Egypt. J. Psychiat. (1981), 4 : 57—70

Psycho-Demographic Study of Anxiety in Egypt

(The First Application of PSE in its Arabic Version)

BY A. Okasha, A. Ashour, M. Kamel, A. Sadek, Zeinab Bishry, and F. Lotaif.

ABSTRACT

The first attempt to study the socio-demographic aspects of anxiety disorders in Egypt and to apply the Arabic version of the PSE in evaluating the profiles of clusters and symptoms of anxiety in a 120 sample of anxiety patients.
Applying chi square tests showed a significant difference in some presentations between males and females, between illiterate and educated groups, and between those exposed to mild and severe crowding. Structured interviews like PSE will help in transcultural comparisons of clinical psychiatric disorders.

INTRODUCTION :

Wing and his colleagues (1967) developed the " Present State Examination" (PSE) based on a comprehensive list of questions, brief symptom definitions and a guide to the conduct of the interview. Reliability was studied in detail, both by comparing clinicians rating one interview and by comparing different inteviewers rating the same patient at an interval of a few days.

The main purposes of the PSE are :

1 — To provide a reliable method of examining the " present mental state " of an individual at a given point in time and of describing which symptoms and syndromes are present.

2 — To allow the investigation of diagnostic rules and practices.

3 — To provide a clear cut basis for teaching and clinical work.

The PSE was originally constructed in English and studies on its reliability were carried out (Wing et al., 1967, Kendell et al., 1968

Sartorius et al., 1970). The original English version was translated into Arabic by Okasha and Ashour (1979). This translation was given to a third person who translated it back into English, which in turn was assessed by English speaking psychiatrist who compared them with the original version and removed any inconsistencies from the translated versions.

The centre in Ain Shams University in Cairo consisted of six psychiatrists who had undergone a period of training in the use of PSE before contributing patients to the study. Regular checks were made on the inter - rater reliability. The PSE aims to cover the full range of symptoms and is divided into a number of different areas for convenience. That of anxiety was of particular interest for the purpose of this study.

The structured interview like the PSE is an important advance over the " questionnaire " technique. However the interview schedules developed to date suffer from some obvious short - coming (Kapur et al., 1974) :

1. None of the interview schedules is designed to tap information. Schedules developed to date suffer from some obvious short - comings (Kapur et al., 1974) :

2. None of the schedules has a section for systematic recording of historical information, so important in reaching a diagnosis.

3. The schedules developed for use in the west appear less and less satisfactory as one moves away from the socio - cultural context in which they were developed. For example none of the schedules pays special attention to possession states, symptoms of sexual inadequacy, and somatic overconcern so commonly encountered in developing countries (Kapur et al., 1974). The authors felt a need to prepare a structured interview schedule suitable for the Egyptian setting.

METHODOLOGY :

120 patients suffering from anxiety states were collected at random from Ain Shams University Out - patient Clinic (representing low social classes) and those attending private clinics of the authors

(representing middle and high social strata) during the first six months of 1980. The diagnosis of anxiety was agreed upon by two psychiatrists and based on the " Egyptian Diagnostic Manual of Psychiatric Disorders " (1975). This is derived mainly from I. C. D. 8 (1968) D.S.M. II (1968) and the French classification also taking into consideration the socio - cultural context. ' Anxiety State ' refers to a condition of predominant tension and apprehension experienced mentally and physically, persisting independently of external factors and not secondary to other medical or psychiatric illnesses. The physiological changes lie in the increased autonomic nervous system activity.

Socio - Demographic Study of Anxiety State in Egypt.

In the DSM III (1980), anxiety disorders are estimated to range from 2 — 4 % of the general population. Anxiety states represent about 18 % of the psychiatric out - patient clinic in a selective Egyptian sample (Okasha **et al.**, 1980). In another study on psychiatric morbidity among university students in Egypt, anxiety states represented 36 % of the total sample (Okasha **et al.**, 1977)

TABLE I :

Age and sex

Age Group	Below 20	20 — 29	30 — 39	Above 40 years
Males (N = 79)	8	42	20	9
Females (N =241)	5	18	12	6
TOTAL (N = 120)	13	60	32	15

Table I shows that our sample consisted of 79 males and 41 females. Anxiety states were highest in the group between 20 — 29 years. This high representation was noticed in both males and females. This age group is faced with all the stresses of marriage, finding and maintaining suitable employment, frustrated expectations, housing difficulties, economic inflation, political sanctions in developing countries, the dilemma between following local traditions and culture and adjusting to westernized life styles. The age group from 30 — 39 years

is more vulnerable to anxiety states because of the above factors and in addition the burden on the emancipated females who have to work and continue to perform their marital duties in the traditional fashion. The postponement of marriage until the late twenties because of a housing shortage, economical difficulties etc. add to sexual frustration as premarital intercourse and other sexual outlets contradict the conformity of the society to the religious codes. It is a popular belief that people shifting from the countryside to the city are more susceptible to anxiety symptoms because of a lack of adaptation, difficult adjustment and the feeling of alienation. In our sample of 120 anxiety patients only 27 shifted from the village to the city, 64 were born and residing in the city and the remaining 29 either did not shift or shifted the side way or such movements were not recorded.

TABLE II :

Marital Status

Status	Married	Single	Divorced	Widowed
Males	25	53	1	0
Females	22	18	1	0
TOTAL	47	71	2	0

Table II explains the marital status where single males were more frequent among anxiety patients, contrary to the females where the married ones outnumbered the single. This can be interpreted that the married Egyptian female is exposed to more stress than the single female because of the male dependency on his wife in all household activities inspite of the fact that she is emancipated and shares him in outside employment. In contrast the single male is more prone to anxiety as he is continuously concerned with his expectations regarding marriage, housing, finances and future career more than the established married one.

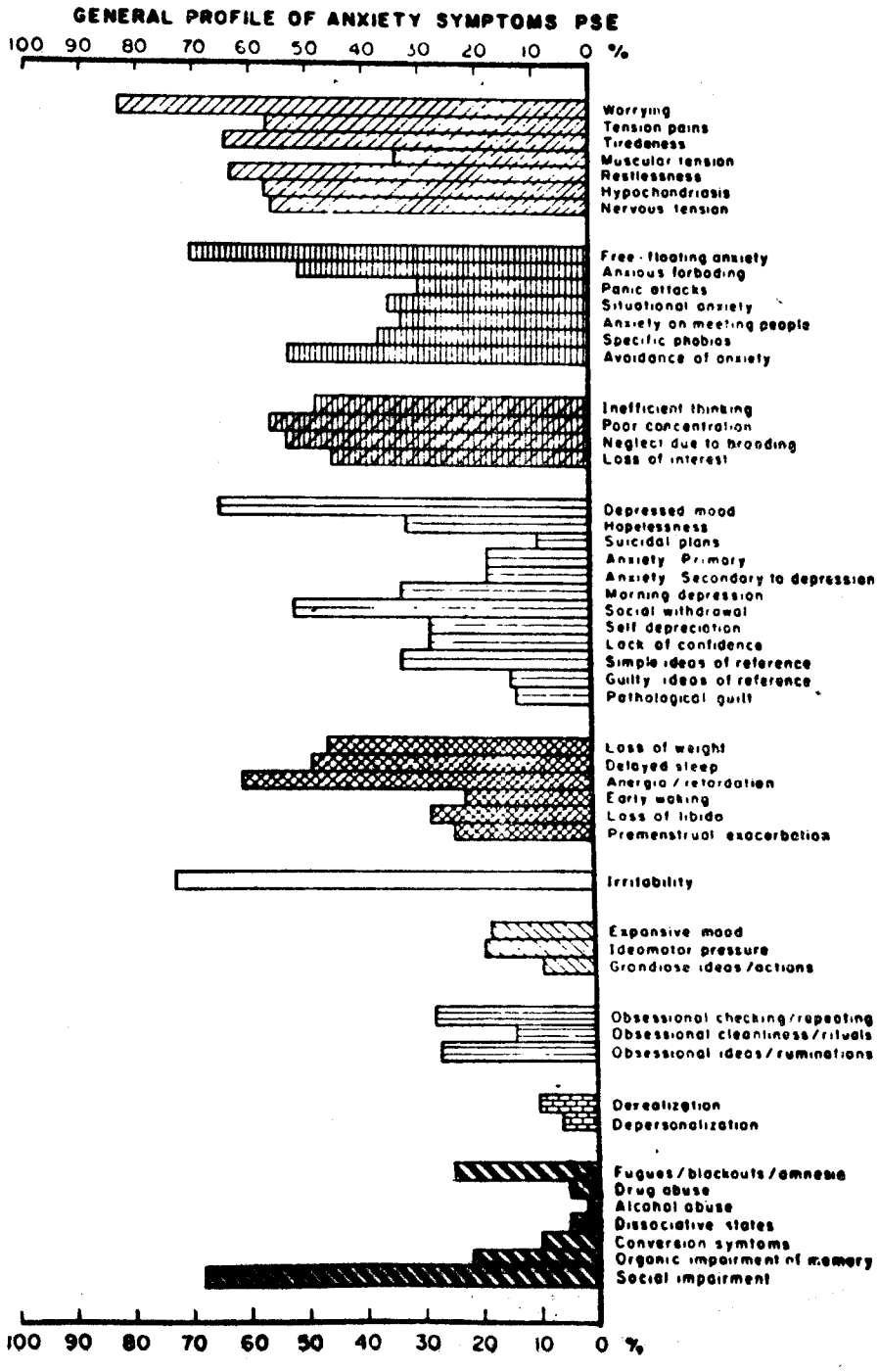
The living conditions of 118 cases from 120 (two cases were not recorded) were that 92 were not economically responsible for their families while only 26 (including 4 females) were fully supporting their families. This can be explained by the traditions of the Egyptian family where the member's social status is not equivalent to his

financial resources. Regarding the effect of crowding in the home on anxiety, it was established that if one person is living in one room, there is no crowding, 2 persons was mild crowding and more than 2 persons severe crowding. Owing to the housing difficulties and the country having the highest birth arte in the world (one million increase every ten months), crowding is a known phenomenon in Egypt. We found that from 118 cases of anxiety, 58 were not living in crowded conditions, 34 in crowding and 26 in severe crowding, a distribution which makes it seem as if crowding as a factor does not play a major role in the initiation or maintenance of anxiety in our culture.

Evaluation of PSE Symptomatology of Anxiety Patients.

It is interesting to observe the profile of symptoms of anxiety disorder in our Egyptian sample as seen in the graph and Table III a, b, c. The commonest symptoms are worrying (83 %), irritability (73 %), free - floating anxiety (70 %), depressed mood (65 %). tiredness (64 %), restlessness (63 %), anergia and retardation (61 %), The lowest presentation was alcohol abuse (2 %) and drug abuse (5 %). Suicidal plans were somewhat low (9 %). Delayed sleep was more (45 %) than early waking (22 %). Panic attacks were represented in 30 % situational anxiety in 35 % specific phobias in 73 %, avoidance of anxiety in 53 % which was the highest phobic symptom.

As we see in the graph, from eleven clusters of symptoms, the first had the highest scoring namely worrying, tension pains, tiredness, muscular tension, restlessness, hypochondriasis and nervous tension. This is followed by the cluster of irritability. Figure III a, b,c. shows the different presentation of anxiety in males and females, illiterates and high school graduates and between those living in mildly and severely crowded places. Applying chi square tests, significant difference in symptoms was found between males and females. Males showed highly significant differences ($P < 0.01$) in hypochondriasis, and anxiety on meeting people (Table IV). This can be explained by the fact that males in our culture prefer to somatize their psychological symptoms, as the latter symptoms may lower their prestige and degrade their pride, because the belief is that " real " men should not have psychological symptoms. The man is required to play a superior, confident,


GENERAL PROFILE OF ANXIETY SYMPTOMS PSE
100 90 80 70 60 50 40 30 20 10 0 %
Worrying
Tension pains
Tiredeness
Muscular tension
Restlessness
Hypochondriasis
Nervous tension
Free-floating anxiety
Anxious forboding
Panic attacks
Situational anxiety
Anxiety on meeting people
Specific phobias
Avoidance of anxiety
Inefficient thinking
Poor concentration
Neglect due to brooding
Loss of interest
Depressed mood
Hopelessness
Suicidal plans
Anxiety Primary
Anxiety Secondary to depression
Morning depression
Social withdrawal
Self depreciation
Lack of confidence
Simple ideas of reference
Guilty ideas of reference
Pathological guilt
Loss of weight
Delayed sleep
Anergia / retardation
Early waking
Loss of libido
Premenstrual exacerbation
Irritability
Expansive mood
Ideomotor pressure
Grandiose ideas / actions
Obsessional checking / repeating
Obsessional cleanliness / rituals
Obsessional ideas / ruminations
Derealization
Depersonalization
Fugues / blackouts / amnesia
Drug abuse
Alcohol abuse
Dissociative states
Conversion symtoms
Organic impairment of memory
Social impairment
100 90 80 70 60 50 40 30 20 10 0 %

dignified role, which may challenge his power of adaptation which may accentuate his anxiety on meeting people. Females showed highly significant differences in free-floating. anxiety, loss of weight and conversion symptoms. The dependency of the female, her alleged inferior social role favour emotional immaturity which may explain the prevalence of the above symptoms.

TABLE III A

Psychodemographic Profile Of Anxiety (PSE)

Code No (PSE)	SYMPTOM	Profile			Crowding		Education	
		General (N120)	in male (N 79)	in female (N 41)	mild (N34)	severe (N 26)	illiterate (N18)	high School level (N 65)
		%	%	%	%	%	%	%
4	WORRYING	83	86	78	77	69	67	80
5	TENSION PAINS	57	51	68	53	58	61	45
6	TIREDNESS	64	62	68	62	69	78	52
7	MUSCULAR TENSION	34	33	36	24	31	22	29
8	RESTLESSNESS	63	65	61	65	58	67	65
9	HYPOCHONDRIASIS	57	66	41	53	58	39	46
10	NERVOUS TENSION	56	49	68	47	69	55	49
11	FREE-FLOATING ANXIETY	70	19	59	65	63	67	66
12	ANXIOUS FORBODING	51	51	51	41	46	67	38
14	PANIC ATTACKS	30	34	22	21	15	28	29
15	SITUATIONAL ANXIETY	35	41	25	35	31	22	43
16	ANXIETY ON MEETING PEOPLE	33	42	17	29	31	17	38
17	SPECIFIC PHOBIAS	37	32	46	41	27	33	40
18	AVOIDANCE OF ANXIETY	53	52	54	47	46	33	63
19	INEFFICIENT THINKING	48	44	54	47	50	33	54
20	POOR CONCENTRATION	56	62	44	44	65	28	65
21	NEGLECT DUE TO BROODING	53	54	49	56	54	22	43
22	LOSS OF INTEREST	45	46	44	35	43	22	21

TABLE III B

Psychodemographic Profile Of Anxiety (PSE)

Code No (PSE)	SYMPTOM	Profile			Crowding		Education	
		General	in Males	in Females	Mild	Severe	Illiterate	High School level
		%	%	%	%	%	%	%
23	DEPRESSED MOOD	65	58	78	62	58	78	48
24	HOPELESSNESS	32	31	34	27	27	17	22
25	SUICIDAL PLANS	9	10	7	6	4	6	8
26	ANXIETY	18	15	22	15	19	22	11
26	ANXIETY 2 ry TO DEPRESSION	18	15	24	18	15	28	12
27	MORNING DEPRESSION	33	34	32	62	58	28	43
28	SOCIAL WITHDRAWAL	52	51	54	41	65	56	35
29	SELF DEPRECIATION	28	28	29	35	31	22	25
30	LACK OF CONFIDENCE	28	33	19	29	38	62	34
31	SIMPLE IDEAS OF REFERENCE	33	28	24	38	34	29	28
32	GUILTY IDEAS OF REFERENCE	14	14	15	15	11	6	17
33	PATHOLOGICAL GUILT	13	13	15	9	15	6	17
34	LOSS OF WEIGHT	46	32	54	44	62	61	22
35	DELAYED SLEEP	49	48	51	35	58	61	28
36	ANERGIA/RETARDATION	61	57	68	53	69	78	42
37	EARLY WAKING	22	20	25	15	42	22	15
38	LOSS OF LIBIDO	28	29	27	38	27	39	25
39	PREMENSTRUAL EXACERBATION	24	—	24	6	11	6	8

TABLE III C

Psychodemographic Profile Of Anxiety (PSE)

Code No (PSE)	SYMPTOM	Profile			Crowding		Education	
		General	in Males	in Fenales	Mild	Severe	Illiterate	High School level
		%	%	%	%	%	%	%
40	IRRITABILITY	73	70	73	62	73	83	52
41	EXPANSIVE MOOD	18	20	12	9	20	—	25
42	IDEOMOTOR PRESSURE	19	22	17	9	23	—	22
43	GRANDIOSE IDEAS/ ACTIONS	9	10	7	6	15	5	11
44	OBSESSIONAL CHECKING/ REPEATING	28	30	19	29	4	17	26
45	OBSESSIONAL CLEAN-LINESS/RITUALS	14	18	7	18	4	6	17
46	OBESSIONAL IDEAS/ RUMINATIONS	27	30	19	21	8	6	34
47	DEREALISATION	10	13	5	3	4	6	12
48	DEPERSONALISATION	6	8	2	9	8	6	5
97	FUGUES/BLACKOUTS/ AMNESIA	25	29	19	21	31	17	23
93	DRUG ABUSE	5	8	—	—	8	—	11
99	ALCOHOL ABUSE	2	4	—	2	—	—	3
100	DISSOCIATIVE STATES	5	4	7	5	4	6	3
101	CONVERSION SYMPTOMS	10	5	20	12	15	17	6
103	ORGANIC IMPAIRMENT OF MEMORY	29	14	36	29	31	62	8
106	SOCIAL IMPAIRMENT	68	71	56	65	50	39	66

TABLE : IV

Significant Symptom Differences (Chi Square Tests).

SYMPTOM	Male Vs. Female		Illiterates vs. High School grad.		Mildly crowded vs. Severely crowded populat.	
	Male	Female	Illit.	H.S.Grad	Mild	Severe
4 Worrying						$p < 0.01$
5 Tension pains						$p < 0.05$
6 Tiredness				$p < 0.05$		$p < 0.05$
8 Restlessness						$p < 0.01$
9 Hypochondriasis	$p < 0.01$					$p < 0.05$
11 Free floating anx.		$p < 0.01$				$p < 0.01$
12 Anxious forboding				$p < 0.05$		
14 Panic attacks						$p < 0.05$
16 Anxiety on meeting people	$p < 0.01$					
17 Specific phobias	$p < 0.05$					$p < 0.01$
18 Avoidance of anx.				$p < 0.05$		$p < 0.05$
20 Poor concentration				$p < 0.01$		
21 Neglect due to brooding				$p < 0.05$		$p < 0.01$
23 Depressed mood	$p < 0.05$			$p < 0.05$		
28 Social withdrawal						$p < 0.05$
34 Loss of weight		$p < 0.01$		$p < 0.01$		
35 Delayed sleep				$p < 0.01$		
36 Anergia / Retardation				$p < 0-01$		
37 Early waking						$p < 0.05$
41 Expansive mood				$p < 0.05$		$p < 0.01$
42 Ideomotor pressure				$p < 0.05$		$p < 0\ 01$
43 Grandiose ideas/ actions						$p < 0.01$
44 Obsessional checking				$p < 0.01$		
48 Depersonalization			$p < 0.01$			
77 Fugues/Amnesia				$p < 0.01$		$p < 0.01$
80 Dissociative states			$p < 0.01$			
81 Conversion symptoms		$p < 0.01$	$p < 0.01$			$p < 0.01$
83 Org. impairment of memory		$p < 0.01$				$p < 0.01$
86 Social impairment				$p < 0.05$		

Table IV exhibits a highly significant difference between illiterates versus high school graduates. Poor concentration, loss of weight, delayed sleep, anergia, retardation, obsessional checking, fugues and amnesia were commoner in the educated group. The illiterates showed significant difference in depersonalization, dissociative and conversion symptoms.

This correlated with the familiar clinical observation that hysterical symptoms are more frequent among the uneducated population with average and below average intelligence.

Statistical analysis showed significant variation in the profile of anxiety symptoms as regards crowding. Patients living in severely crowded places exhibited highly significant differences from those living in mildly crowded areas. Symptoms like worrying, restlessness, free-floating anxiety, specific phobias, neglect due to brooding, expansive mood, ideomotor pressure, grandiose ideas, fugues, amnesia and conversion symptoms, were more manifest in severe crowding as shown in table IV.

On the other hand if we apply the chi square tests between patients living in mild crowding and those with no crowding, we find no highly significant difference in anxiety symptoms except in one item from the 52 symptoms namely panic attacks. If we apply the same with severe crowding, a highly significant scoring ($P < 0.01$) was manifest in morning depression, expansive mood, ideomotor pressure, obsessional checking, depersonalization and conversion symptoms.

CONCLUSION :

The use of the Arabic version of the PSE was made to evaluate the different clusters and symptoms of anxiety in relation to sex, educational status and crowding. A structured interview like PSE will allow better comparison in transcultural clinical symptoms of different psychiatric disorders. A plea is made to use structured interviews in future clinical researches, taking the local syndromes and cultural aspects into consideration (Kapur **et al.**, 1974).

ACKNOWLEDGEMENT :

The authors are grateful to the team of Ain Shams University, department of psychiatry. Special thanks to Drs. A. Seif Eldawla, S. Elkholy, N. Salama, and O. Abdel - Ghany, for collecting data and statistical assistance.

REFERENCES

American Psychiatric Association (1968) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II). Washington The Association.

———(1980) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III). Washington : The Association.

Egyptian Psychiatric Association (1975) *Diagnostic Manual of Psychiatric Disorders*. Cairo : The Association, 1979.

Kapur, R., Kapur, M. and Carstairs, G.M. (1974) Indian psychiatric survey schedule. *Social Psychiat.*, **9** : 61-69.

Kendell, R. E., Everitt, Cooper, J. E., Sartorius, N. and David, M. E. (1968) Reliability of the Present State Examination. *Soc.Psychiat.*, **3** : 123-9.

Okasha, A. and Ashour, A. (1980) In press. Egyptian Psychiat. Ass.

Okasha, A., Kamel, M., and Hassan, A. (1968) Preliminary psychiatric observations in Egypt. *Brit. J. Psychiat.*,**114**: 949-955.

Okasha, A., Kamel, M., Sadek, A., Lotaif, F. and Bishry,Z. (1977) Psychiatric morbidity among university students in Egypt *Brit. J. Psychiat.* **131** : 149-154.

Sartorius, N., Brooke,E. and Lin, T. Y. (1970) Reliability of Psychiatric assessment in international research. In : Hare, E. H. & Wing, J. K. (Eds.), *Psychiatric Epidemiology* London : Oxford University Press.

World Health Organization (1968) *Manual of the International Statistical Classification of Diseases* (ICD-8) Geneva : WHO.

Wing, J. K., Birkley, J. L .T., Cooper, J. E., Graham,P. and Isaac, A, (1967) Reliability to a procedure for measuring and classifying present psychiatric state. *Brit. J.Psychiat.*, **113** : 499-515.

AUTHORS :

A. **Okasha**, F.R.C.P., F.R.C. Psych., D.P.M., Professor and Head of Psychiatric Unit, Ain Shams University, Cairo.

A. Ashour, M.D., M.R.C. Psych., D.P.M., Lecturer,

M. Kamel, M.D., D.P.M., D.M., Professor of Psychiatry.

A. Sadek, M.D., M.R.C. Psych., D.P.M., D.M., Assist. Professor

Z. Bishry, M. D., D. P. M., D. M., Assist. Professor

F. Lotaif, M. R. C. Psych., D. P. M., Assist. Professor (Psychiatric Unit, Ain Shams University, Cairo)

المـوجـــــز

دراسة سيكوديموجرافية للقلق فى مصر

(التطبيق الأول « لفحص الحالة الحاضرة » فى صيغته العربية)

تعتبر هذه الدراسة المحاولة الأولى لدراسة الجوانب الاجتماعية ـــ الديموجـــرافية فى اضطرابات القـــلق فى مصر ، وكذلك لتطبيق الصيغة العربية « لفحص الحالة الحاضرة » فى تقويم أنماط اعراض القلق فى عينة تتكون من ١٢٠ مريضا يعانون من القلق ، وأوضح تطبيق اختبارات الدلالة الاحصائية فرقا ملحوظا فى بعض صور العـــرض بين الذكور والاناث ، وبين المجموعات الأمية وبين المتعلمة ، وبين هؤلاء المعرضـــين لازدحـــام خارجى قليل أو شديد . وسوف تســـاعد المقابلات محددة الشـــكل مثل « فحص الحالة الحاضرة » فى المقارنات البيئيـــة للاضطرابات النفســـية الكلينيكيـــة .

ABSTRAIT

Etude Psycho-demographique de L'anxiete en Egypte (La Première Application du PSE dans sa Version Arabe).

Ceci est le premier éssai d'étudier les aspects sociodémographiques des troubles de l'anxiété en Egypte, et d' appliquer la version arabe du PSE dans l'évaluation des profiles des symptômes de l'anxiété sur un échantillon de 120 malades anxieux.

L'application du ' chi - square ' tests a montré une difference significative dans quelques présentations entre hommes et femmes, entre les groupes illetrés et autres cultivés, ainsi qu'entre ceux exposés à un encombrement moyen ou sévére.

Les interviews structurés tel que le PSE aideront dans la comparaison transculturelle des troubles psychiatriques cliniques.