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Original Research Article

A Hospital-Based Retrospective Study on the Clinical Profile of Generalized Anxiety Disorder Patients

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Abstract:

Background: Generalized Anxiety Disorder (GAD) is a common and disabling psychiatric condition characterized by persistent worry and multiple psychological and somatic symptoms, often leading to significant functional impairment.

Aim: To assess the clinical and sociodemographic profile of patients with GAD in a tertiary care hospital.

Methodology: This hospital-based retrospective observational study was conducted in the Department of Psychiatry, Netaji Subhas Medical College and Hospital, Bihar, over one year. A total of 80 patients aged 18–65 years diagnosed with GAD as per DSM-IV criteria were included. Data on demographics, clinical features, duration of illness, and comorbidities were analyzed using descriptive statistics.

Results: The majority of patients were aged 18–30 years (32.5%) and females (57.5%). Most were married (60%). Excessive worry was present in all patients (100%), followed by sleep disturbance (80%) and restlessness (77.5%). Most cases had illness duration of 6 months to 1 year (32.5%). Comorbid depression was observed in 27.5%, while 37.5% had no comorbidity.

Conclusion: GAD predominantly affects young adults and females, with varied clinical presentations and significant comorbidity, highlighting the importance of early diagnosis and integrated management.

Keywords: Generalized Anxiety Disorder, Clinical Profile, Retrospective Study, Comorbidity, Anxiety.

Introduction

Common mental disorders, particularly depressive and anxiety disorders, are grouped together due to their high prevalence and significant contribution to the global burden of disease [1]. These conditions extend beyond psychological distress because they create problems which affect every area of human life including personal relationships social connections and work activities. Anxiety disorders, in particular, represent a major category of psychiatric illnesses with far-reaching consequences on overall health outcomes. The World Health Organization reports that anxiety disorders affect about 3.6% of people worldwide according to global prevalence estimates. However, the prevalence of anxiety disorders shows significant variations between different regions and populations because of the various epidemiological study methods which researchers use to investigate their occurrence.

The National Mental Health Survey (NMHS) 2016 found that 2.57% of the Indian population suffers from anxiety disorders, which shows a similar prevalence pattern to depressive disorders within the country according to report [2]. The moderate prevalence of anxiety disorders leads to major functional disabilities and essential life quality reductions, which create an urgent requirement for better diagnostic and treatment techniques. Generalized Anxiety Disorder (GAD) has become the most significant clinical disorder among anxiety disorders because it produces continuous symptoms which spread throughout all aspects of a person's life [3].

Generalized Anxiety Disorder displays symptoms which involve excessive and continuous and uncontrollable worrying about multiple life situations [4]. People experience anxiety which exceeds what the actual situation demands. The condition presents various physical and psychological symptoms which include muscle tension fatigue and irritability and restlessness and sleep disturbances. Many people fail to recognize the disorder because its nonspecific chronic symptoms lead them to believe that the symptoms result from normal stress reactions or existing health problems. The GAD condition which affects people through its major health impacts

continues to suffer from both underdiagnosis and undertreatment.

The rate of GAD occurs in different ways throughout various groups of people. The worldwide estimates indicate that GAD occurs more frequently yet the NMHS 2016 study found that GAD prevalence in India was only 0.57% [5]. The reasons behind this difference include two main factors which include underdiagnosis and different cultural patterns of displaying symptoms and the ways people choose to get medical help. GAD frequently occurs together with other mental health disorders that include depression while it also links to various long-lasting medical conditions which include cardiovascular diseases and diabetes and chronic pain syndromes. The comorbid conditions make it harder to understand the clinical situation which leads to slower diagnosis times and worse results from treatment that raise the overall health burdens that people face [6].

GAD patients show more physical symptoms than psychological symptoms according to their diagnosis. People go to general medical facilities because they have symptoms which include palpitations and gastrointestinal problems and headaches and ongoing pain, without understanding that they actually have an anxiety disorder [7]. Healthcare providers face major difficulties with this presentation pattern because non-psychiatric environments do not provide enough time and specialized training and people with mental health disorders face stigma which makes diagnosis hard to achieve. The majority of patients who have GAD remain undiagnosed because they do not get the necessary psychiatric treatment.

Hospital settings require knowledge about GAD clinical characteristics to enhance their ability to identify and treat patients with this condition. Tertiary care hospitals, in particular, serve as important centers for evaluating a diverse patient population with varying clinical presentations. Researchers use retrospective studies in these environments to study how people actually experience diseases by examining their demographic information and symptoms and additional health problems and medical treatment methods. The study results will reveal existing problems in current diagnostic methods which will lead to better screening methods and integrated healthcare delivery systems [8].

The clinical study of GAD patients at hospital sites enables better recognition of uncommon disease symptoms and their accompanying medical conditions. The study demonstrates how physicians from different medical fields need to work together with psychiatrists to treat patients who show mainly physical health problems. The process to identify and treat GAD needs to start early because it helps to stop the disorder from becoming permanent and protects essential functioning abilities while enhancing life quality.

The present study was conducted as a hospital-based retrospective analysis to investigate the clinical characteristics of patients who received a Generalized Anxiety Disorder diagnosis at a tertiary care center. The study will investigate GAD among hospital patients by examining its prevalence and sociodemographic characteristics and clinical symptoms and associated medical conditions. The study aims to achieve two objectives by studying GAD presentation patterns together with their related factors which will increase understanding of GAD in clinical settings and show how quick diagnosis and proper treatment lead to better patient results.

Methodology

Study Design: This study was a hospital-based retrospective observational study conducted to assess and analyze the clinical profile of patients diagnosed with Generalized Anxiety Disorder (GAD). The retrospective design involved reviewing previously recorded patient data to evaluate sociodemographic characteristics, clinical features, diagnostic details, and associated factors among GAD patients. This approach allowed for a comprehensive understanding of patterns and trends without direct patient interaction.

Study Area: The study was conducted in the Department of Psychiatry, Netaji Subhas Medical College and Hospital, Bihta, Patna, Bihar, India.

Study Duration: The study was carried out over a period of one year from January 2023 to December 2023.

Study Participants:

Inclusion Criteria

- Patients aged between 18 and 65 years.
- Both male and female patients.
- Patients diagnosed with Generalized Anxiety Disorder based on DSM-IV criteria.
- Patients with complete and accessible medical records, including clinical and sociodemographic details.

Exclusion Criteria:

- Patients with comorbid severe psychiatric disorders such as schizophrenia or bipolar disorder.
- Patients with intellectual disability or significant cognitive impairment.
- Patients suffering from severe or critical medical illnesses that could interfere with psychiatric assessment.
- Patients with incomplete, missing, or inadequate medical records.

Sample Size: A total of 80 patients fulfilling the inclusion and exclusion criteria were included in the study. The sample was selected using a convenience

sampling method based on the availability of complete and relevant medical records during the study period.

Procedure: The study involved a systematic review of medical records of patients who attended the Psychiatry Department during the defined study period. All available case files were screened for eligibility according to the predefined inclusion and exclusion criteria. Relevant data were extracted using a structured data collection format designed specifically for the study. Information collected included sociodemographic details (age, gender, marital status, occupation), clinical characteristics (duration of illness, presenting symptoms, severity), and history of treatment.

The diagnosis of Generalized Anxiety Disorder was confirmed based on DSM-IV criteria as documented in the patient records. In addition, standardized assessment tools such as the Generalized Anxiety Disorder-7 (GAD-7) scale were reviewed wherever available, with scores indicating clinically significant anxiety considered for validation. The Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) documentation, where recorded, was also used to support diagnostic accuracy.

Data related to comorbid psychiatric and medical conditions, medication history, and follow-up details were also collected. All extracted data were carefully checked for completeness and accuracy under the supervision of faculty members from the Department of Psychiatry. The collected data were then coded and systematically entered into a spreadsheet for further analysis.

Statistical Analysis: The collected data were analyzed using IBM SPSS Statistics for Windows, version 27.0. Descriptive statistics were used to summarize the data, where continuous variables such as age and duration of illness were expressed as mean and standard deviation, while categorical variables such as gender, marital status, and clinical features were presented as frequencies and percentages. Inferential statistical tests were applied to examine associations between variables. The Chi-square test was used for categorical variables, and the independent t-test was applied for continuous variables where appropriate. A p-value of less than 0.05 was considered statistically significant. The analysis helped in identifying patterns, relationships, and key characteristics associated with Generalized Anxiety Disorder among the study population.

Result

Table 1 shows the distribution of patients according to age group among the total sample of 80 individuals. The highest proportion of patients was observed in the 18–30 years age group, accounting for 32.50% (n = 26), indicating that younger adults constituted the largest segment of the study population. This was followed by the 31–40 years age group with 25.00% (n = 20), and the 41–50 years group comprising 20.00% (n = 16). The proportion of patients gradually decreased with increasing age, as seen in the 51–60 years group which included 15.00% (n = 12) of patients. The least representation was found in the 61–65 years age group, accounting for only 7.50% (n = 6). Overall, the data suggest that the majority of patients were concentrated in the younger and middle-aged groups, with a declining trend in older age categories.

Table 1: Distribution of Patients According to Age Group (n = 80)

Age Group (Years)	Number of Patients	Percentage (%)
18–30	26	32.50%
31–40	20	25.00%
41–50	16	20.00%
51–60	12	15.00%
61–65	6	7.50%
Total	**80**	**100%**

Table 2 shows the distribution of patients according to gender and marital status among the total sample of 80 individuals. The majority of patients were female, accounting for 57.50% (n = 46), while males constituted 42.50% (n = 34), indicating a higher representation of females in the study population. In terms of marital status, most of the patients were married, comprising 60.00% (n = 48), followed by unmarried individuals at 30.00% (n = 24). A smaller proportion of patients were either divorced or widowed, accounting for 10.00% (n = 8). Overall, the findings suggest that the study population was predominantly female and largely composed of married individuals.

Table 2: Distribution of Patients According to Gender and Marital Status (n = 80)			
Variable	**Category**	**Number of Patients**	**Percentage (%)**
Gender	Male	34	42.50%
	Female	46	57.50%
Marital Status	Married	48	60.00%
	Unmarried	24	30.00%
	Divorced/Widowed	8	10.00%

Table 3 shows the distribution of patients according to clinical symptoms among the total sample of 80 individuals. Excessive worry was observed in all patients (100%), making it the most universal symptom. Sleep disturbance was the next most common symptom, affecting 80.00% (n = 64) of patients, followed by restlessness in 77.50% (n = 62) and irritability in 75.00% (n = 60). Fatigue was reported by 72.50% (n = 58) of patients, while difficulty concentrating was present in 67.50% (n = 54). Muscle tension was the least commonly reported symptom, though still present in a significant proportion of 62.50% (n = 50) of patients. Overall, the findings indicate that while excessive worry is a core feature in all cases, a majority of patients also experience multiple associated psychological and somatic symptoms.

Table 3: Distribution of Patients According to Clinical Symptoms (n = 80)		
Clinical Symptoms	**Number of Patients**	**Percentage (%)**
Excessive worry	80	100%
Restlessness	62	77.50%
Fatigue	58	72.50%
Difficulty concentrating	54	67.50%
Irritability	60	75.00%
Muscle tension	50	62.50%
Sleep disturbance	64	80.00%

Table 4 shows the distribution of patients according to duration of illness among the total sample of 80 individuals. The highest proportion of patients had an illness duration of 6 months to 1 year, accounting for 32.50% (n = 26), indicating that a considerable number of cases were identified within the early phase of the disorder. This was followed by patients with a duration of 1–3 years, comprising 25.00% (n = 20). A notable proportion of patients (22.50%, n = 18) had a duration of illness of less than 6 months, suggesting recent onset in a significant segment. Meanwhile, 20.00% (n = 16) of patients had a prolonged illness duration of more than 3 years. Overall, the findings suggest that most patients presented within the first year of illness, reflecting relatively earlier healthcare-seeking behavior or diagnosis in the study population.

Table 4: Distribution of Patients According to Duration of Illness (n = 80)		
Duration of Illness	**Number of Patients**	**Percentage (%)**
< 6 months	18	22.50%
6 months – 1 year	26	32.50%
1 – 3 years	20	25.00%
> 3 years	16	20.00%
Total	**80**	**100%**

Table 5 shows the distribution of patients according to comorbid conditions among the total sample of 80 individuals. The majority of patients, 37.50% (n = 30), had no comorbidity, indicating that over one-third of the study population presented with generalized anxiety disorder alone. Among those with comorbid conditions, depression was the most common, observed in 27.50% (n = 22) of patients, highlighting a significant overlap between anxiety and depressive disorders. Hypertension was present in 15.00% (n = 12) of patients, followed by diabetes mellitus in 12.50% (n = 10), suggesting a notable burden of physical comorbidities. Additionally, 7.50% (n = 6) of patients had other psychiatric disorders. Overall, the findings indicate that while a considerable proportion of patients had no comorbidities, a substantial number exhibited both psychiatric and medical coexisting conditions.

Table 5: Distribution of Patients According to Comorbid Conditions (n = 80)		
Comorbid Conditions	**Number of Patients**	**Percentage (%)**
No comorbidity	30	37.50%
Depression	22	27.50%
Hypertension	12	15.00%
Diabetes Mellitus	10	12.50%
Other psychiatric disorders	6	7.50%
Total	**80**	**100%**

Discussion

The present hospital-based retrospective study demonstrates that its findings match earlier research studies which analyzed generalized anxiety disorder (GAD) across different settings. Young adults between 18 and 30 years old represent the largest age group in the study, while individuals aged 31 to 40 years represent the second largest group, which matches Kessler et al. (2001) [9] epidemiological findings that GAD usually begins during early adulthood and continues throughout the most active period of human life. Lieb et al. (2005) [10] reported that younger adults who consumed alcohol before they turned 40 years displayed higher prevalence rates because their work conditions and their financial situation and their changing social responsibilities made them more likely to develop health problems. The study conducted by Calleo et al. (2009) [11] showed that older adults with GAD frequently go undiagnosed because they experience substantial symptomatology, which resulted in our research discovering reduced GAD cases among older people and showing that elderly people might experience GAD underdiagnosis.

The current investigation shows higher female representation which matches findings from multiple earlier investigations. Kessler et al. (2001) and Somers et al. (2006) [12] reported that females are nearly twice as likely to develop GAD compared to males. The factors leading to this gender difference include hormonal changes, increased emotional response, and the social pressures that women face through their caregiving duties and the expectations tied to their gender. Furthermore, Roberge et al. (2015) [13] also highlighted that woman are more likely to seek medical help for anxiety-related symptoms, which may partly explain their higher representation in clinical settings. The present research findings about GAD prevalence show that they confirm existing knowledge about how different genders experience this disorder.

The diagnostic criteria established by Spitzer et al. (2006) [14] show that all patients exhibit excessive worry in all their clinical symptoms, which matches the diagnostic requirements. The current study found that associated symptoms including sleep disturbance and restlessness and irritability and fatigue and impaired concentration occurred at the same frequency as previous studies reported. According to Weisberg (2009) [15] over 60% of GAD patients suffer from sleep disturbances together with cognitive problems which shows that GAD affects people through multiple symptoms that include both psychological and bodily manifestations. The study found that muscle tension occurred at a lower rate than the results of Lieb et al. (2005) showed because participants reported their symptoms according to cultural differences between groups.

The present study shows that most patients who suffered from illness arrived at medical facilities within their first year of illness while previous research found that patients needed more time before they sought treatment. Kessler et al. 2001 showed that GAD patients needed to wait several years before they received treatment for their symptoms which demonstrated how the condition developed gradually and persisted throughout their lives. Spitzer et al. 2006 demonstrated that doctors frequently encounter difficulties diagnosing patients because anxiety symptoms tend to resemble general stress reactions and physical health issues. The study results show that our participants presented at clinics earlier than expected which suggests they had better healthcare access and mental health knowledge compared to previous times. The research findings show that GAD patients with illness duration exceeding three years show evidence of chronic GAD progression which earlier research documented.

The current research found so many different patterns of comorbidity that they especially showed how depression normally occurs with other conditions. Somers et al. (2006) reported that nearly 50% of individuals with GAD have comorbid depressive disorders, which highlights the significant overlap between anxiety and mood disorders. The existence of two disorders together with each other creates complications for both diagnosis and treatment because it requires complete treatment to ensure better results. Our research findings show that medical conditions like hypertension and diabetes mellitus which our study found, directly match the results from Calleo et al. (2009) who discovered that permanent medical conditions usually occur together with anxiety disorders because both conditions share common risk elements and the mental strain caused by ongoing health issues.

The study found that GAD patients experience sleep disturbances at high rates which matches results

from earlier studies. Roberge et al. (2015) identified sleep problems as one of the most common symptoms that GAD patients report to primary care doctors because it causes them to lose their ability to function. The evidence shows that sleep disturbances exist together with anxiety disorders and they also make anxiety disorders more severe and longer lasting.

The current study results match existing research which describes the demographic and clinical characteristics of GAD patients through three specific patterns of age distribution and three patterns of female dominance and essential symptoms and their associated medical conditions. The healthcare-seeking patterns and symptom expression of patients show distinct differences which demonstrate the impact of regional and cultural and healthcare factors on their behavior. The findings demonstrate that generalized anxiety disorder requires context-specific screening methods which need to be combined with early detection and complete treatment solutions.

Conclusion

The present hospital-based retrospective study provides valuable insights into the clinical and demographic profile of patients with Generalized Anxiety Disorder. The findings indicate that GAD is more prevalent among younger adults and females, with excessive worry being the universal symptom accompanied by multiple psychological and somatic features. A significant proportion of patients presented within the early phase of illness, although chronic cases were also evident. The presence of comorbid conditions, particularly depression and medical illnesses such as hypertension and diabetes, highlights the complex nature of the disorder. Overall, the study emphasizes the need for early detection, comprehensive assessment, and integrated management strategies to reduce the burden of GAD and improve patients' quality of life.

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