CHAPTER V

SUMMARY AND CONCLUSION
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The findings that were presented exhaustively in the preceding chapters are focusing of tying together, here in this chapter under the heading of summary and conclusion, the various inferences that have emerged from the entire work so as to understand the vivid picture of anxiety disorder among the Meities community of Manipur. Indeed the present study takes the initiative to study empirically the nature and pattern of anxiety disorder with respect to several covariate/prognostic factors of interest. The study is mainly divided into two: one confine to deals with study on anxiety disorder among mentally disorder patients which are illustrated in chapter-II and III and another restrain to assess the differential of levels of anxiety disorder within anxiety disorder patients, elucidated in chapter-IV.

It has been witnessed that prevalence of anxiety disorder as well as its levels within those who possess anxiety disorder are influenced by some of the prognostic factors out of the factors considered in this thesis. The deliberated factors are demographic, socio-economic, biological and psychosocial factors. The findings arrived in the preceding chapters highlight very fascinating and useful information on anxiety disorder and it might hints very much supportive idea to the health planners and executors for their future health planning and management.
5.1 Main Empirical Findings

Anxiety disorder is analyzed according to basic profile viz., demographic, environmental, duration of hospital stay and type of mental illness by using descriptive statistics like $\chi^2$-test, independent t-test, F-test (ANOVA) and Pearson correlation coefficient ‘r’. The demographic factor comprises age and sex while environmental constitutes place of residence so call inhabitance. The duration of hospital stay for treatment of mental illness is measured in terms of days. There are eleven types of mental illness classified for the study. They are Psychosis, BPAD, Schizophrenia, Depression disorder, Anxiety disorder, ADS, Substances abuse, Epilepsy/Seizure, Dissociative disorder, AC stress reaction and others.

The finding shows maximum patients are of the age group of 25 to 35 years and minimum patients of 46 to 80 years. The sample consists of 60.5% male and remaining 39.5% of female. There is a negative correlation between the number of cases and duration of hospital stayed. The most common mental disorder pertaining to ADS followed by dissociative disorder, psychosis, BPAD, and the disorders like depression substance abuse and schizophrenia have around 6% each. Epilepsy or seizure is established to be the least common disorder.

In order to assess more insightful about the basic profiles of the patients, bivariate analysis is carried out among the basic profiles considered, comparing two variables at a time. An interesting result is
coming up that displays all the variables – age, sex, inhabitance and duration of hospital stay – have significant causal association with the type of mental disorder.

The average age of the patients in the study sample is 32.30 years and their average duration of hospital stay is 13.38 days. Both age of the patients and their duration of hospital stay are significantly varied over the different types of mental illness under study. For age, the highest mean (39.75) is happened to ADS as against lowest to dissociative disorder (24.78). And in case of duration of hospital stay, highest mean duration in days is witnessed to psychosis (17.21) and lowest to AC stress reaction with mean of 31.29 days. Nonetheless, these means – age and duration – are not differ significantly between urban and rural inhabitants. In contrast, it is worth citing that male has become mental disorder more in older age than female. For example, the average age for male mental disorder is 35.05 years while the corresponding figure for female is 28.10 years only. At the same time female has stayed longer period (14.88 day) in the hospital that of male (12.40 day). There is a negative correlation between age and duration of hospital stay, in the sense that older patient stayed longer duration in hospital and vice versa but it is not significant statistically.

5.1.1 Prevalence rate of anxiety disorder:

The study sample consists of 1187 mental disorder patients and prevalence of anxiety disorder among them is 3.29%. Among the four profiles considered only age has significantly linkage with anxiety disorder
while the other three viz., sex, inhabittance and duration don't have any connection with anxiety. There is a clear negative association ship between age of a patient and s/his anxiety level and the relationship is significant enough (P=0.018). Sex doesn't have any role towards the regulation of anxiety disorder and in the same way inhabittance of person does not influence on the manifestation of anxiety level. Yet rural has less anxiety level (PR=2.34%) than urban (PR=3.74%) but it is not significant. It is further witnessed; the duration of hospital stay has not any role en route for demonstration of anxiety level in the study population.

5.1.2 Causal analysis on anxiety disorder by logistic regression model:

In section-II of chapter-IV the outcome variable of interest or response variable is treated as level of anxiety disorder which assumes two states such as present and absent and the prognostic variables are age, sex, inhabittance and duration. First, the unadjusted logistic regression model is used while adjusted technique is administered thereafter. Unadjusted results show when a one-year of age advances one has significantly 3.1% more chance of having anxiety disorder than the anxiety level s/he had one year ago. Thus it may be concluded that advancing age resembles with high chance of having anxiety. Again, male has 69% more chance of having anxiety disorder than that of female counterpart but the difference of anxiety level between them is insignificant. The urban inhabitant has 61.7% more likely to have anxiety than the rural inhabitant but the rural-urban difference is not significant. When one-day (1 week)
more stayed in hospital regarding treatment, the person has 0.4% (28%) more likelihood of having the disease in the past (OR=1.004) but the variation is not statistically significant.

In order to study the real effect of one factor on anxiety level after eliminating causal effects of other factors stepwise logistic regression model is applied. There are four steps and each step develops a logistic regression model. It is found that each year of advancing age one has 2.9% increasing chance of becoming anxiety disorder, keeping all other factors normal. This change of anxiety level with age is significant at 5% level of significance. After controlling confounding factors of age, inhabitance and duration, male has 39.9% more chance of having anxiety disorder than female but the impact is not significant enough. Keeping other factors constant, urban dweller has 58.3% higher probability of possessing the disease in comparison with rural dweller as per OR=1.583 but it is not significant. When the duration of hospital stay increases one day more, there is 0.5% more likelihood of retaining the disease, when other factors are kept into constant.

In the last model i.e., step-4 only one prognostic variable that is age in year is considered with the response variable that is present or absent of anxiety disorder indicating one-year advances of age considering sex, inhabitance and duration are normal feature one has a possibility of increasing 3.1% anxiety disorder. This pattern is found to be highly significant.
5.1.3 Causal analysis on level of anxiety disorder:

The causal analysis of the covariates/ prognostic variables on the level of anxiety disorder is illustrated in section-III of chapter-IV and therefore exploration is based on only 39 cases of patients who are identified as anxiety disorder persons. The chapter has mainly two parts. The first part is confined to gauge the impact of demographic, socio-economic, biological and psychosocial factors on the response variable i.e., anxiety disorder. Here the anxiety disorder is labeled into three – mild, moderate and severe. In the latter part of the chapter, logistic regression model is adopted to measure the causal effects of some of the important and feasible prognostic variables on response variable considered. The level of anxiety disorder is treated as categorical response variable taking severe as one outcome and mild and moderate as another outcome.

Amongst the sample of anxiety disorders the highest percentage (35.9%) of patients is of the age group of 25 to 35 years and the lowest have its place in the age group of 6 to 24 years. There are 71.8% male and 28.2% female. 66.7% of the anxiety disorder patients is coming from nuclear family while 33.3% from joint family. Higher percentage of them (76.9) is of urban dweller and subsequently only 23.1% of rural dweller. Most of the anxiety disorders are unmarried with a percentage of 74.4 as against 25.6% of unmarried.

The sample entails mainly matriculate persons (35.9%) and next to it are graduate (23.1%), intermediate (20.5%), illiterate (12.8%), post
graduate (5.1%) and primary (2.6%) respectively. More than 60% of the patients is breadwinner as against less than 40% no earner. The former companions with the occupation like business, private and government employed while the latter associates with student and unemployed. 33.3% of the patients has no income whilst remaining percentage (66.7%) has some income with varied amount.

All the anxiety disorder patients possess biological factors but only 51.3% of them retains with psychological factors. In the sample of 39 anxiety disorder patients 46.2% constitutes moderate, 43.65% creates mild and only 10.3% establishes severe. It implies that the severe case of the illness is very low (around 10%) in Meiteis community of Manipur.

When the bivariate analysis is made in terms of anxiety levels it is found that no relationship is established between age and anxiety level. So does, no relation between male and female. The anxiety level for those coming from joint family is more or less similar to the anxiety level for those of nuclear family but those from urban area have certainly higher anxiety level than that of their rural counterparts. Married persons have higher anxiety level than unmarried persons. The economic variables including educational qualification, occupation and monthly income don't influence the anxiety disorder level.

All the patients possess biological factor. However, there are 17 mild, 18 moderate and 4 severe cases and it shows mild and moderate are the most common and severe is the least common in Meiteis. In contrast, only 19 out of the 39 cases hold psychological factor and among them
moderate is the most common. Yet, the pattern of present and absent of psychological factor among the three anxiety levels is found to be highly significant (P=0.000).

The overall average age of all study subjects is 37.26 years; among them the severe anxiety disorder witness the oldest (47 year) and the youngest (31.22 year) pertains to the patients with moderate anxiety level and the difference is significant. Yet, the durations of hospital stay for the treatment of mild, moderate and severe are almost akin. There is a significant variation of its Hamilton scores among mild, moderate and severe and the highest score goes to severe level which is followed by moderate and mild respectively with an overall mean of 25.43.

Firstly through unadjusted logistic regression model it is found that when one year of age advances the person (already patient of anxiety disorder) has 14.2% more chance of becoming severe than the anxiety level s/he had one year ago. When one day (1 week) more stayed in hospital the person has 4.6% more likelihood of having the severity level than had in the past (OR=1.046). One year increases in years of schooling there is 2.6% less chance of becoming severity level of anxiety disorder. When a person adopts nuclear family from joint family s/he has 54.2% less possibility of becoming severity of the disease.

Through adjusted stepwise logistic regression model there are four steps identified. After adjusting the effects of duration of hospital stay, years of schooling and type of family of the patient, a one-year increase in
age there is an increasing chance of becoming severity to an amount of 12.5%. Again, a one-day stay more in hospital it is likely to associate with more severity (5.7%). On the contrary, a one-year advancing in schooling one has 8.2% less chance of attaining severity level. This implies that higher the education, less the chance of having severity level of anxiety disorder. When a person adopts nuclear family from joint family s/he has 78.5% less chance of becoming severity of the disease after adjusting other prognostic factors.

5.2 Practical implication:

Through the findings of the present works it may be assured that due consideration of the retarding and supporting prognostic factors of anxiety disorder, the health planner and executor can manage the dreadful mental disease in the present society especially Meities. At the same time, it may be suggested to achieve a significant reduction of the magnitude of such mental disorder, the government particularly the Manipur government may try to formulate, execute and implement the following measures, at same time the people also may adherence the commendation:

i. Education of the society must be enhanced

ii. Make the people aware of mental health care

iii. Avoid stigmatization and

iv. Prompt treatment