



Review

The epidemiology of anxiety disorders in the Arab world: A review

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ABSTRACT

Epidemiological studies are quite rare in the Arab world. The Institute for Development Research Advocacy and Applied Care (IDRAAC) has conducted a systematic review of all epidemiologic research on anxiety disorders in the Arab world up to 2006. Specific keywords were used in the search for affective disorders, namely anxiety, generalized anxiety disorder, GAD, panic, separation anxiety disorder, SAD, overanxious disorder, OAD, phobia, fear, post-traumatic stress disorder, PTSD, obsessive compulsive disorder (OCD), obsessive compulsive symptom (OCS), obsession, compulsion, obsessive, compulsive. All results were screened and categorized. Epidemiological data on prevalence, gender differences, age of onset, comorbidity, risk factors and treatment of anxiety disorders in the Arab world were found in clinical and community samples. There is an evident need for national data on anxiety disorders in the Arab world in order to identify the magnitude of these diseases and their burden on the individual and community.

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The vertiginous development of sciences and its global dissemination in mental health have increased interest among psychiatrists and psychologists from the Arab world not only for the advances in clinical methods but also for highlighting the importance of local research. This knowledge of the importance of empirical data coupled with a mission to raise awareness of the importance of research in mental health not only in Lebanon, but also in the Arab world, has prompted the Institute for Development, Research Advocacy and Applied Care (IDRAAC) to conduct a systematic review of the literature on mental health disorders in the Arab world up to the end of 2006. This article reviews the literature of the epidemiology of anxiety disorders in the Arab world over that time period. Other papers reviewed individually; schizophrenia, substance use and abuse, Affective disorders and Attention deficit and hyperactivity disorder.

1. Objectives

This review has the purpose of putting together and reporting on all significant major studies in the Arab world on anxiety disorders. It is not our purpose in the present article to discuss and interpret their findings. The literature that strictly assesses PTSD and OCD were excluded from this review and will constitute a separate theme review. On the other hand, we have only retained in our review the articles mentioning OCD and PTSD as part of a comprehensive assessment of anxiety disorders.

2. Methods

IDRAAC published a CD-ROM that compiled available published mental health research in the Arab world up to 1996. This was updated to 1999 and then to 2002. Recently, and as a fourth update for the Arab literature on mental health, IDRAAC conducted an extensive literature review for all epidemiological mental health research in the Arab world (end of 2006) focusing on anxiety disorders, substance use disorders, affective disorders, psychotic disorders, suicide, attention deficit hyperactivity disorder, conduct disorders and treatment of mental health disorders.

2.1. Search procedure for anxiety disorders

Keywords: Specific keywords were used during the search for each of the chosen topics mentioned above. The keywords used for this review article search were: anxiety, generalized anxiety disorder, GAD, panic, separation anxiety disorder, SAD, over-anxious disorder, OAD, phobia, fear, post-traumatic stress disorder, PTSD, obsessive compulsive disorder, OCD, obsessive compulsive symptom, OCS, obsession, compulsion, obsessive, compulsive.

Search engines: The search engines used were: PsycINFO, PubMed, IDRAAC website search database: www.idraac.org, Arabpsynet and IDRAAC's published CDs.

Arab countries, regions, and languages: The countries included were: Algeria, Bahrain, Egypt, Gaza, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates, UAE, and Yemen. In addition the following regions were included: Arab Gulf and Middle East. The search was not restricted to any language.

Screening search results and categorization: The search resulted in a large number of abstracts which were screened and 121

abstracts (except those specific to PTSD and OCD since they were used for another review article) were selected for being probably relevant. Then, the marked references were categorized according to the following criteria: prevalence, age of onset, comorbidity, marital status, age as a risk factor, gender difference, and burden. The full text for the probably relevant articles were retrieved either online through subscriptions or ordered from local (IDRAAC, Balamand University, American University of Beirut, Saint Joseph University) or international libraries, or requested as hard copies from the authors by email or regular mail. We were able to retrieve 113 articles, out of which 32 articles were found to be relevant for the purpose of this review. The non-relevant references were not included in this review article because they turned out to be non-epidemiological studies (e.g. clinical trials, case-control studies), non-Arab samples, or dissertation abstracts.

3. Prevalence of anxiety disorders

The prevalence rates of anxiety disorders are dependent on the methods and tools used for their assessment, and potentially affected by cultural differences. A summary of the published relevant studies on the prevalence of anxiety disorders from the Arab world is shown in Table 1. Most studies were carried out on adult samples, clinical populations and community samples. As expected, rates of anxiety disorders reported in clinical studies were generally higher than rates in the community studies.

3.1. Clinical samples

Several clinical studies on anxiety disorders were carried out in the Arab world (Table 1).

El-Rufaie (1995) reported a rate of 10% of "any anxiety disorder" based on a locally designed diagnostic form that used the ICD-9 criteria in a sample of 96 inpatients attending a primary health care center in the United Arab Emirates (UAE). In another study by El-Rufaie, Al-Sabosy, Bener, and Abuzeid (1999) of a sample of 644 primary health clinic patients in UAE, it was found that 18.8% of patients with "somatized" disorders, and 14.3% with "psychologized" disorders had generalized anxiety disorder (GAD) according to ICD-10 criteria. Two main scales were used for diagnosis: the Arabic version of the general health questionnaire (self-administered) and the clinical interview schedule (semi-structured interview instrument). These high scores could be explained by the fact that only the cases that were probable cases on the basis of the scores of the general health questionnaire-12 administered by GPs were in a second phase administered the clinical interview schedule by a psychiatrist. The nomination "somatized" and "psychologized" was used by the authors based on Bridges and Goldberg's classification criteria. A patient has a somatized mental disorder if he has: "a somatic presentation, a somatic attribution, a psychiatric illness and an expected response to treatment". And a patient has a Psychologized Mental Disorder if he has "a psychological presentation, a psychological attribution and a psychiatric illness". McIlvenny (2000) in UAE found a prevalence of anxiety of 25.8% in males and 47.1% in females in a sample of 254 patients (mean age: 31.5 years) recruited from an outpatient walk-in Medicine Clinic. Due to the high level of illiteracy in the sample, a nurse interpreter administered the hospital anxiety and depression scale to assess anxiety and depression.

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