e-ISSN: 0975-9506, p-ISSN: 2961-6093

Available online on www.ijpqa.com

International Journal of Pharmaceutical Quality Assurance 2026; 17(3); 378-384

Original Research Article

Retrospective Study of Anxiety Disorders: Demographic Characteristics, Treatment Patterns, and Outcomes

Rajesh Kumar Bharti[1], Vishwamitra Thakur[2], Satish Kumar[3]

[1]Assistant Professor, Department of Psychiatry, Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India

[2]Associate Professor, Department of Psychiatry, Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India

[3]Assistant Professor, Department of Psychiatry, Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India

Received: 22-01-2026 / Revised: 20-02-2026 / Accepted: 22-03-2026

Corresponding Author: Dr. Satish Kumar

Conflict of interest: Nil

Abstract:

Background: Anxiety Disorders are some of the most frequently diagnosed psychiatric disorders in the world. They are linked to high psychological distress, impaired function, decreased quality of life, and increased use of health services. Knowing demographic factors, management approaches, and treatment outcomes is vital to better understanding of evidence-based psychiatry.

Aim: To conduct a retrospective analysis on the demographic profile, management, and outcome of patients diagnosed with anxiety disorders who attended a tertiary care teaching hospital.

Methodology: A retrospective study was carried out in the department of psychiatry at Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India. In total, 120 medical records of patients who had been diagnosed with anxiety disorders within one year were selected. The information about demographics, diagnosis, symptoms, treatment and adherence to the treatment, as well as clinical outcomes, were collected through proforma and analyzed using statistical methods.

Results: Most of the subjects had ages between 21–40 years (43.3%), and females constituted 56.7% of all subjects in the study. The most common condition was Generalized Anxiety Disorder (38.3%), and excessive worrying and sleeping problems were common symptoms (76.7% and 62.5%, respectively). Selective Serotonin Reuptake Inhibitors were the drugs most commonly used (60.0%), and 51.7% of the subjects were under combined pharmacotherapy and psychotherapy. Clinical improvement occurred in 68.3% of the subjects, especially in those under combined therapy and with good compliance (80.6% and 84.1%, respectively).

Conclusion: The anxiety disorders were seen more among younger and middle-aged adults, mostly women, while generalized anxiety disorder had the highest rate of prevalence. The use of both medications and psychotherapy, coupled with proper compliance to treatment, showed better outcomes for patients. Prompt diagnosis, individualized treatment, and proper follow-up play an important role in providing good patient outcomes and psychiatric services.

Keywords: Anxiety Disorders, Generalized Anxiety Disorder, Demographic Profile, Treatment Patterns, Clinical Outcomes, Retrospective Study.

DOI: 10.25258/ijpqa.17.3.61

Introduction

Anxiety disorders are some of the most common forms of mental disorders across the globe and are associated with intense fear, continuous worrying and abnormal behaviors which lead to dysfunction in social, occupational and psychological domains. Though anxiety is a natural reaction to stressful situations, anxiety disorders are differentiated on the basis of their intensity, duration and negative effects on the individual's ability to function normally in their day-to-day activities. Some examples of anxiety disorders are generalized anxiety disorder, panic disorder, etc. [1].

The anxiety disorder is a huge public health issue because of its high frequency and the significant role that it plays in disability. It affects individuals irrespective of age or social class, and is characterized by reduced quality of life and decreased productivity. Though there are highly efficacious treatments available for anxiety disorders, patients may fail to get diagnosed or treatment because of lack of

knowledge, social stigma, and lack of availability of mental health care facilities [2].

Anxiety disorders are characterized by diverse presentations of psychological and somatic symptoms, such as worrying, restlessness, irritability, insomnia, difficulty focusing, tiredness, palpitation, sweating, trembling, and gastrointestinal problems. As these symptoms tend to be overlapping with many other diseases, thorough assessment in psychiatry is necessary for proper diagnosis and treatment [3].

The cause of anxiety disorders is multi-factorial, as it encompasses the presence of genetic vulnerability, biological problems, environmental and stressful triggers, negative events in life, personality features, and psycho-social issues. Other psychiatric disorders like depression and addiction disorders, in addition to other physical disorders such as heart problems, diabetes, and thyroid disorder, are commonly associated with anxiety disorders and might negatively impact treatment results [4,5].

The treatment of anxiety disorders requires an individualized approach involving the use of pharmacotherapy and psychological treatments. The selective serotonin reuptake inhibitors (SSRIs) are used as first-choice drugs whereas SNRIs, benzodiazepines, buspirone, and other drug classes are used as per the requirements. CBT, psychoeducation, relaxation techniques, and supportive counselling are other important strategies that have been found to be beneficial in anxiety disorder patients [6,7].

The retrospective study of hospitalized patients provides information related to the demographics, prevalence of the disease, treatment modality, and the outcome of the disease in the clinical setting. The findings from such studies can help the clinicians evaluate the existing treatment options, identify the high-risk populations, and implement the psychiatric care using evidence-based strategies [8].

Aims of the current retrospective study include the analysis of demographic characteristics, treatment patterns, and outcomes for the patients suffering from anxiety disorder visiting the Department of Psychiatry at Lord Buddha Koshi Medical College & Hospital. The purpose of the study is to provide hospital-based evidence that might help in improving the management of patients with mental health issues [9].

Methodology

Study Design: The current research was conducted through the use of a retrospective observation design in order to assess the demographics of the participants and their responses to treatment for anxiety disorders. A retrospective design allowed the researchers to review the hospital files systematically and draw patterns from the demographic features and treatment responses of the participants who sought psychiatric services.

Study Area

The research was done in the Department of Psychiatry at Lord Buddha Koshi Medical College and Hospital, Saharsa, Bihar, India

Study Duration: The research was conducted for one year.

Study Participants

Inclusion Criteria

- Diagnosed with anxiety disorders based on psychiatric diagnostic standards.
- Adult patients of both sexes who are 18 years old and above.
- Being treated in the outpatient or inpatient psychiatric departments during the study.
- Medical files that contain all the demographic, clinical, treatment, and follow-up information.

Exclusion Criteria

- Patients with incomplete or no medical records.
- Patients with a diagnosis predominantly of psychotic disorders, bipolar disorder, or neurocognitive disorders without comorbid anxiety disorder.
- Patients suffering from very serious neurological diseases or other health conditions that greatly impeded psychiatric evaluation.
- Duplicated patients records.

Sample Size: In total, 120 medical records of patients who met the eligibility criteria were used in this study. The sample size was sufficient enough for assessing demographic features, treatment modalities, and clinical outcomes of anxiety disorders among participants in this study.

Procedure: Medical records of the patients who were eligible for this study were collected from the Medical Records Department through the permission of the institution. A data extraction proforma was used to extract information about demographic details, nature of the anxiety disorder, symptoms experienced, psychiatric and medical co-morbidities, mode of treatment, duration of treatment, follow-up status, and the outcome. Pharmacological treatment involving the use of antidepressants, anxiolytics and other psychiatric drugs, along with psychological treatment like counseling and cognitive behavioral therapy, was recorded. Confidentiality of patient information was ensured by stripping out all personal identifiers. The research was done in accordance with the guidelines of the Institutional Ethics Committee.

Statistical Analysis: Data collection was done using Microsoft Excel while SPSS software (version 27.0; IBM Corp., Armonk, NY, USA) was used for

analysis of data. Descriptive statistics, such as frequency, percentage, mean, and standard deviation, was used in summarizing demographic and clinical parameters. Association between selected demographic variables and treatment outcome was determined by using the Chi-square test and independent t-test where applicable. P-value < 0.05 was considered statistically significant.

Results

Table 1 below depicts the demographic profile of the 120 patients affected by anxiety disorders. The highest number of the patients was in the age group of 21-40 years (52, 43.3%), followed by 41-60 years (36, 30.0%), 18-20 years (20, 16.7%), and above 60 years (12, 10.0%). The proportion of female patients was marginally high in this case (68, 56.7%) compared to males (52, 43.3%). Rural area patients comprised the majority (70, 58.3%), whereas urban patients constituted the minority (50, 41.7%). In relation to the marital status, there were 64 patients who were married (53.3%), 42 (35.0%) single, and 14 (11.7%) widowed/divorced. These findings indicate that anxiety disorders were more frequently observed among young to middle-aged adults, females, and rural residents.

Table 1: Demographic Characteristics of Patients with Anxiety Disorders

Parameter	Frequency (n)	Percentage (%)
Age (years)		
18–20	20	16.7
21–40	52	43.3
41–60	36	30.0
>60	12	10.0
Gender		
Male	52	43.3
Female	68	56.7
Residence		
Rural	70	58.3
Urban	50	41.7
Marital Status		
Married	64	53.3
Unmarried	42	35.0
Widowed/Divorced	14	11.7

Table 2 below highlights the clinical picture of anxiety disorders of the subjects studied. The most prevalent disorder is Generalized Anxiety Disorder, which affects 46 people (38.3%) of the sample group, then comes panic disorder affecting 28 people (23.3%), Social Anxiety Disorder affecting 20 people (16.7%), Specific Phobia affecting 16 people (13.3%), and Other Anxiety Disorders affecting 10 individuals (8.4%). Excessive worrying was noted as the most commonly experienced presenting symptom (76.7%), followed by sleep problems (62.5%), palpitations (55.8%), restlessness (51.7%), fatigue (43.3%), and concentration difficulties (37.5%).

Table 2: Clinical Profile of Anxiety Disorders

Clinical Variable	Frequency (n)	Percentage (%)
Type of Anxiety Disorder		
Generalized Anxiety Disorder	46	38.3
Panic Disorder	28	23.3
Social Anxiety Disorder	20	16.7
Specific Phobia	16	13.3
Other Anxiety Disorders	10	8.4
Common Presenting Symptoms		
Excessive worry	92	76.7
Sleep disturbance	75	62.5
Palpitations	67	55.8
Restlessness	62	51.7
Fatigue	52	43.3
Difficulty concentrating	45	37.5

Multiple responses were recorded.

Table 3 presents a description of the treatment methods that were used for patients suffering from anxiety disorders. Most of the patients received pharmacological treatment with the SSRI class of drugs being the commonest type of drug used (72, 60.0%) followed by benzodiazepines (48, 40.0%), SNRIs (26, 21.7%) and other anxiolytic drugs (18, 15.0%). Psychological treatment included CBT for 58 patients (48.3%), supportive counselling for 44 patients (36.7%) and psychoeducation for 38 patients (31.7%). The combination of both pharmacological and psychological treatment methods was applied to 62 patients (51.7%).

Table 3: Treatment Patterns among Patients with Anxiety Disorders

Treatment Modality	Frequency (n)	Percentage (%)
Pharmacological Treatment		
SSRIs	72	60.0
Benzodiazepines	48	40.0
SNRIs	26	21.7
Other anxiolytics	18	15.0
Psychological Intervention		
Cognitive Behavioral Therapy	58	48.3
Supportive counselling	44	36.7
Psychoeducation	38	31.7
Combined pharmacological and psychological treatment	62	51.7

Multiple treatment modalities were prescribed.

The findings of the clinical outcomes seen from the patients in this study can be seen in Table 4 below. Clinical improvement after the intervention occurred in 82 patients (68.3%), partial improvement in 24 (20.0%) and no improvement at all in 14 (11.7%). Good adherence to the medication was experienced in 88 patients (73.3%), irregular adherence was seen in 22 (18.3%) and stopped medication in 10 (8.4%). The number of hospitalizations was 18 (15.0%) while most were outpatients.

Table 4: Clinical Outcomes of Patients with Anxiety Disorders

Outcome Variable	Frequency (n)	Percentage (%)
Clinical Outcome		
Improved	82	68.3
Partially improved	24	20.0
No improvement	14	11.7
Treatment Adherence		
Good adherence	88	73.3
Irregular adherence	22	18.3
Discontinued treatment	10	8.4
Hospital Admission		
Yes	18	15.0
No	102	85.0

Table 5 demonstrates the relationship between some demographic and clinical variables and clinical improvement among the studied cases of anxiety disorders. Better clinical outcomes were more commonly seen in patients who received both pharmacological and psychological treatments (80.6%), in patients with good treatment compliance (84.1%), and in patients who had been diagnosed at the early stage of the disease (75.6%). Females were slightly more likely to show improvement compared to males; on the other hand, patients with psychiatric comorbidities were less likely to show clinical improvement. The results indicate that treatment compliance and full-fledged treatment were key factors for favorable clinical outcomes. Figure 1 presents the graphical representation of the distribution of clinical improvement according to some demographic and clinical variables.

Table 5: Factors Associated with Clinical Improvement

Variable	Improved n (%)	Not Improved n (%)
Female	50 (73.5)	18 (26.5)
Male	32 (61.5)	20 (38.5)
Combined therapy	50 (80.6)	12 (19.4)
Medication only	32 (55.2)	26 (44.8)
Good treatment adherence	74 (84.1)	14 (15.9)
Poor/Irregular adherence	8 (25.0)	24 (75.0)
Psychiatric comorbidity present	18 (54.5)	15 (45.5)
No psychiatric comorbidity	64 (73.6)	23 (26.4)

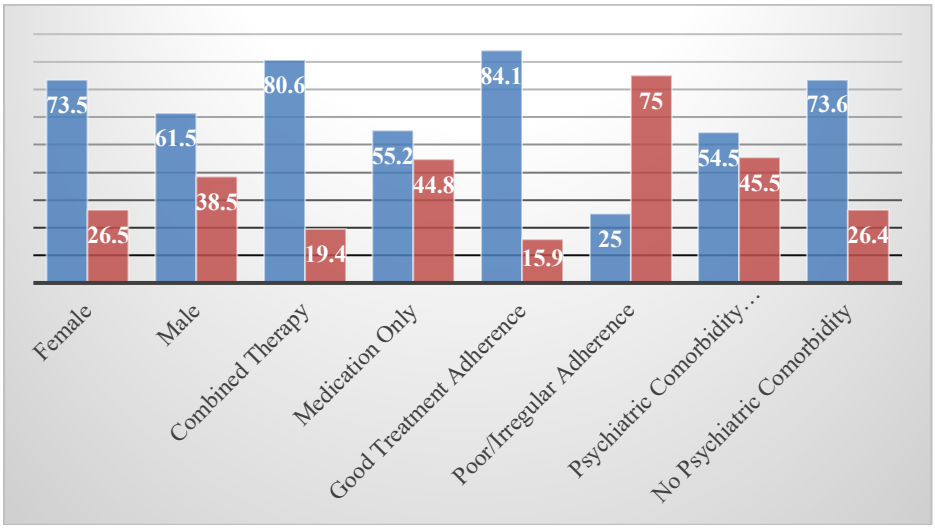

Figure 1: Visual Representation of Factors Associated with Clinical Improvement

Discussion

The current study retrospectively assessed the demographics, treatment practices, and outcomes of patients suffering from anxiety disorders in a tertiary care hospital (Khanal et al., 2022) [10]. A majority of patients (43.3%) fell in the age range of 21-40 years old, whereas the females made up 56.7% of the entire sample size (Kuper et al., 2020) [11]. Such results corroborate with previous studies that showed a high incidence rate of anxiety disorders in females and younger people due to certain biological, psychological, and social causes (Lijster et al., 2017) [12].

In the current study, it was seen that Generalized Anxiety Disorder (38.3%) had the highest prevalence rate followed by panic disorder (23.3%) and Social Anxiety Disorder (16.7%) (Paulus et al., 2015) [13]. The most common symptoms included excessive worry (76.7%), sleep disturbance (62.5%), and palpitations (55.8%). Such results corroborate with prior studies where it is found that generalized anxiety disorder is the most prevalent form of anxiety disorder and that its symptoms start from the ages of adolescence and young adulthood (Pedras et al., 2022) [14].

Concerning the treatment of symptoms, SSRIs were found in 60.0%, benzodiazepines were found in 40.0% of patients, while cognitive behavioral therapy was provided to 48.3% of patients, and 51.7% were treated with the combination of medications and psychotherapy (Rajkumar & Kumaran, 2015) [15]. Previous studies indicated the same results, confirming the fact that individualized treatment involving both pharmacotherapy and psychotherapy is more efficient in symptom management than single modality treatments (Rayner et al., 2022) [16].

It has been shown that patients undergoing combined treatment revealed better clinical improvements (80.6%) compared to patients receiving only medication (55.2%). In addition, overall, 68.3% of patients revealed clinical improvement after the treatment (Remes et al., 2016) [17].

Adherence to treatment had a considerable impact on the outcome of the condition in patients. Good adherence to treatment (84.1%) led to greater improvement among the studied group of patients when compared to poor or sporadic adherence to treatment (25.0%) (Sachs-Ericsson et al., 2017) [18]. In addition, a significant association between poor improvement (54.5%) and psychiatric comorbidities was established when compared with no comorbidity (73.6%). This demonstrates the necessity of regular follow-up, proper treatment and the management of co-existing psychiatric conditions to ensure positive clinical outcomes (Santomauro et al., 2021) [19].

In conclusion, the results of the current study confirm previous findings about the impact of anxiety disorders on people's life (Tseng et al., 2017) [20]. It shows that there is a prevalence of younger adults, the presence of more women in the studied sample, better results for combined treatment and the impact of treatment adherence on clinical outcomes.

Conclusion

It is clear from the current retrospective study that anxiety disorders primarily affected the younger and middle-aged adults, with females being the predominant gender. The most prevalent anxiety disorder found in this study was generalized anxiety disorder, whereas excessive worrying and sleep disturbances were found to be the predominant symptoms associated with these anxiety disorders. The selective serotonin reuptake inhibitors and cognitive behavioral therapy were the most common treatment options for these disorders, and those patients who had received both the treatments with high treatment compliance had better outcomes.

References

1. Anderson, C., Tauch, D., & Quante, A. (2015). 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), 10-4088.
2. Dold, M., Bartova, L., Souery, D., Mendlewicz, J., Serretti, A., Porcelli, S., ... & Kasper, S. (2017). Clinical characteristics and treatment outcomes of patients with major depressive disorder and comorbid anxiety disorders-results from a European multicenter study. Journal of psychiatric research, 91, 1-13.
3. Dowse, E., Chan, S., Ebert, L., Wynne, O., Thomas, S., Jones, D., ... & Oldmeadow, C. (2020). Impact of perinatal depression and anxiety on birth outcomes: a retrospective data analysis. Maternal and child health journal, 24(6), 718-726.
4. Du, N., Zhou, Y. L., Zhang, X., Guo, J., & Sun, X. L. (2017). 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), 351.
5. Green, S. A., & Graham, B. M. (2022). Symptom fluctuation over the menstrual cycle in anxiety disorders, PTSD, and OCD: a systematic review. Archives of women's mental health, 25(1), 71-85.
6. Harris, M. G., Hobbs, M. J., Burgess, P. M., Pirkis, J. E., Diminic, S., Siskind, D. J., ... & Whiteford, H. A. (2015). Frequency and quality of mental health treatment for affective and anxiety disorders among Australian adults. Medical Journal of Australia, 202(4), 185-189.
7. Hutton, T. (2021). Repetitive transcranial magnetic stimulation therapy markedly reduces anxiety in adults with major depressive disorder: A retrospective analysis of 664 patients. Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation, 14(6), 1718.
8. Johnson, H. M. (2019). Anxiety and hypertension: is there a link? A literature review of the comorbidity relationship between anxiety and hypertension. Current hypertension reports, 21(9), 66.
9. Jones, M. P., Tack, J., Van Oudenhove, L., Walker, M. M., Holtmann, G., Koloski, N. A., & Talley, N. J. (2017). Mood and anxiety disorders precede development of functional gastrointestinal disorders in patients but not in the population. Clinical Gastroenterology and Hepatology, 15(7), 1014-1020.
10. Khanal, P., Ståhlberg, T., Luntamo, T., Gyllenberg, D., Kronström, K., Suominen, A., & Sourander, A. (2022). Time trends in treated incidence, sociodemographic risk factors and comorbidities: a Finnish nationwide study on anxiety disorders. BMC psychiatry, 22(1), 144.
11. Kuper, L. E., Stewart, S., Preston, S., Lau, M., & Lopez, X. (2020). Body dissatisfaction and mental health outcomes of youth on gender-affirming hormone therapy. Pediatrics, 145(4).
12. Lijster, J. M. D., Dierckx, B., Utens, E. M., Verhulst, F. C., Zieldorff, C., Dieleman, G. C., & Legerstee, J. S. (2017). The age of onset of anxiety disorders: a meta-analysis. The Canadian Journal of Psychiatry, 62(4), 237-246.
13. Paulus, F. W., Backes, A., Sander, C. S., Weber, M., & von Gontard, A. (2015). Anxiety disorders and behavioral inhibition in preschool children: A population-based study. Child Psychiatry & Human Development, 46(1), 150-157.
14. Pedras, S., Meira-Machado, L., Couto de Carvalho, A., Carvalho, R., & Pereira, M. G. (2022). Anxiety and/or depression: which symptoms contribute to adverse clinical outcomes after amputation?. Journal of Mental Health, 31(6), 792-800.
15. Rajkumar, R. P., & Kumaran, A. K. (2015). Depression and anxiety in men with sexual dysfunction: a retrospective study. Comprehensive psychiatry, 60, 114-118.
16. Rayner, C., Coleman, J. R., Skelton, M., Armour, C., Bradley, J., Buckman, J. E., ... & Eley, T. C. (2022). Patient characteristics associated with retrospectively self-reported treatment outcomes following psychological therapy for anxiety or depressive disorders-a cohort of GLAD study participants. BMC psychiatry, 22(1), 719.

17. Remes, O., Brayne, C., Van Der Linde, R., & Lafortune, L. (2016). A systematic review of reviews on the prevalence of anxiety disorders in adult populations. Brain and behavior, 6(7), e00497.
18. Sachs-Ericsson, N. J., Sheffler, J. L., Stanley, I. H., Piazza, J. R., & Preacher, K. J. (2017). When emotional pain becomes physical: adverse childhood experiences, pain, and the role of mood and anxiety disorders. Journal of clinical psychology, 73(10), 1403-1428.
19. Santomauro, D. F., Herrera, A. M. M., Shadid, J., Zheng, P., Ashbaugh, C., Pigott, D. M., ... & Ferrari, A. J. (2021). Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. The Lancet, 398(10312), 1700-1712.
20. Tseng, C. C., Hu, L. Y., Liu, M. E., Yang, A. C., Shen, C. C., & Tsai, S. J. (2017). Bidirectional association between Bell's palsy and anxiety disorders: a nationwide population-based retrospective cohort study. Journal of affective disorders, 215, 269-273.