Editorial

iMedPub Journals
www.imedpub.com

Dual Diagnosis Open Access
ISSN 2472-5048

2021
Vol.6 No3:e001

Diagnosis of Anxiety Disorder on Human

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Received date: May 10, 2021; **Accepted date:** May 24, 2021; **Published date:** May 29, 2021

Citation: Eleni V (2021) Diagnosis of Anxiety Disorder on Human. Dual Diagn Open Acc Vol.6 No.3:e001.

Introduction

In general medicine, Feinstein has defined comorbidity as, any separate and supplementary disorder that has coexisted or that may occur while the patient is suffering from the index disease under study. In recent times this expression is frequently used in clinical psychiatry to describe patients who receive a medical diagnosis in addition to their psychiatric disorder, but much more frequently patients who are diagnosed with two or more psychiatric disorders. Dual diagnosis are associated with a number of undesirable sequels comprising higher dose and/or number of medicines, non-compliance, psychosocial problems, depression, deliberate self-harm, relapse, increased load on family and vagrancy. In addition, they often have a poorer treatment outcome than those with a single diagnosis of a mental disorder. In the past two decades a number of studies have concluded that the co-occurrence of psychiatric disorders along with schizophrenia is frequent especially depression, substance abuse, obsessive-compulsive disorder (OCD). Despite these findings, there is paucity of well-planned studies in order to determine the prevalence and correlates of these co-morbid disorders. Furthermore, conclusive studies have not been done on the treatability of such conditions, although it is widely recognized that without comorbid schizophrenia these disorders are eminently treatable. Apart from all this, these co-morbid conditions may increase the infirmity of such patients as well.

Clinical range reported by pretreatment social phobic patients. The full diagnosis of social phobia was first assessed in the Argyle study. They found social phobia in four (20%) of twenty consecutive schizophrenia patients on maintenance treatment.

Evaluated eighty schizophrenia outpatients using SCID-DSM-IV-TR and found twenty-nine (36.3%) patients suffered from social anxiety disorder. Evaluated 117 patients with schizophrenia using DSM-IV SCID-P-Hebrew version and found that thirteen of them had a comorbid social phobia (11%). Higher severity PANSS total sore was associated with comorbid social phobia. Significant correlation was found between the scores of Leibowitz social anxiety scale fear and PANSS positive subscale. Anxiety as a sign or as a disorder is common. Therefore its occurrence in subjects with schizophrenia is expected. The association could be no more than chance. However, anxiety may have been already present in the individual who later developed schizophrenia. The cause of anxiety could be the same neurodevelopmental abnormality that results in schizophrenia. It might also be secondary to distressing psychotic symptoms. In clinical practice however, the occurrence of anxiety disorders in schizophrenia is not very common. The reasons may be numerous. Clinicians often discount the presence of anxiety disorders in schizophrenia due to hierarchical considerations. Thus to illuminate the problems in recognizing anxiety disorders in schizophrenia, the recent and past literature was reviewed. First of all addressing the prevalence of anxiety disorders in schizophrenia and then concentrating on the various correlates of such an association and lastly on those few treatment studies available for such conditions.