanied by other mental disorders and psychosocial stressors. It is important to diagnose and assess patients with anxiety disorders properly and treat them using an appropriate pharmacologic therapy and psychological methods. These results underscore the importance of improving mental health services in regard to anxiety disorders.

Keywords: Anxiety disorders; Generalized Anxiety Disorder; Panic Disorder; Clinical Profile; Psychiatry; Retrospective Study; Mental Health; Tertiary Care Hospital.

Introduction

Anxiety disorders are one of the most common classes of psychiatric disorders globally and are characterized by persistent and excessive fear, anxiety, and behavioral disturbance that impair the patient's functionality [1]. Although fear and anxiety are innate human emotions in response to any threat, these emotions become dysfunctional when excessive and disproportionate resulting in interference with normal functioning of an individual in his/her personal, social, educational, and occupational spheres [2]. According to the Diagnostic and Statistical Manual of Mental

Disorders, Fifth Edition (DSM-5) criteria, the following anxiety disorders can be diagnosed: generalized anxiety disorder (GAD), panic disorder, agoraphobia, social anxiety disorder, specific phobias, separation anxiety disorder, and selective mutism [3].

Anxiety disorders are a major cause of global disease burden [4]. Based on estimates from international epidemiological studies, about 4-7% of the world population experiences anxiety disorders annually, which are the leading cause of disability-adjusted life years due to mental illness [5]. The burden is especially high among adolescents, young adults, women, and people experiencing chronic psychosocial stress [6]. The increasing burden of anxiety disorders in low-and middle-income countries including India is a result of rapid urbanization, socioeconomic transformation, occupational stress, changes in family structure, academic stress, economic instability, and increasing awareness of mental disorders [7].

The development of anxiety disorders is a complex process, which includes a number of factors such as genetics, biological, psychological, and social determinants [8]. Among the biological determinants, dysregulation of the neurotransmitter systems, such as serotonin, gamma-aminobutyric acid (GABA), norepinephrine, and glutamate play the pivotal role in the development of these disorders [9]. Also, structural and functional abnormalities of amygdala, hippocampus, and prefrontal cortex are involved in the increased fear and anxiety response and poor regulation of emotions [10]. Adverse childhood experience, traumatic life events, chronic illness, substance abuse, and family history increase the likelihood of anxiety disorders development [11].

In general, the main features of anxiety disorders include: persistent worry and excessive fear, irritability, fatigue, restlessness, difficulties in concentration, sleep disturbance, muscle tension, palpitation, sweating, tremor, gastrointestinal discomfort, dizziness, chest discomfort, and panic attacks [12]. These symptoms often occur concomitantly with the cardiovascular, endocrine, respiratory, and neurological disorders, and, thus, patients usually seek the help from a physician rather than psychiatrist at first. For this reason, the misdiagnosis and ineffective treatment of anxiety disorders are common problem [13].

There are numerous cases of comorbidity of anxiety disorders with other psychiatric disorders, which is why anxiety disorders often coexist with depressive disorders, substance abuse disorders, obsessive-compulsive disorder, trauma-related disorders, and personality disorders. The presence of hypertension, diabetes mellitus, thyrotoxicosis, cardiovascular disease, chronic pain syndrome, and gastrointestinal disorders as medical comorbidities is also common [14].

Management of anxiety disorders is based on a combination of pharmacotherapy and psychotherapy, depending on the clinical manifestation and the severity of the symptoms. Selective serotonin reuptake inhibitors (SSRI) are recommended as first-line agents due to their good efficacy and safety. Serotonin-norepinephrine reuptake inhibitors (SNRI), benzodiazepines as a short-term treatment, buspirone, pregabalin, and other agents may also be prescribed in certain cases [15]. Cognitive behavioural therapy (CBT), relaxation techniques, mindfulness-based therapies, psychoeducation, stress reduction, and supportive psychotherapy have proved high efficiency separately and in combination with pharmacotherapy.

The analysis of hospital-based retrospective studies helps to reveal the demographic characteristics, patterns of the diagnosis, clinical manifestations, treatment approaches, and outcomes of patients with anxiety disorders. Such studies allow identifying regional trends and peculiarities of healthcare utilization, common comorbidities, and treatment responses, which depend on the geographical, cultural, and socioeconomic context. Relatively limited data about the clinical profile of anxiety disorders in tertiary care teaching hospitals are available in India and especially in Bihar.

The present research is aimed at the retrospective analysis of the clinical profile of the patients with the diagnosis of anxiety disorders attending the Department of Psychiatry of Himalaya Medical College and Hospital, Paliganj, Patna, Bihar. The results obtained during the analysis of the hospital records during a year will help in describing the demographic characteristics, patterns of the diagnosis, comorbidities, and treatment of patients with anxiety disorders.

Methodology

Study Design: This research was a hospital-based, retrospective, observational study that was conducted to determine the clinical features of patients who were diagnosed with anxiety disorder. In this study, there was a systematic review of existing medical documents in order to obtain demographic features, clinical features, psychiatric diagnosis, other comorbid diseases, treatment and clinical outcomes of patients visiting the psychiatry department. It was believed that a retrospective approach would be the best approach for conducting the study since it would allow an assessment of existing hospital documents without affecting patient care.

Study Area: This study was performed in the Department of Psychiatry at Himalaya Medical

College and Hospital, located at Paliganj, Patna, Bihar, India.

Study Duration: The study was conducted over a one-year period.

Study Participants

Inclusion Criteria

- The patients must be at least 18 years old and have an anxiety disorder as per DSM-5 guidelines.
- The patients must either attend the Psychiatry OPD or be admitted to the Psychiatry IPD during the research period.
- The medical record should contain complete demographic and clinical information.
- The medical record should show that a psychiatric evaluation was conducted by qualified psychiatrists.

Exclusion Criteria

- Underage patients under 18 years old.
- Patients without adequate or complete medical records.
- Patients predominantly suffering from psychoses, bipolar disorders, dementia, or mental retardation without an anxiety disorder.
- Follow-up records without any baseline data of the patient's condition.

Sample Size: A total of 200 patients records meeting the criteria of inclusion were used for this study. Patients' records were identified by reviewing the hospital files of cases kept in the Department of Psychiatry. This comprised patients suffering from various types of anxiety disorders in the one-year period of the study.

Data Collection Procedure: This retrospective study examined the clinical profile of 200 patients suffering from anxiety disorders admitted in the Department of Psychiatry, Himalaya Medical College and Hospital, Paliganj, Patna, Bihar, within a year. It was found that anxiety disorders are mostly prevalent among young to middle-aged people, and there is a slight preponderance of females among the affected individuals. Generalized Anxiety Disorder is the most commonly encountered disorder among these individuals, and the presenting complaints included excessive worry, restlessness, and sleep problems. Psychiatric comorbidities include depression, which is the most common, and some medical conditions, such as hypertension and diabetes mellitus. Pharmacotherapy, mainly with SSRIs, is the mainstay of treatment, and most of the patients exhibited good clinical response during follow-up. The study underscores the significance of early detection, proper psychiatric evaluation, customized treatment, and follow-up in order to have better clinical results.

Statistical Analysis: The gathered data was analyzed by SPSS statistical software. Quantitative parameters were measured in mean ± SD while qualitative parameters were calculated in frequency and percentage terms. Descriptive statistics were used to provide the description of demographics and clinical features of study participants. The results were presented in tabular form and graphically wherever possible. The level of significance was set to be $p<0.05$ for inferential statistics.

Table 1: Demographic Characteristics of Study Participants (n = 200)

Parameter	Frequency (n)	Percentage (%)
Age Group (Years)		
18–30	54	27.0
31–40	68	34.0
41–50	42	21.0
>50	36	18.0
Gender		
Male	88	44.0
Female	112	56.0
Residence		
Urban	118	59.0
Rural	82	41.0
Marital Status		
Married	122	61.0
Unmarried	58	29.0
Widowed/Separated	20	10.0

Results

Table 1 depicts the demographic profile of the 200 study participants suffering from anxiety disorders. Most of the participants belonged to the 31-40 years age category (68, 34.0%), followed by the 18-30 years (54, 27.0%), 41-50 years (42, 21.0%) and above 50 years age category (36, 18.0%). The number of females was slightly more than that of males, 112 (56.0%) against 88 (44.0%) respectively.

As for their residential location, most of the patients were urban residents (118, 59.0%), whereas 82 (41.0%) lived in the rural area. In regard to marital status, most of the participants were married (122, 61.0%), unmarried (58, 29.0%) and widowed/separated (20, 10.0%).

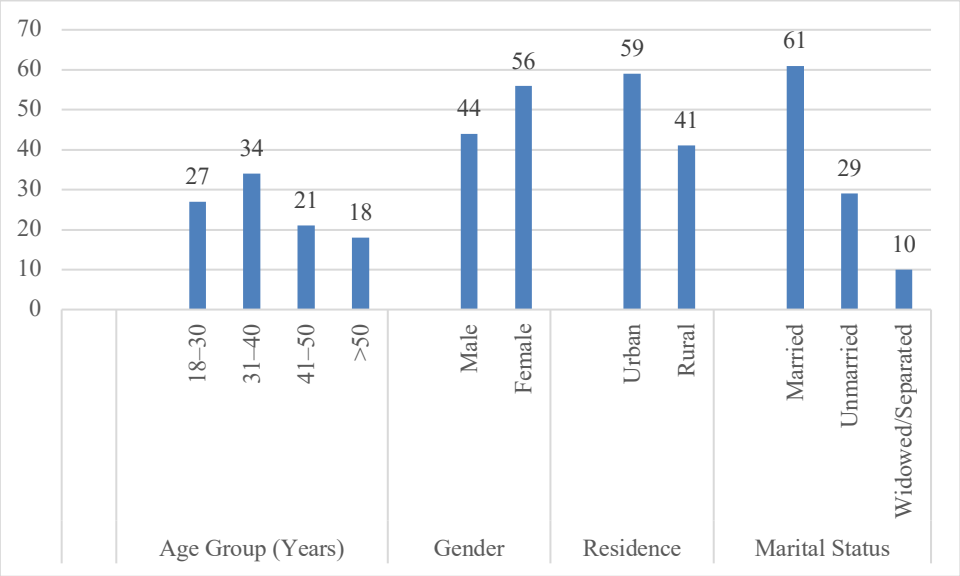

Figure 1: Graphical representation of Demographic Characteristics of Study Participants

Table 2 portrays the educational level and occupation of the 200 participants in the study. The highest number of participants in terms of educational attainment were those having Higher Secondary and Graduation and above levels of education (60 participants each accounting for 30.0%), followed by Secondary (52, 26.0%) whereas Primary educational attainment was the least prevalent (28, 14.0%). Amongst the different occupations, the maximum number of people were Homemakers (54, 27.0%), then came Service occupations (50, 25.0%), students (28, 14.0%), Business professionals (26, 13.0%), Unemployed (24, 12.0%) and Farmers (18, 9.0%). In conclusion, anxiety disorders were seen among the participants having varied educational attainments and occupations.

Table 2: Educational Status and Occupation (n = 200)

Variable	Frequency (n)	Percentage (%)
Educational Status		
Primary	28	14.0
Secondary	52	26.0
Higher Secondary	60	30.0
Graduate & Above	60	30.0
Occupation		
Student	28	14.0
Homemaker	54	27.0
Service	50	25.0
Business	26	13.0
Farmer	18	9.0
Unemployed	24	12.0

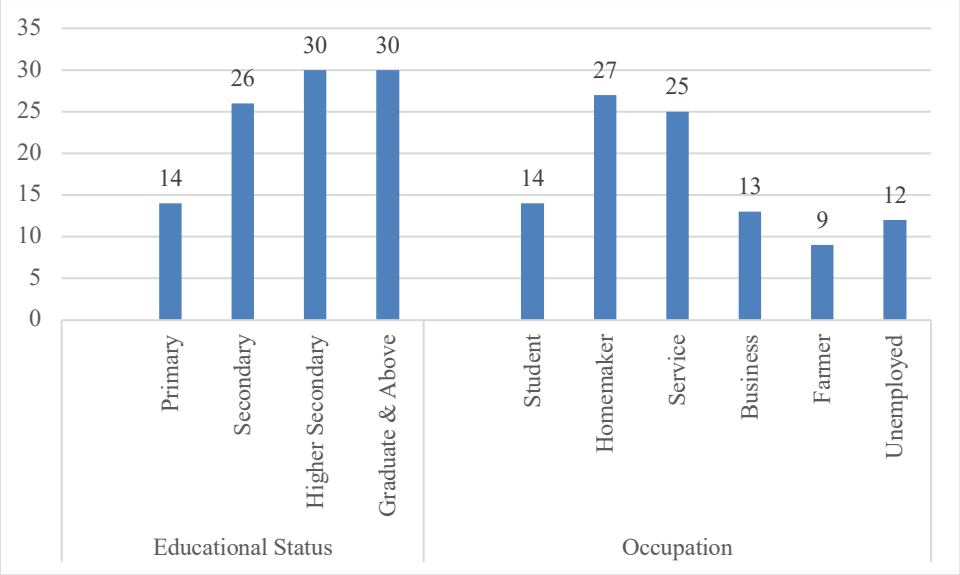

Figure 2: Graphical representation of Educational Status and Occupation

Table 3 shows the prevalence of anxiety disorders among the 200 study subjects. The most prevalent disorder is Generalized Anxiety Disorder (GAD), which affected 84 (42.0%) subjects, followed by panic disorder in 42 (21.0%). Social Anxiety Disorder affected 28 (14.0%) subjects, while Mixed Anxiety and Depressive Disorder affected 24 (12.0%) subjects. The Specific Phobia disorder affected 14 (7.0%) subjects, while Agoraphobia affected 8 (4.0%) subjects. Therefore, from the results, Generalized Anxiety Disorder is the most prevalent anxiety disorder, followed by panic disorder, with Agoraphobia being relatively rare.

Table 3: Distribution of Anxiety Disorders (n = 200)

Diagnosis	Frequency (n)	Percentage (%)
Generalized Anxiety Disorder	84	42.0
Panic Disorder	42	21.0
Social Anxiety Disorder	28	14.0
Mixed Anxiety and Depressive Disorder	24	12.0
Specific Phobia	14	7.0
Agoraphobia	8	4.0

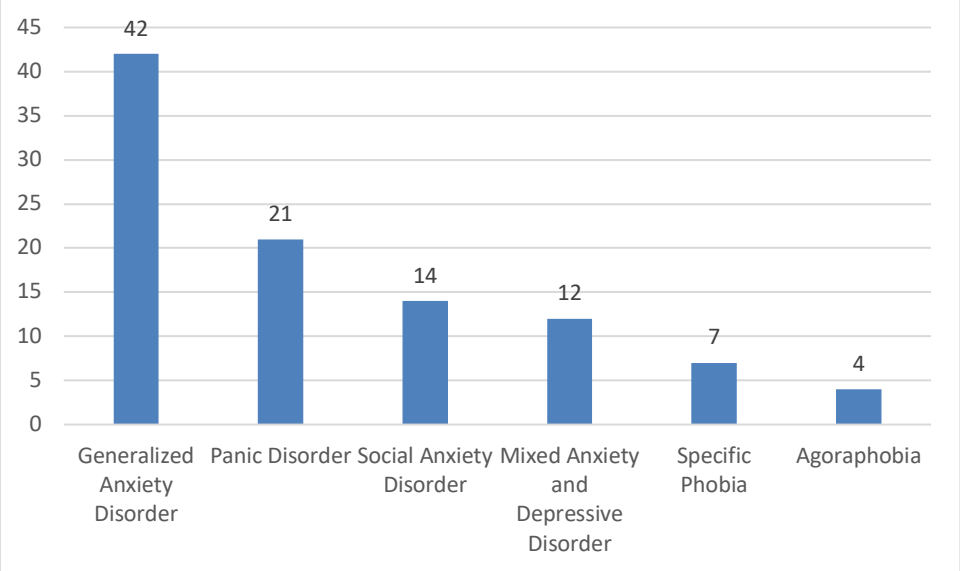

Figure 3: Graphical representation of Distribution of Anxiety Disorders

Table 4 provides the time duration of illness and presenting symptoms of all the 200 participants of the study. With respect to the duration of illness, the highest percentage of patients suffered from symptoms for 6-12 months (64, 32.0%), while the second largest group included patients who had symptoms for 1-3 years (58, 29.0%), 32% of patients suffered from symptoms for less than 6 months (46, 23.0%) and more than 3 years (32, 16.0%). An analysis of presenting symptoms showed that excessive worry was the most common symptom observed in 162 (81.0%) of the patients, the next most common symptom was restlessness (148, 74.0%) followed by sleep disturbance (132, 66.0%). The other most frequently reported symptoms were palpitation (104, 52.0%), fatigue (98, 49.0%) and difficulty concentrating (90, 45.0%). As multiple symptoms could be reported by a single patient, the frequency of presenting symptoms is higher than the number of patients.

Table 4: Duration of Illness and Major Presenting Symptoms (n = 200)

Variable	Frequency (n)	Percentage (%)
Duration of Illness		
<6 months	46	23.0
6–12 months	64	32.0
1–3 years	58	29.0
>3 years	32	16.0
Major Presenting Symptoms*		
Excessive Worry	162	81.0
Restlessness	148	74.0
Sleep Disturbance	132	66.0
Palpitations	104	52.0
Fatigue	98	49.0
Difficulty Concentrating	90	45.0

*Multiple responses were recorded.

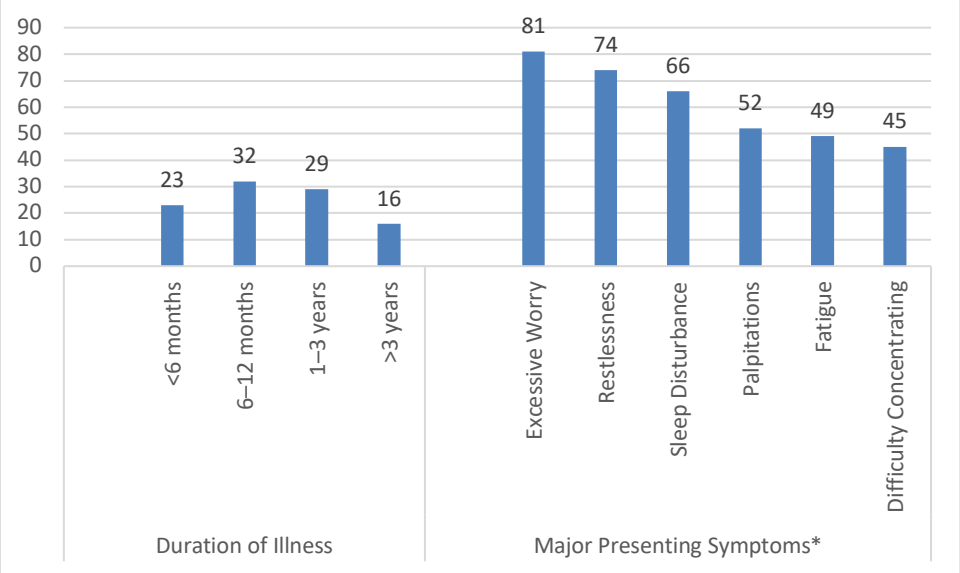

Figure 4: Graphical representation of Duration of Illness and Major Presenting Symptoms

Table 5 provides the comorbid conditions of the 200 participants of this study suffering from anxiety disorders. The most common psychiatric comorbid condition is depression, which is found in 70 (35.0%) of the patients, which shows that often depression is also found to occur along with anxiety disorders. In case of medical comorbid conditions, the presence of hypertension is found in 34 (17.0%) of the participants, diabetes mellitus is found in 28 (14.0%), while the third most common medical comorbidity is thyroid disorders in 20 (10.0%). Substance use disorder is present in 18 (9.0%) participants. Furthermore, 66 (33.0%) of the patients did not suffer from any notable comorbidity.

Table 5: Psychiatric and Medical Comorbidities (n = 200)		
Comorbidity	**Frequency (n)**	**Percentage (%)**
Depression	70	35.0
Hypertension	34	17.0
Diabetes Mellitus	28	14.0
Thyroid Disorders	20	10.0
Substance Use Disorder	18	9.0
No Significant Comorbidity	66	33.0

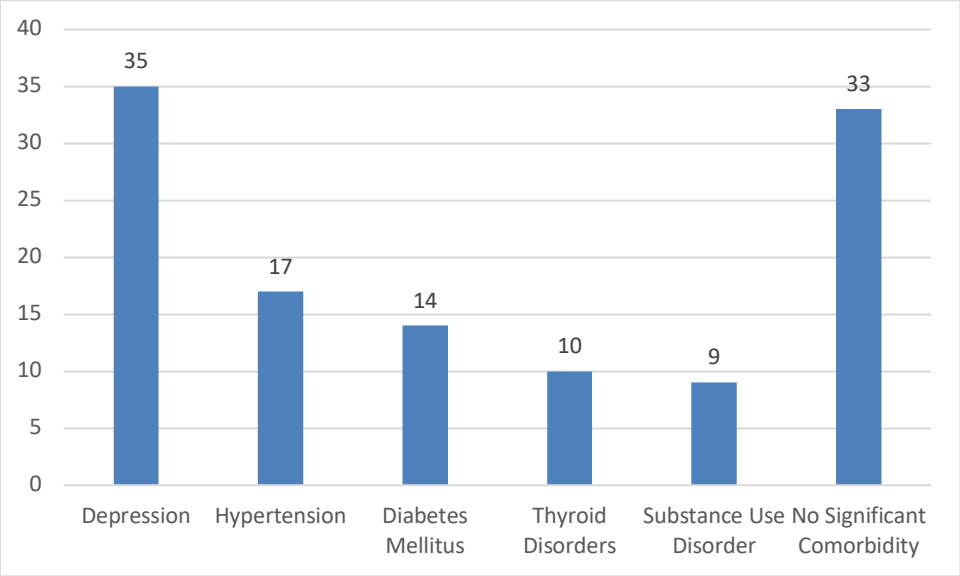

Figure 5: Graphical representation of Psychiatric and Medical Comorbidities

Table 6 provides the treatment regimens and clinical outcomes of the 200 study subjects diagnosed with anxiety disorders. Monotherapy with SSRIs was the most common regimen used, with 82 (41.0%) patients receiving such medication, while 64 (32.0%) were on a combination of SSRI and benzodiazepines. Combination therapy with SSRI and CBT was received by 36 (18.0%) patients, while 18 (9.0%) were under psychotherapy only. As for clinical outcomes, most patients responded positively to treatment during the follow-up period (146, 73.0%), while 38 (19.0%) were stable and 16 (8.0%) were non-responsive. In general, the results indicate that the predominant form of treatment was the pharmacological one, especially SSRIs, while most patients had good clinical outcomes.

Table 6: Treatment Modalities and Clinical Outcome (n = 200)		
Variable	**Frequency (n)**	**Percentage (%)**
Treatment Received		
SSRI Monotherapy	82	41.0
SSRI + Benzodiazepine	64	32.0
Psychotherapy Alone	18	9.0
Combined Pharmacotherapy + CBT	36	18.0
Clinical Outcome		
Improved	146	73.0
Stable	38	19.0
No Significant Improvement	16	8.0

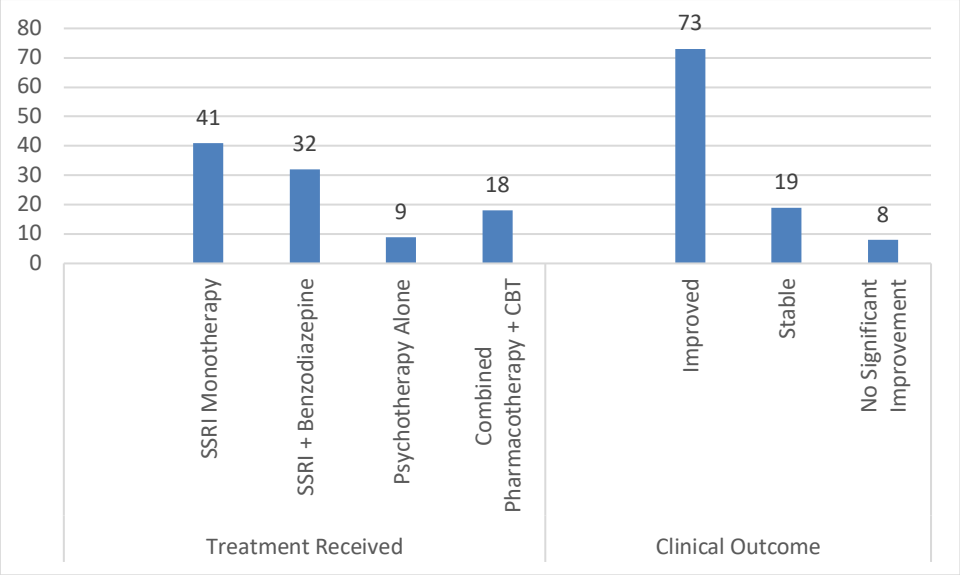

Figure 6: Graphical representation of Treatment Modalities and Clinical Outcome

Discussion

The current retrospective study assessed the clinical profile of patients with anxiety disorders visiting the Department of Psychiatry, Himalaya Medical College and Hospital, Paliganj, Patna, Bihar. It was found that anxiety disorders occurred most commonly among adults in the age group of 31-40 years, with a slightly higher frequency in females Wehry et al. (2015) [16]. Previous hospital-based and community studies have highlighted similar demographic features suggesting that anxiety disorders commonly occur among economically productive patients. The increased frequency of female patients is related to biological, psychological, and social determinants that make them more susceptible to developing anxiety disorders.

GAD was the most common diagnosis among patients, while panic disorder and Social Anxiety Disorder were the second and third common diagnoses, respectively. Worrying excessively, restlessness, and sleep problems were the primary presentations of the disease among the patients, and they correlated well with the characteristic clinical features of anxiety disorders described in psychiatry literature Zbozinek et al. (2012) [17]. Previous researches have also indicated the most common anxiety disorders, such as GAD among psychiatric outpatients. In addition, it was noted that anxiety patients had prolonged symptoms before visiting a psychiatrist, implying that there was a lack of awareness about mental health services.

Moreover, the current study has shown that the most common psychiatric comorbidity was depression. Hypertension, diabetes mellitus, and thyroid problems were the most common medical comorbidities found among the studied patients. The finding indicated the presence of comorbid conditions and their important role in exacerbating the symptoms, prolonging the treatment, and lowering the quality of life of patients Skoog (2011) [18].

In terms of treatment, the most commonly prescribed drugs were SSRIs both alone and in combination with benzodiazepines. Also, some patients were undergoing CBT in combination with pharmacotherapy de Lijster et al. (2018) [19]. Most of the patients showed clinical improvement upon follow-up. Thus, prompt diagnosis and treatment of anxiety disorders lead to significant alleviation of symptoms and improved patients' functioning. The findings support the current recommendations on individualized pharmacotherapy and psychological therapy.

Overall, the current study has provided important hospital-based data on demographic features, clinical presentation, comorbid conditions, and treatment of anxiety disorders in a tertiary care teaching hospital Andreescu and Lee (2020) [20]. The data can be helpful for physicians in identifying high-risk patients and providing prompt psychiatric treatment. Future multicenter prospective studies with large sample size need to be conducted to investigate regional differences in treatment outcomes of patients with anxiety disorders.

Conclusion

This current retrospective study is an exhaustive study on the clinical profile of the patients suffering from anxiety disorders attending the Department of Psychiatry, Himalaya Medical College and Hospital, Paliganj, Patna, Bihar. The results show that there was a higher incidence of anxiety disorders among young and middle-aged adults with females having more incidence than males. Generalized Anxiety Disorder (GAD) was found to be the commonest

type of disorder, and excessive worry, restlessness, and sleep disorder were the commonest symptoms seen. Comorbid depression was found to be the commonest psychiatric disorder found among such patients. Thus, the psychiatric evaluation of such patients is of utmost importance. Pharmacotherapy was the main treatment modality used and was mostly Selective Serotonin Reuptake Inhibitors. Most of the patients showed good clinical improvement after follow-up. This shows the importance of early diagnosis, individualized therapy, follow-up, and psychological treatment in improving the condition of the patients. There is a need to create more awareness regarding the problem of mental health and to encourage seeking psychiatric consultation to decrease the disease burden.

References

1. Anderson, Christina, Deborah Tauch, and Arnim Quante. "Diagnosis and treatment procedures for patients with anxiety disorders by the psychiatric consultation liaison service in a general hospital in germany: a retrospective analysis." The primary care companion for CNS disorders 17.5 (2015): 10-4088.
2. Silove, Derrick M., et al. "The prevalence and correlates of adult separation anxiety disorder in an anxiety clinic." BMC psychiatry 10.1 (2010): 21.
3. Sandelin, R., et al. "Treatment patterns and costs in patients with generalised anxiety disorder: one-year retrospective analysis of data from national registers in Sweden." European psychiatry 28.2 (2013): 125-133.
4. Pavithra, N., et al. "Hypochondriasis: Clinical profile in a tertiary care psychiatry and neurosciences hospital in Southern India-A retrospective chart review." Indian journal of psychological medicine 41.2 (2019): 178-181.
5. Du, Na, et al. "Do some anxiety disorders belong to the prodrome of bipolar disorder? A clinical study combining retrospective and prospective methods to analyse the relationship between anxiety disorder and bipolar disorder from the perspective of biorhythms." BMC psychiatry 17.1 (2017): 351.
6. Jones, Michael P., et al. "Mood and anxiety disorders precede development of functional gastrointestinal disorders in patients but not in the population." Clinical Gastroenterology and Hepatology 15.7 (2017): 1014-1020.
7. Ramsawh, Holly J., et al. "Age of onset, clinical characteristics, and 15-year course of anxiety disorders in a prospective, longitudinal, observational study." Journal of affective disorders 132.1-2 (2011): 260-264.
8. Spoorthy, Mamidipalli Sai, Subho Chakrabarti, and Sandeep Grover. "Comorbidity of bipolar and anxiety disorders: An overview of trends in research." World journal of psychiatry 9.1 (2019): 7.
9. Lijster, Jasmijn M. De, et al. "The age of onset of anxiety disorders: a meta-analysis." The Canadian Journal of Psychiatry 62.4 (2017): 237-246.
10. Beesdo, Katja, et al. "Incidence and risk patterns of anxiety and depressive disorders and categorization of generalized anxiety disorder." Archives of general psychiatry 67.1 (2010): 47-57.
11. Remes, Olivia, et al. "A systematic review of reviews on the prevalence of anxiety disorders in adult populations." Brain and behavior 6.7 (2016): e00497.
12. Strawn, Jeffrey R., et al. "Efficacy and tolerability of antidepressants in pediatric anxiety disorders: A systematic review and meta-analysis." Depression and anxiety 32.3 (2015): 149-157.
13. Kanwar, Amrit, et al. "The association between anxiety disorders and suicidal behaviors: A systematic review and meta-analysis." Depression and anxiety 30.10 (2013): 917-929.
14. Wolitzky-Taylor, Kate B., et al. "Anxiety disorders in older adults: a comprehensive review." Depression and anxiety 27.2 (2010): 190-211.
15. Lenze, Eric J., and Julie Loebach Wetherell. "A lifespan view of anxiety disorders." Dialogues in clinical neuroscience 13.4 (2011): 381-399.
16. Wehry, Anna M., et al. "Assessment and treatment of anxiety disorders in children and adolescents." Current psychiatry reports 17.7 (2015): 52.
17. Zbozinek, Tomislav D., et al. "Diagnostic overlap of generalized anxiety disorder and major depressive disorder in a primary care sample." Depression and anxiety 29.12 (2012): 1065-1071.
18. Skoog, Ingmar. "Psychiatric disorders in the elderly." The Canadian Journal of Psychiatry 56.7 (2011): 387-397.
19. de Lijster, Jasmijn M., et al. "Social and academic functioning in adolescents with anxiety disorders: A systematic review." Journal of affective disorders 230 (2018): 108-117.
20. Andreescu, Carmen, and Soyoung Lee. "Anxiety disorders in the elderly." Anxiety disorders: Rethinking and understanding recent discoveries (2020): 561-576.