

Social phobia among Saudi medical students

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Background

Social phobia is one of the most common psychological illnesses worldwide. It is defined as persistent fear of one or more social situations when the person comes under focus.

Objectives

The aim of our study was to estimate the prevalence of social phobia among medical students in King Khalid University (KKU) (Abha, Kingdom of Saudi Arabia), and its severity in relation to sex, marital status, and academic level, and also to detect social phobia risk factors and to determine its negative impact on psychological health and academic performance of medical students in KKU.

Participants and methods

This prospective cross-sectional study was conducted using the social phobia scale by Raulin and Wee, which was validated and translated to Arabic version by Dr Majdi Aldessoqi. Data was collected from 380 medical students in KKU over 5 months during the academic year 2015–2016 and analyzed by using the SPSS program.

Results

This study showed that prevalence of social phobia among KKU medical students was 59.5% and was more common in males. Students with high social phobia scores were found to have decreased academic performance, avoided oral presentation, and showed weak clinical exam performance. Moreover, there were significant depressive symptoms among those students with high social phobia score.

Conclusion

The prevalence of social phobia among KKU medical students is high. Risk factors are modifiable. In this context, increasing the awareness about social phobia among medical students is crucial. Early detection and intervention is highly recommended to help them.

Keywords:

King Khalid University, medical students, risk factors, social phobia

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Introduction

Social phobia – also called social anxiety disorder (SAD) – is the most common anxiety disorder [1] and is considered as one of the most common three psychiatric disorders, with major depression disorders and anxiety disorders [2]. Social phobia is defined as persistent fear of one or more performance situations in which the person is exposed to unfamiliar people. The individual fears that he or she will act in a way or show anxiety symptoms that will be embarrassing and humiliating [3]. The prevalence of social phobia is about 7–13% in Western countries [4]. Various studies have shown the males are diagnosed with social phobia more often than do females [5]. Persons with social phobia have lower self-esteem than do those without social phobia [6] and they have a significantly lower quality of life, significant impairments in work performance, and negative impact on social relationships [7]. Social phobia increases the risk for developing a major depressive disorder and has a high comorbidity with other mental disorders [8].

The aims of our study were determining the prevalence of social phobia among medical students at King Khalid

University (KKU), to evaluate and check the relationship between the presence of social phobia and academic performance of students, and to evaluate the association of social phobia with other psychiatric disorders among medical students at KKU.

Participants and methods

This cross-sectional study was conducted among 380 male and female students from the Faculty of Medicine in KKU (Abha, Kingdom of Saudi Arabia). The Faculty of Medicine was established on 1979. The research for the present study was conducted during the academic year of 2015–2016. The total number of medical students was 1436 (866 male students and 570 female students, <http://www.kku.edu.sa>).

A self-administered electronic questionnaire was completed by the studied group and collected again during the academic year 2015–2016. The questionnaire consisted of background characteristics and the social phobia scale (SPS) by Raulin and Wee which was translated and validated by Al-Dessoqi [9]. It is published in an Arabic book that is accessible through some Arabic

bookshops [10]. All students were subjected to ICD-10 diagnostic criteria for major depressive disorder symptoms to diagnose comorbidity with the social phobia symptoms.

The SPS is a widely used self-report assessment tool for the evaluation of social phobia disorder. It includes 30 items to assess socially phobic concerns of being scrutinized or judged during routine activities. It basically measures two subscales: the fear of social interaction constituting 11 items in the questionnaire such as meeting strangers and going to a party, and the other 13 items are about the performance of various actions such as eating in public places and delivering a report in front of a group of people. To determine the presence of SAD of the respondent, the scores were totaled. A score more than 66 was considered to be marked social phobia [11].

Statistical analysis was conducted by using the SPSS program.

Results

Table 1 shows the male students represent more than half of the sample (57.1%); most of the students are single (95.1%). Furthermore, it reveals that students in clinical years (fourth, fifth, and sixth) represent 61.3% of the sample, whereas students in basic years (second and third) represent 38.6.

Table 2 shows that 59.5% of KKU medical college students got high scores on the SPS. Furthermore, it shows that social phobia symptoms are significantly more common among male students (65.2%) ($P = 0.01$).

Table 3 shows that social phobia symptoms are more severe in female students ($P = 0.001$) and also among the students in basic years ($P = 0.01$).

Table 1 Demographic characteristics of the studied medical college students (n=368)

	n (%)
Sex	
Male	210 (57.1)
Female	158 (42.9)
Marital status	
Single	350 (95.1)
Married	18 (4.9)
Basic years students	
Second year	82 (22.3)
Third year	60 (16.3)
Clinical years students	
Fourth year	59 (16)
Fifth year	80 (21.7)
Sixth year	87 (23.6)

Table 2 The percentage of high score social phobia among the studied sample

	Students with social phobia [n (%)]	Students without social phobia [n (%)]	P-value
Total	219 (59.51)	149 (40.49)	0.01
Male	137 (65.2)	73 (34.8)	
Female	82 (51.9)	76 (48.1)	

Table 4 shows that students with more frequent social phobia symptoms complain significantly of a decrease in their academic performance ($P = 0.000$), presentation avoidance ($P = 0.000$), and also weak performance in clinical exams ($P = 0.000$).

Table 5 shows that students with high social phobia score also have significant depressive symptoms in the form of low mood, lack of interest, hopelessness, fatigability, and change in appetite, weight, and sleep.

Discussion

Social phobia even though being a common psychiatric disorder is still under-recognized and under-treated. Social phobia is the most general anxiety disorder and the third most common psychiatric

Table 3 Association between some demographic characteristics and total social phobia score

	N	Mean \pm SD	P-value
Sex			
Male	210	17.24 \pm 6.21	0.001
Female	158	15.16 \pm 5.93	
Marital status			
Single	350	16.51 \pm 6.17	0.03
Married	18	13.28 \pm 5.61	
Academic level			
3-4	82	15.05 \pm 5.58	0.01
5-6	60	15.60 \pm 6.48	
7-8	59	15.51 \pm 5.62	
9-10	80	17.81 \pm 6.49	
11-12	87	17.31 \pm 6.24	

Table 4 Association between students' academic performance and social phobia score

	N	Mean \pm SD	P-value
Decrease academic performance			
No	226	14.66 \pm 6.07	0.000
Yes	142	19.04 \pm 5.35	
Presentation avoidance			
No	211	14.51 \pm 5.91	0.000
Yes	157	18.81 \pm 5.65	
Performance in clinical exams			
High	87	13.56 \pm 6.51	0.000
Moderate	260	16.92 \pm 5.83	
Weak	21	20.86 \pm 4.15	

Table 5 Association between students' depressive symptoms and social phobia score

	N	Mean \pm SD	P-value
Low mood			
No	125	12.73 \pm 5.98	0.000
Yes	243	18.21 \pm 5.40	
Lack of interest			
No	212	14.58 \pm 6.09	0.000
Yes	156	18.74 \pm 5.45	
Hopelessness			
No	253	15.21 \pm 6.00	0.000
Yes	115	18.86 \pm 5.82	
Fatigability			
No	192	14.72 \pm 6.10	0.000
Yes	176	18.13 \pm 5.76	
Change in appetite, weight, sleep			
No	139	14.47 \pm 6.31	0.000
Yes	229	17.48 \pm 5.82	

disorder, after major depressive disorder and alcohol use. Lifetime prevalence estimates for social phobia vary greatly [12].

Social phobia is related to lower educational achievements, unstable employment, and higher frequency of being absent to work, and the individuals suffering from social phobia are less likely to marry, more likely to get divorced, and have reduced productivity that can lead to dependency on family, state, society, and country. Disability in diverse functional areas and impaired quality of life are the two important domains of consequences of social phobia [13].

Al-Naggar [14] determined the prevalence of the most common phobias and associated factors among university students.

This cross-sectional study was based on the observation of students with a high rate of social phobia visiting the university psychiatric clinic in connection with negative impacts on their academic life. It showed that the prevalence of social phobia among KKU medical students to be 59.5%, which was similar to the 56% in a similar study on the prevalence of social phobia among medical students in Malaysia [15].

As regards students' sex, most of the students were males and there was a significantly higher incident in males compared with females ($P < 0.05$). There was also a significantly higher incidence in single students than married ones.

By comparison with the study done by Alkhatamia *et al.* [16], males reported a higher score of social phobia than did females. Whereas in the western world social phobia is more common in females, especially those in adolescent age groups [17].

Momani and Jaradat [18] explored the sociodemographic differences in the prevalence of social phobia among university students. The total sample was 729 students. The results indicated that the overall prevalence rate of social phobia among students was 17.7%.

Shah and Kataria [1] studied the prevalence, severity, disability, and quality of life with respect to social phobia among university students in India. Their sample was 380 undergraduate university students who were assessed to identify the extent of social phobia; it was found to correlate as well as result in disability and decreased quality of life. The results indicate that the social phobia was found in 19.5% of participants, in varied degrees of severity, and correlated with various faculties in the university, resulting in a significant disability in work, social life, and family life to be the most commonly feared/avoided situations. Students reported various clinical manifestations affecting academic, social, and interpersonal areas.

Izgić *et al.* [19] explained the prevalence of social phobia and its relation to body image and self-esteem. The sample was 1003 students from Cumhuriyet University selected randomly. Tools were administered the diagnostic interview. Results of the study indicated that the

lifetime prevalence of social phobia among university students was 9.6% and past year prevalence was 7.9%. Self-esteem was lower ($P < 0.05$) among those with social phobia than among those without social phobia.

The high score of social phobia in males may be attributed to their cultural burdens so that they become very vulnerable to the expectation and begin to suffer from social phobia.

In the present study, the students with a high social phobia score avoided presentations and showed weaker academic performances than did others. However, there was no significant association with the grade point average grades.

Almost all participants with social phobia were very significantly disabled in areas like work, social life, and family life, which was directly proportional to the severity of social phobia. In previous studies, too, statistically significant reduction in academic and work productivity was demonstrated by individuals with social phobia [20,21].

Social phobia has been associated with impairment in most areas of functioning including education, employment, family relationships, marriage/romantic relationships, friendships/social network, and other interests [22,23].

However, the findings of the previous studies show that social phobia has an adverse effect on quality of life and personal satisfaction [24].

The associations between the social phobia score and decreased mood, lack of interest, a sense of hopelessness, fatigue, and change in appetite, weight, and sleep were significantly high ($P = 0.000$). In the present study, we found out that the presence of social phobia is concomitant with the occurrence of depressive illness.

In recent years we have recognized that social phobia is highly comorbid with other conditions such as depression [15].

Stein *et al.* [23,24] also analyzed separate cohorts (aged 14–17 and 18–24 years at baseline) and found that this association seemingly restricted to the older cohort of individuals aged 18–24 years at baseline.

In a study conducted by Bassiony [25] in Saudi Arabia, 58 (58%) of the patients with SAD had another current psychiatric disorder. Forty (41%) patients had current depression and 37 (92.5%) of them had it after SAD onset. Eleven of 16 (69%) patients with severe SAD had depression whereas only 29 of 82 (35%) of SAD patients with mild or moderate subtypes had depression. Patients with severe SAD were four times more likely to have depression compared with the patients with mild or moderate SAD, even after controlling for confounding sociodemographic and clinical factors. Depression is common among patients with SAD, particularly the severe subtype. Early recognition and treatment of SAD, especially the severe subtype, may prevent the occurrence of depression. Prospective studies are needed to investigate the risk factors that may lead to depression in SAD.

As with Pine *et al.* [26] it has been speculated that the absence of the SAD depression association for a younger cohort (aged 14–17 years at baseline) may be attributed to the fact that, owing to the relatively short follow-up, these SAD cases had not yet passed through the peak period for first onset of depression, and found no association between the two conditions in an upstate New York sample, but the adult follow-up only extended into the middle 20s. Because onset of depression might also occur later, that study may have underestimated the strength of the relationship.

Several reports from clinical and nonclinical studies [27–32] suggest that SAD predicts an increased risk for depression. However, few studies use prospective designs in epidemiological samples, and most of those that do focus on adults. Because SAD may start as early as childhood, studies examining the longitudinal association between SAD and depression should ideally begin at least in early adolescence and must ensure a sufficient observation period into adulthood to examine the risk for depression.

Overall, it would appear that the prevalence of social phobia is relatively high among KKU medical students. In addition, social phobia was significantly associated with lower academic performance and depressive symptoms.

Conclusion

The prevalence of social phobia among KKU medical students is high. Risk factors are modifiable. In this context, increasing the awareness about social phobia among medical students is crucial. Early detection and intervention is highly recommended to help them.

Conflicts of interest

There are no conflicts of interest.

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