## Cannabinoids and Health

Module 9

Lecture 2: Epidemiology of Anxiety and PTSD

## Prevalence of Anxiety Disorders

- Remes and colleagues wrote systematic review of reviews on the prevalence of anxiety disorders in adults
- They identified a total of 48 reviews and described the prevalence of anxiety across population subgroups and settings, as reported by these studies
  - substantial prevalence of anxiety disorders
  - more prevalent in women
  - and young adults
  - people with chronic diseases
  - individuals from Euro/Anglo cultures (3.8-10.4%), vs. individuals from Indo/Asian (2.8%), African (4.4%), Central/Eastern European (3.2%), North African/Middle Eastern (4.9%), and Ibero/Latin cultures (6.2%)

## **Epidemiology of Panic Disorder**

- Around 2.8% of U.S. population affected in a given year
  - Close to 5% of U.S. population affected at some point in their lives
- Women are twice as likely as men to be affected

 The prevalence is the same across cultural and racial groups in the U.S. and seems to occur in cultures worldwide

### Epidemiology of GAD

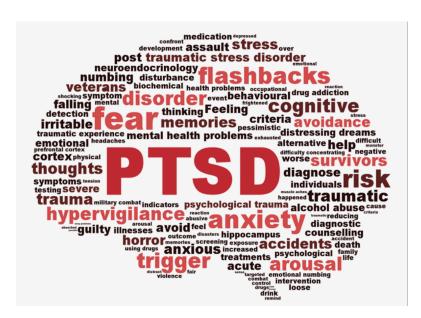
- Estimates of about 4–7% of general adult population
- Median age of onset of GAD is 30 years old
- Wide range of onset throughout the lifespan
- Women are twice as likely to have GAD as men
- The majority of individuals with GAD have a comorbid mental health diagnosis (especially depression)

# Epidemiology of Social Anxiety Disorder (SAD)

- Age of onset ~13 years (earlier onset than most anxiety disorders)
- Highest prevalence rates of SAD in 18-34 year-olds
- More common in women than men
- Lifetime prevalence estimated between 3-13%
- SAD patients less likely to see a physician than other anxiety disorders
- High comorbidity with agoraphobia

#### PTSD Risk Factors

- PTSD can occur at any age, including childhood, and can affect anyone
- Likelihood of developing PTSD is likely higher following a high intensity stressor
- Physical proximity to stressor also impacts an individual's likelihood of developing the disorder
- Lack of social support and preexisting psychiatric condition increase likelihood of developing PTSD
- There is some evidence of a heritable component to the transmission of PTSD



## Estimated Risk for Developing PTSD Based on Event

- Rape (49%)
- Severe beating or physical assault (31.9%)
- Other sexual assault (23.7%)
- Serious accident or injury (i.e. car or train accident) (16.8%)
- Shooting or stabbing (15.4%)
- Sudden, unexpected death of family member or friend (14.3%)
- Child's life-threatening illness (10.4%)
- Witness to killing of serious injury (7.3%)
- Natural Disaster (3.8%)



www.ptsdalliance.org www.nimh.nih.gov/pulicat/reliving.cfm

## Common Co-Morbidities with PTSD

- Depression
- Other Anxiety Disorders
- Substance Use Disorders
  - Especially among veterans
- Somatization disorders
- Dissociative disorders

#### PTSD in Combat Veterans

- According to the Department of Veterans Affairs (VA) estimates suggest PTSD is diagnosed in:
  - up to 20% of Operation Enduring Freedom and Operation Iraqi Freedom veterans have PTSD
  - up to 10% of Gulf War veterans
  - up to 30% of Vietnam War veterans
- Soldiers with symptoms of PTSD often face rejection by their military peers and by society in general
- Veterans with a traumatic brain injury (TBI) are more than twice as likely to suffer from PTSD later on than those without a TBI



### Summary

- Prevalence of panic disorder is about 5% and women are twice as likely to have it
- GAD prevalence is about 5%, women more likely to have it, median onset is around age 30
- SAD lifetime prevalence is 3-13%, age of onset is early around age 13
- PTSD can happen with anyone at any age
- Combat veterans a high risk 10% in gulf war, 20% in Iraq conflict, 30% of Vietnam vets