

An assessment of anxiety levels in 100 haemophilia patients from Northern India using validated S.T.A.T. scale

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OBJECTIVES

Haemophilia patients are still faced with musculoskeletal morbidities, chronic pains with possible abuse of narcotic analgesics, problems at school, issues in employment, in marriage & raising a family, poor quality of life, poor self-image and even early deaths when faced with sub-optimal access to haemophilia care. Our Haemophilia Centre is providing regular on-demand treatment since 2008, and undertook this study on anxiety levels in 2015. Our aim was to

1. Assess the anxiety level in patients with haemophilia
2. Study the factors underlying these anxieties.
3. Correlate these variables with anxiety for improving care

METHODS

The state of anxiety was assessed in 100 consecutive haemophilia patients attending our Haemophilia Centre in New Delhi, India using a validated tool, the State-Trait Anxiety Test (**STAT**) scale based on pre-structured proforma encompassing 20 personality dimensions to assess five dimensions of anxiety through a 40-item questionnaire. The **STAT** is a standardized test and the reliability of the test is 0.88. The patient/ family were interviewed for information related to basic details on disease, bleeding and several variables underlying anxiety in haemophilia patients.

RESULTS

Mean age was 21.2±1.3 years. With overall mean **annualized bleed rate** 15.6±1.8. , there were 61% severe haemophilia and 85% Haemophilia-A. Majority (83%) had annual family income under INR 250,000 (\$4,000), with 2/3 under \$2,000. Almost all (97%) had access to treatment.

Three most disturbed anxiety scores were **Tension(Tn)**, **Suspiciousness(Su)** and **Guilt proneness(Gp)** were high in 87%, 83% and 76% haemophiliacs respectively. High **Tn** represents high irritability, short-tempered behaviour, and sleep disturbances. Extreme cases are irrationally worried, tense, irritable, anxious, and in turmoil. High **Su** suggests suspecting, jealous, dogmatic, critical and irritable nature. Overall these indicate a general anxiety and proneness to diseases. **Maturity(Ma)** and **Self-control(Sc)** were elevated in smaller proportion of haemophiliacs.

The composite anxiety scores, **State(S)** and **Trait(T)** were elevated in 82% and 51% haemophiliacs respectively, with **S-scores** distributed evenly around higher mean.

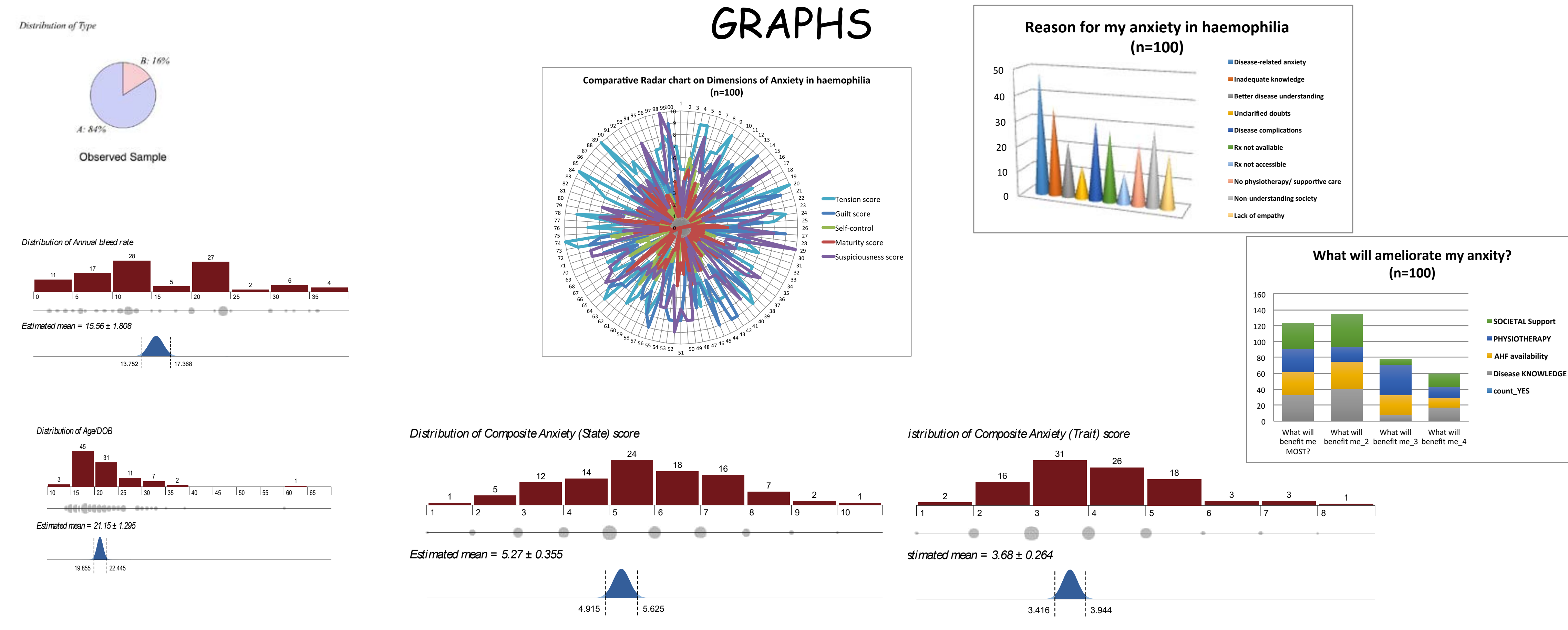
'Disease-related anxiety' correlated significantly with the overall **State(S)** score of anxiety whereas **Guilt proneness(Gp)** correlated with 'inadequate knowledge' (both p<0.02).

Disease-related anxiety, disease-complications, inadequate knowledge, and lack of understanding by society were the four (of ten) most important factors for anxiety. Haemophiliacs felt better knowledge/understanding of disease, better availability of treatment, better physiotherapy and social empathy were important in that order to ameliorate anxiety

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GRAPHS



CONCLUSIONS

- Comprehensive scores of anxiety, **State(S)** and **Trait(T)**, were high in 2/3rd haemophiliacs, with greater impact on intrinsic anxiety than extrinsic- the sub-components most affected were **Tension(Tn)**, **Suspiciousness(Su)** and **Guilt proneness(Gp)**
- Most frequent reasons for anxiety as perceived by haemophiliacs were- Disease-related (48%), Inadequate disease knowledge/ understanding (35%), disease complications (31%), nonavailability of treatment (28%), lack of physiotherapy (24%), and a non-understanding society (30%).
- Better disease-related knowledge/understanding and better social support were considered MOST beneficial to ameliorate anxiety (33% each); followed by improvement in the availability of AHF and Physiotherapy (29% each).

