

Prevalence of Preoperative Anxiety in Preoperative Patients in Nepal Police Hospital: A Cross-sectional Descriptive Study

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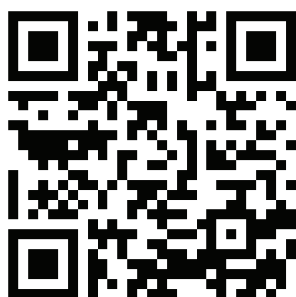
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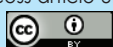
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ABSTRACT

Introduction: The possibility of undergoing anesthesia-assisted surgery can cause a great deal of anxiety in individuals. Excessive anxiety can have a number of negative consequences, including perioperative cardiac events, greater anesthetic needs, higher postoperative pain ratings, and a longer stay in the hospital. Anxiety levels during surgery might be influenced by a variety of reasons. The objective of the study was to estimate the prevalence of anxiety in adult patients scheduled for Surgery.

Methods: This is Cross-sectional Descriptive Study conducted in Nepal police hospital with calculated sample size of 92 with round figure of 100, convenient sampling technique was used. Descriptive analysis was used for Analysis.

Results: Prevalence of anxiety in preoperative patient was 31%. The prevalence in male patients and female patients were 21.2% and 39.5% respectively.

Conclusions: When compared to many other research, the general prevalence of anxiety at Nepal Police Hospital was lower; nevertheless, the incidence was higher among female patients.

INTRODUCTION

"A sensation of concern, apprehension, or unease about something having an unclear consequence" is how anxiety is defined. Preoperative anxiety can affect as many as 80% of patients. Excessive anxiety can cause negative consequences such as hypertension and tachycardia as a result of sympathetic activation, as well as increasing anesthetic needs and problems such as a longer recovery time, more post-operative discomfort, and so on.¹ Intraoperative cortisol levels are raised as a result of the neuro-humoral reaction to anxiety. Anxiety might be a risk factor for postoperative cardiac events on its own. Anxiety levels can be affected by patient-related characteristics such as age, sex, education, and economic position, pain tolerance, past surgery and anesthetic exposure, current mental issues, and social security. Major surgeries, the severity of the problem, emergency and unplanned operations, and destructive procedures

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are all procedure-related variables might play a role. The attitude of health-care personnel, doctors' communication abilities, the institution's overall impression, and the views and opinions of nearby patients all have an impact. Preoperative anesthetic information, anesthetic catastrophizing, and surgery imminence were all found to be statistically significant predictors of total anxiety. Fear of handicap, medical blunders, noise levels, disagreeable odors, financial loss, and cancellations all play a part.

Adults' preoperative anxiety is a condition that is under-reported in Nepal, and just a few research have looked at it. The Amsterdam preoperative anxiety and information scale is a well-validated anxiety assessment instrument. The scale has been adapted for use in a variety of languages. As an assessment instrument for anxiety, we employed an Indian version of the APAIS.²

The objective of this study was to estimate the prevalence of anxiety in adult general surgical Patient.

METHODS

This is Cross-sectional descriptive study done in Nepal Police Hospital conducted after ethics committee approval taken from Nepal Police Hospital ethical approval bodies, one hundred consecutive patients undergoing elective surgeries were taken as the sample, not a pleasant number but the calculated sample size was done by round figure to 92, convenient sampling technique was done as sampling technique sampling frame being the pre-operative patient and unit being those who provide the consent. The period of the study was from March to June 2018-2019. Consent was taken prior to the enrollment.

Inclusion criteria were all adult patients undergoing elective surgery, had received premedication the previous night, willing to participate in the study and able to answer the questions. Patients with preexisting psychiatric illnesses, those who did not receive premedication, those having difficulty understanding and communicating or unwilling to participate were excluded.

The APAIS consists of 6 questions, 2 each for an-

esthesia and surgery-related anxiety and 2 more for information desired component related to anesthesia and surgery. Each question is scored on a 1 to 5 Likert scale, 1 being minimal and 5 denoting extreme values.

RESULTS

The prevalence of anxiety was 31%. The prevalence between male patients and female patients were 21.2% and 39.5% respectively, the higher prevalence in female patients. The majority of the patient fell into social status III and IV.

DISCUSSION

During anesthesia and surgery, patient worry is often overlooked. Anxiety might start several days before surgery and last throughout the recovery period. Several studies have looked at how anxious people are the day before surgery. Anesthesia induction can cause a surge in anxiety in patients. When compared to the ward or the operating room, patients may be more anxious in the pre-operative holding area.^{3,4,5}

The STAI (State-Trait Anxiety Inventory Questionnaire) is the gold standard in terms of anxiety measuring methods. It consists of 20 assertions with values ranging from not at all, slightly, significantly, to very.⁶

According to several research, the prevalence of anxiety in preoperative patients ranges from 51 percent to 76.7 percent. A percentage range of 60% to 80% has been recommended. Pre-operative anxiety was found to be 45.7 percent in a study of 79 patients in India. However, the prevalence in our study was 31%, which is lower than the published studies.^{7,8,9,10}

The prevalence of anxiety was higher in females in agreement with previous studies. The correlation between total anxiety scores and need for information score was moderate (Pearson's coefficient = 0.45) similar to other studies.^{11,12}

The majority of the patients were from lower and lower-middle socioeconomic backgrounds. Anxiety is influenced by one's economic and social standing. Income has been found to be an independent predictor of anxiety before sur-

gery. The preoperative state anxiety score rises by 0.002 for every unit increase in wealth. This might also explain why our research group had a lower rate of anxiety. A sample size of 51 to 200 people has been reported in a few studies; our sample size was based on a prior study.^{13,14,15}

CONCLUSIONS

The overall prevalence of anxiety in the southern part of India was lower when compared to many of the reported studies; however, the prevalence was higher among the female patients.

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