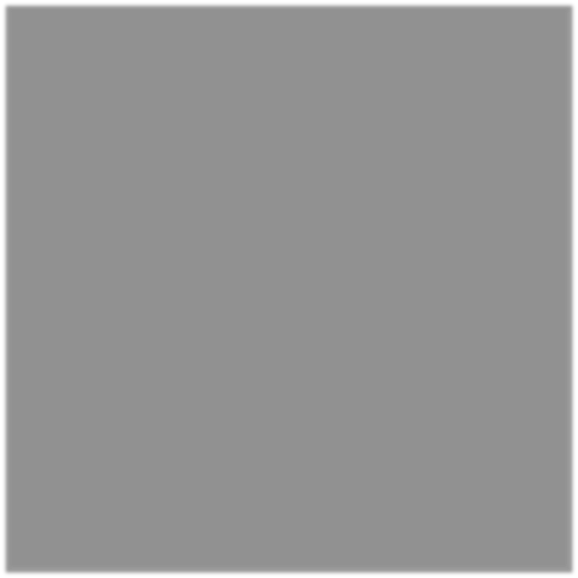


## ABSTRACT

The study was aimed to find the anxiety level in university going female students by using different physical parameters like DASS (depression , Anxiety, Stress Scale-21) , Anxiety Self Rating Scale, The Leibowitz Social Anxiety Scale (LSAS), Patient Health Questionnaire (PHQ-9) & Generalized Anxiety Disorder (GAD-7).



## LITERATURE REVIEW

The main goal of this literature review is to gather information on the effects of anxiety on people's health and well-being. When people engage in complicated tasks or activities, they commonly experience anxiety. They may seek help from others or take steps on their own to overcome anxiety disorders. When people experience anxiety while performing tasks or activities, they must be well- prepared and knowledgeable. It is recommended that they refrain from participating in such situations if they are unable to put the measures and approaches in place to overcome anxiety disorders. If entering elevators causes anxiety, for example, one should avoid them and instead use the stairwell. Family members, supervisors, instructors, colleagues, professional counselors, medical practitioners, and health care specialists are among those who provide support and assistance. When anxiety and anxiety disorders reach a critical stage, effective strategies and methods must be implemented to overcome them. **[Kapur, Radhika.*et al*. (2020)].**

The history of anxiety disorders has frequently been described as recent. As with schizophrenia, anxiety wasn't widely recognized as a disease until the 19th century, as has been stated numerous times. Contrarily, mood disorders, particularly melancholia, have a long history dating back to classical antiquity. It might not be entirely accurate to say that anxiety is a relatively new concept. There are hints that Greco-Roman philosophers and physicians recognized anxiety as a distinct negative affect and a separate disorder. Additionally, according to ancient philosophy, anxiety can be treated using methods that are similar to modern cognitive techniques.

Greek and Latin philosophers and medical professionals distinguished anxiety as a medical disorder and distinguished it from other negative affective states. Similar to modern cognitive psychology, ancient Epicurean and Stoic philosophers proposed methods for achieving a state of mind free from anxiety. There was a significant period of time between classical antiquity and the late 19th century when anxiety was not recognized as a distinct illness. However, even though they went by different names, typical cases of anxiety disorders continued to be reported. In his book The Anatomy of Melancholy from the 17th century, Robert Burton discussed anxiety. The "panophobias" in the nosology written by Boissier de Sauvages in the 18th century may be

recognized as panic attacks and generalized anxiety disorder. Additionally, anxiety symptoms played a significant role in the development of new disease concepts, which culminated in neurasthenia in the 19th century**.**

Anxiety is a common feeling. It is adaptive from an evolutionary perspective because it encourages survival by encouraging people to avoid dangerous areas. Anxiety has been classified as a disorder in psychiatric classifications since the 20th century. Clinical judgement must be used to determine where normal adaptive anxiety in daily life transitions into distressing pathological anxiety that requires treatment. Anxiety played a significant role in a number of new diagnostic categories, including neurasthenia and neuroses, in the late 19th and early 20th centuries. **[Marc-Antoine Crocq *et al*., (2022)].**

In the absence of scalable treatment, it is anticipated that depression and anxiety disorders account for more than 12 billion days of lost productivity annually across the 36 largest countries in the world, costing an estimated US$925 billion. This is the equivalent of more than 50 million years of work. The global cost per year is $1.15 trillion, assuming that all other nations (representing 20% of the world's population) have the same distribution of costs between lower- and higher- income countries. 4 billion more days are lost each year than those without these disorders, at a cost of $592 billion (36 percent of the total cost).

The impact of socioeconomic status as a mediator and predictor of positive health and financial outcomes could not be taken into account. Through higher levels of stress, social exclusion, violence, and trauma, poverty has a negative impact on the risk of developing anxiety disorders; however, the evidence base for the mental health effects of interventions aimed at the poor is still weak. The cost of seeking and paying for health care is one of the major obstacles that poor people in many countries face when trying to access services. Finally, it should be acknowledged that many people can experience anxiety at work, and that as a result, employee support programs— whether new or existing—should incorporate mental health and wellbeing**. [Dr Dan Chisholm *et al.*, (2016)]**

Although anxiety frequently co-occurs with depression, it has received little attention from researchers and medical professionals despite being a common mental health issue among women during the perinatal (pregnancy and postpartum) period. Given the mounting evidence that maternal anxiety during pregnancy and after delivery may have serious adverse effects, this is a crucial clinical omission. Increased childbirth anxiety, a preference for Caesarean sections, a lack of effective coping mechanisms, a rise in eating disorders, and a higher risk of suicide have all been linked to maternal antenatal anxiety. As it has been connected to higher preterm birth rates, lower Apgar scores, and shorter births, it also has significant neonatal implications. Additionally, a poor child's developmental trajectory is at risk due to antenatal anxiety.

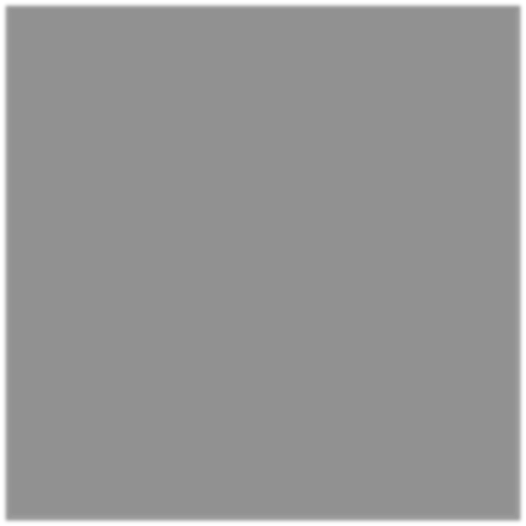
Trait anxiety refers to the propensity to report negative emotions like fears and worries across situations and is a condition clinically distinct from state anxiety symptoms. It is characterized by a stable perception of environmental stimuli as threatening. Prevalence rates for trait anxiety were high, ranging from 29 to 33 percent antenatally to 23 percent postnatally. Antenatal trait anxiety has been linked, despite being rarely studied, to a higher risk of preterm birth in African American women. **[Dennis, C. *et al*., (2017)]**

Patients who are having cardiac surgery have moderately elevated preoperative information needs and high levels of preoperative anxiety. There were discovered to be risk factors for higher anxiety levels, including a prolonged preoperative LoS, coronary bypass surgery, and no prior experience with anaesthesia or surgery. An elevated preoperative anxiety level was independently linked to coronary bypass surgery. **[J.H.Palazón *et al.*,(2018)]**

Reading difficulties have been linked to issues with psychological functioning, including difficulties with self-efficacy and anxiety. Comparatively to students who had no such history, those with a history of reading difficulties reported higher academic anxiety but similar levels of general anxiety. In comparison to students who had no such history, students with a history of reading difficulties also reported lower academic self-efficacy, but similar social self-efficacy. These results suggest that, when entering university, students with a history of reading difficulties exhibit academic-specific mental health symptoms, such as increased anxiety and low self- efficacy, compared to those without such a history**. [Mariem M. Elgendi *et al.*, (2021)].**

Children who are obese have higher rates of anxiety than children who are normal weight. According to estimates, anxiety affect 6.5 percent and 2.6 percent of children worldwide, respectively, and rates are rising. Although it has been noted that obese children are more likely than peers of normal weight to experience anxiety and depressive symptoms, it is unclear whether obesity itself poses a risk for these conditions. Prior studies have demonstrated a bidirectional relationship between obesity and anxiety/depression. Children with obesity are more likely to have neuropsychiatric disorders and low socioeconomic status (SES), which are known risk factors for anxiety. Although the results are mixed, associations between the risk of depression and various ethnic groups have also been noted. In order to properly assess the risks of anxiety and depression in children who are obese, it is crucial to take these factors into account. **[Louise Lindberg *et al.*, (2020)].**

Suicidal has significantly increased during the COVID-19 restrictions, and it is closely related to psychological distress, anxiety, family violence, and well-being.Evidently, the pandemic has also had a serious impact on the mental health of healthcare professionals. An evaluation of the levels of anxiety and trust among Iranian healthcare professionals found that 21.3 percent had severe levels of anxiety, compared to mild to moderate levels in 30.4% of the workforce. Users of social media showed the lowest levels of trust, whereas TV viewers showed the highest levels. Additionally, according to the findings of another cross-sectional study, 15.4% of 500 Taiwanese healthcare professionals with post-traumatic stress disorder (PTSD) symptoms, 44.6% of whom experienced insomnia, had high levels of anxiety, and 23.4% had high stress levels. Due to strict lockdowns, elevated anxiety, financial instability, and a decrease in the availability of support services, the incidence of family violence also increased during the pandemic**. [Hasannia *et al*., (2019)].**



# INTRODUCTION

Mixed anxiety-depressive disorder (MADD) is a new diagnostic category that describes patients who have limited and equal anxiety and depressive symptoms, as well as some autonomic features. Patients do not meet the diagnostic criteria for anxiety or depression. Autoimmune symptoms, such as panic attacks or intestinal depression, are involuntary physical symptoms caused by an overactive nervous system. Mixed anxiety and depression is defined by the World Health Organization's ICD-10 as a condition in which anxiety and depression symptoms coexist but are not distinct, and no type of symptom exists at a level that allows for diagnosis. Both diagnoses should be recorded and this category should not be used if both anxiety and depression symptoms are present and severe enough to excuse the individual diagnosis.**[Kara S, et al., (2000)]**

#### Anxiety:

Anxiety is defined by the ***American Psychological Association (APA****)* as "a feeling of tension, worried thoughts, and physical changes such as increased blood pressure."

Anxiety is a mental and physical state characterized by unmet expectations. It is marked by increased emotional distress and anxiety, which causes stress, as well as unpleasant activation of many bodily systems, all in order to facilitate a response to an unknown danger, real or imagined. Panic in anticipation of a negative outcome, as well as physical sensations like courage and a racing heart, are all designed to make you feel uncomfortable. Anxiety is meant to draw your attention and motivate you to make the necessary changes to protect what you value. Anxiety is normal and can even be beneficial. Anxiety can be thought of as the cost of being able to think about the future. It is especially difficult to distinguish between normal behavior and pathology in the case of anxiety. Anxiety plays a dynamic role in human development, implying that safety precautions are necessary. Because anxiety can be measured over time, some researchers believe that excessive anxiety is simply a more severe manifestation of a personality trait, rather than a different condition or illness. However, different businesses may be involved in distribution. **[**[**Adam Felman,**](https://www.medicalnewstoday.com/authors/adam-felman) **et al., (2020)]**

When anxiety prevents or limits developmentally appropriate adaptive behavior, it can become symptomatic at any age. (**Klein & Pine, 2001**).

Many young children, for example, experience separation anxiety as a normal part of growing up. Similarly, due to the social changes that many young people go through, questions about social issues arise during adolescence. The most common mental illnesses and disabilities are anxiety disorders. Anxiety is increasingly being linked to cardiovascular risk factors and diseases like atherosclerosis, metabolic syndrome, and heart disease. Because inflammation of the lower extremities is clearly involved in the etiology of these somatic conditions, it has been hypothesized that inflammation plays a role in anxiety disorders and may be linked to cardiac load. Anxiety disorders are also linked to depression, which has been linked to physical disability on numerous occasions. In contrast to depression, however, few studies have looked into the link between anxiety disorders and inflammation.**[Beesdo, K.et al.,(2009).]**

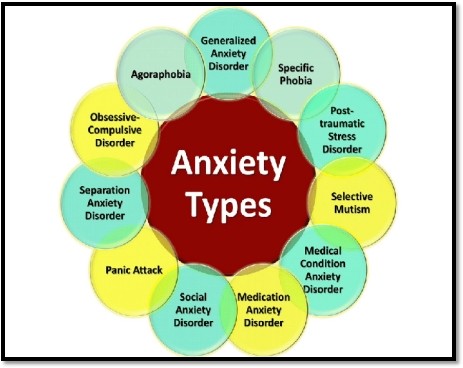
Anxiety is natural and healthy; it can motivate a person to act on their concerns and protect them from harm. Anxiety can even be necessary for survival in some situations. If a person were standing on the edge of a curb and a car swerved toward you, for example, a person would immediately sense danger, feel alarmed, and jump back to avoid the car. The "fight or flight" response, which is a normal anxiety response, prompts a person to fight or flee from danger.**[De Martini, J.*et al.,(*2019)]**

When we sense danger or believe danger is approaching, the brain sends a signal to the nervous system, which releases adrenaline. Adrenaline boosts our alertness and energy, as well as giving us a burst of strength, preparing us to attack (fight) or flee to safety (flight). Adrenaline overproduction can have negative consequences. Nervous, tense, dizzy, sweaty, shaky, or breathless are some of the symptoms. These effects are unpleasant, but they are not harmful to the body and do not last long. **[Kandola, A.*et al.,(*2018)].**

#### Types of Anxiety:

Anxiety is manifested in a number of different diagnoses.

* + 1. **Generalized Anxiety disorder**, in which anxiety reflects any of the key aspects of life — work, love, money, health — is most common in adults.
    2. **Social Anxiety Disorder**, which focuses on the fear of being criticized by others, is on the rise among adults.
    3. **Phobias** often direct certain things or experiences. Sometimes anxiety roars at the scene in an instant, intensifying and building up to a frightening crescendo in minutes. Panic may strike randomly, without the blue, or it may be paralyzing. Anxiety by all means is acceptable to treatment.
    4. **Agoraphobia** is a type of anxiety disorder in which you are scared and often avoid places or situations that can make person feel nervous and make person feel trapped, helpless or embarrassed.
    5. **Anxiety disorders due to a medical condition** include symptoms of severe anxiety or panic that are directly caused by a physical health problem.
    6. **Selective mutism** is a constant failure of children to speak in certain situations, such as school, or they may speak in other situations, such as at home with close family members. This can affect school, work and community service.
    7. **Separation Anxiety disorder** is a child's disorder characterized by excessive anxiety in the child's developmental stage and related to separation from parents or other parents.
    8. **Substance-induced Anxiety disorder** caused by a drug is characterized by symptoms of severe anxiety or panic which is a direct result of drug abuse, drug use, and exposure to a toxic substance or drug withdrawal.
    9. **Some specific anxiety disorders and unspecified anxiety disorders** that are not mentioned by words of anxiety or phobias do not meet the specific process of any other anxiety disorders but are important enough to stress and distract.**[Barrera TL *et al.,(*2009)]**



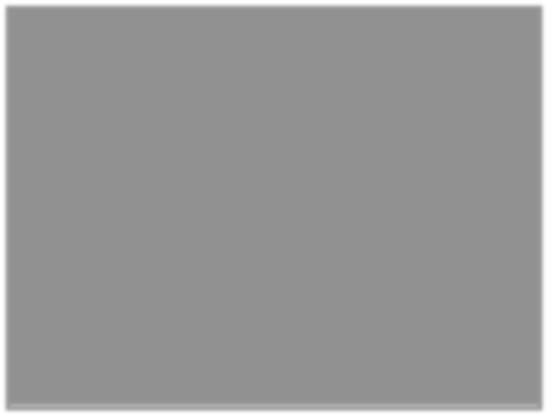
**Anxiety Disorders: Recent Global Approach to Neuro-pathogenesis, Drug Treatment, Cognitive Behavioral Therapy, and Their Implications.**

#### Symptoms:

Common anxiety signs and symptoms include:

* Feeling nervous, restless, or tense
* Having a sense of impending danger, panic, or doom
* Having an increased heart rate
* Breathing rapidly (hyperventilation)
* Sweating
* Trembling
* Feeling weak or tired
* Trouble concentrating or thinking about anything other than the current worry
* Having trouble sleeping
* Having gastrointestinal (GI) problems.

**[Borza, L.et al., (2017)]**



#### Anxiety Disorder Causes:

**Symptoms of Anxiety**

The causes of anxiety disorders are unknown. Traumatic events, for example, appear to trigger anxiety disorders in people who are already anxious. Inherited characteristics can also play a role.

#### Medical Causes:

Anxiety may be linked to an underlying health issue in some people. Anxiety and symptoms are sometimes the first signs of a medical problem. If your doctor suspects a medical cause for your anxiety, he or she may order a checkup to look for symptoms.

Examples of health problems that can be linked to anxiety include:

* Heart disease * Diabetes

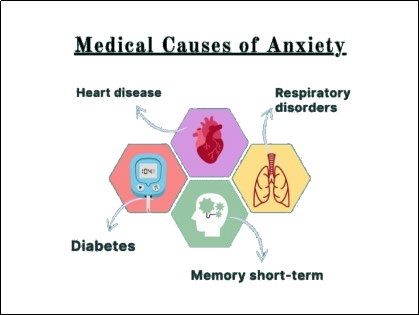
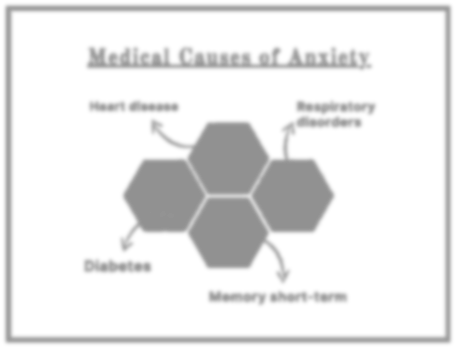
* Thyroid problems, such as hyperthyroidism

* Respiratory disorders, such as chronic obstructive pulmonary disease (COPD) and asthma * Drug abuse or withdrawal

* Withdrawal of alcohol, antidepressants (benzodiazepines) or other medications * Chronic pain or irritable bowel syndrome

* Unusual plants that produce certain anti-flying hormones * Sometimes anxiety can be the result of certain medications.

**[Sarris J, et al.,(2013)]**



**Medical Causes of Anxiety**

#### Risk factors associated with anxiety:

These factors could make someone more likely to develop an anxiety disorder:

* **Trauma**: Children who have been subjected to abuse or trauma, or who have witnessed traumatic events, are more likely to develop anxiety disorders later in life. Anxiety problems may develop in older people who have experienced a traumatic event.
* **An illness causes stress:** When you have a medical condition or a serious illness, you may be concerned about your treatment and future.
* **Build-up of stress:** Excessive anxiety can be caused by a major event or a series of stressful living conditions, such as a death in the family, job stress, or ongoing financial worries.
* **Individuality:** Anxiety disorders are more common in people with certain personality traits than in others.
* **Other mental health conditions:** Anxiety disorders are more common in people who have other mental health issues, such as depression.
* **Having a blood relative who suffers from anxiety:** Anxiety disorders can be passed down through generations.
* **Alcohol or drugs Anxiety:** can be caused or increased by drug or alcohol abuse or withdrawal.**[Reinhold JA, *et al*. (2015).]**

#### Complications:

Anxiety disorders do more than just make feel anxious. It can also cause or exacerbate other mental and physical conditions, such as:

* Depression (which is frequently associated with anxiety disorders) or other mental health disorders.
* Substance abuse
* Sleep disturbances (insomnia)
* Digestive or bowel issues
* Headaches and chronic pain
* Social isolation
* School or work problems
* Poor quality of life
* Suicide

**[Bazzan AJ, *et al.* (2014)]**

1

#### The Diagnosis of Anxiety:

Because current research indicates that the various anxiety disorders differ in behavioral pattern, natural history, and neurochemical basis, it is crucial to understand the distinctions between them and to become familiar with their diagnostic criteria. Others, like posttraumatic stress disorder, are brought on by a single traumatic event or a string of traumatic events. Some anxiety disorders, like panic disorders, are primarily genetically transmitted. Each anxiety disorder needs to be identified, handled, and managed differently as a result of these variations. Given how closely social anxiety and social phobias can resemble speech disorders, speech-language pathologists would benefit from having a thorough understanding of the entire spectrum of anxiety disorders. **[Foa, Edna B. and others et al., (2005)]**

#### Analysis of Anxiety Disorder:

Most patients with anxiety disorders seek treatment in primary care, frequently for physical complaints, but frequently the anxiety disorder is not recognized. Interventions for the co-morbid medical disorder are less effective when anxiety disorders are present and untreated. Other people with anxiety disorders also ask for behavioral help, but they typically do so because of relationship problems, work-related stress, or other psychosocial issues. Speech and language therapy is sought by other people with anxiety disorders. Because the problem with background anxiety is not recognized, many people in each group will not receive effective treatment. **[Buszewicz MJ. et al.,(2011)]**

#### Induction of Relaxation Response:

The relaxation response can be induced by a variety of everyday activities, such as taking a leisurely stroll along the beach, listening to calming music, practicing a craft, or working quietly in a garden. Humans frequently believe they are relaxed despite having tense or overactive physiological systems in their bodies. It's crucial to develop self-quieting abilities that calm both the body and the mind. **[**[**Elizabeth Scott**](https://www.verywellmind.com/elizabeth-scott-m-s-3144382) ***et al.,(*2020)]**

* + 1. **Quieting Techniques:**

Learning relaxation or meditation techniques is the most effective way to trigger the relaxation response. There are countless techniques for achieving both physical and emotional relaxation. Every technique teaches some form of self-control.

* + - 1. **Autogenic Training:** Listening to a series of phrases that describe the feelings of heaviness, looseness, warmth, and inner peace that come with relaxation is known as autogenic training. The person enters a deep state of mental and physical relaxation as the phrases take effect on the body.
      2. **Calm scene**: Imagine yourself in a calm, comfortable setting and use your imagination to feel the calming effects of being there on your body and mind. This is one of the simplest forms of relaxation.
      3. **Diaphragmatic Breathing**: Breathing fully and slowly from the diaphragm causes a deep state of relaxation as well as numerous significant physiological changes in the body and nervous system. Many religious schools of meditation include paced, deep breathing because it fosters inner peace.
      4. **Slow correct diaphragmatic breathing**: The most efficient way to improve respiratory sinus arrhythmia (RSA), a measure of synchrony between the respiratory and cardiovascular systems, is slow, correct diaphragmatic breathing (5 to 7 breaths per minute [BPM]). Slower diaphragmatic breathing and improved RSA lead to a lower heart rate and greater autonomic nervous system homeostasis, which lessens the symptoms of anxiety.
      5. **Meditation:** There are numerous methods for meditation. Every meditation technique sharpens mental focus and fosters inner peace. Additionally, regular meditation has a powerfully calming effect on the body.
      6. **Progressive muscle relaxation:** Each muscle group in your body is alternately tense and relaxed by the person using progressive muscle relaxation. An individual's capacity to release tension is improved by first tensing their muscles. The ability to distinguish between tense and relaxed muscles heightens one's awareness of tension when it manifests in daily life.
      7. **Passive muscle relaxation:** This quick relaxation technique quickly relaxes all body muscle groups. Patients with chronic pain can more easily tolerate this technique because it skips the progressive muscle relaxation step that involves tensing the muscles.
      8. **Visualization**: Visualization entails imagining a series of images that bring about calm, physical healing, pain relief, and other health-improving effects.

#### Prevention:

Although it's impossible to predict what will cause someone to develop an anxiety disorder, you can take steps to lessen the severity of symptoms if you're worried:

1. Seek assistance early If you wait, anxiety, like many other mental health conditions, can become difficult to treat.
2. Keep moving: Engage in activities that make you happy and make you feel good about yourself. Social interaction and caring relationships can help you feel less anxious.
3. Don't drink or use drugs Anxiety can be caused or increased by alcohol and drug abuse. Quitting any of these things can be stressful if you are addicted to them. If you are unable to stop on your own, seek medical assistance or join a support group.
4. Be aware of situations, occupations, and people that cause you stress.
5. If unavoidable, confront and overcome situations that provoke anxiety.
6. Find a relaxation technique that works for you. Use it regularly.
7. Develop and maintain a strong social support system.
8. Express your emotions when they happen.
9. Challenge irrational beliefs and thoughts that are not helpful to you.
10. Correct misperceptions. Ask others for their points of view.
11. Work with a therapist.

**[Sawchuk CN et al.,(2018)]**

#### Medication Treatment for Anxiety:

Medication is often used to treat anxiety disorders. Common medications prescribed for anxiety disorders include:

* Selective Serotonin Re uptake Inhibitors (SSRIs)
* Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)
* Benzodiazepines
* Tricyclic antidepressants
* Monoamine Oxidase Inhibitors (MAOIs).

In addition to medications, there are other treatments such as cognitive behavioral therapy and psychotherapy that may be helpful in managing anxiety.

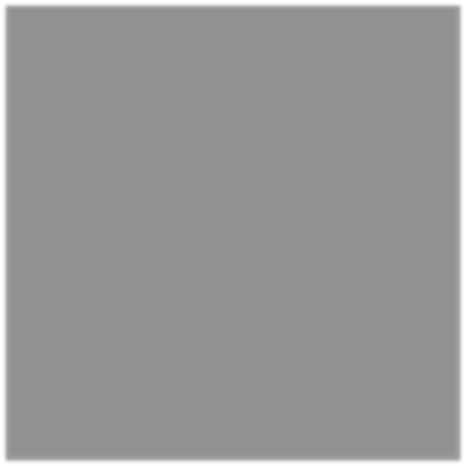
Selective Serotonin Reuptake Inhibitors (SSRIs) are a class of drugs used to treat depression, anxiety, and other mental health disorders. They are the most commonly prescribed antidepressants in the United States. SSRIs work by increasing levels of serotonin, a neurotransmitter that plays an important role in mood regulation. This helps to improve mood and reduce symptoms of depression, anxiety, and other mental health disorders. The most common side effects of SSRIs include nausea, headache, insomnia, and sexual dysfunction.

SNRIs are a type of antidepressant commonly prescribed to treat anxiety. These medications work by increasing the levels of serotonin and norepinephrine, two neurotransmitters that are believed to help regulate mood and emotion. Examples of SNRIs include duloxetine (Cymbalta), venlafaxine (Effexor), and desvenlafaxine (Pristiq). These medications are generally well- tolerated, but side effects may include nausea, insomnia, and headache. They may also cause an increase in blood pressure or heart rate.

Benzodiazepines are a class of medications used to treat anxiety symptoms. They work by slowing down the brain's activity, providing a calming effect. Examples of benzodiazepines include alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), and lorazepam (Ativan). These medications can be used on a short-term basis to help reduce symptoms of anxiety, or they can be prescribed for long-term treatment.

Tricyclic antidepressants can be used to treat the symptoms of anxiety, such as panic attacks, social anxiety, and obsessive-compulsive disorder. These medications work by increasing the levels of serotonin and norepinephrine in the brain, which can help to improve mood and reduce anxiety. Common tricyclic antidepressants used to treat anxiety include amitriptyline, clomipramine, doxepin, and desipramine. They may cause side effects such as dry mouth, drowsiness, weight gain, and constipation.

MAOIs are a class of antidepressant medications used to treat anxiety disorders, including generalized anxiety disorder (GAD), panic disorder, and social anxiety disorder. They work by blocking the action of the enzyme monoamine oxidase, which helps to regulate levels of certain neurotransmitters in the brain, such as serotonin, norepinephrine, and dopamine. By blocking the action of this enzyme, MAOIs increase the levels of these neurotransmitters, resulting in improved mood and decreased anxiety. MAOIs are typically used when other treatments, such as SSRIs, have not been effective. However, MAOIs have more significant side effects than other types of antidepressants, and they may interact with certain foods and medications, so people taking them should be closely monitored by their doctor.



**Materials & Methods**

#### Selection criteria:

Normal healthy females (n=80) from age group 18-24 years were selected.

They were chosen as female students from several departments at our university, such as the biochemistry department. 12.5% of the females were chosen in the first year, followed by 20% in the second, 25% in the third, and 31.25% in the fourth. Girls made up 11.25% of the chemistry department's selection.

##### Exclusion Criteria:

The study eliminated any females with any type of illnesses or follow-up appointments with doctors.

#### Procedure:

* + - Used five different questionnaires for prevalence study of anxiety levels indications.
    - Spread questionnaires randomly in Students of Jinnah University for women.
    - Scoring each of the survey form according to the criteria of their ranking among ranges.
    - Categorized scores obtained from each Performa in different group among mild to moderate to severe.
    - Observe the stress levels indication from these scores and determine the stress copping ability to each individual.

#### Methodology:

On a questionnaire, our research was conducted. Five distinct types of questionnaires were used. We received the questionnaire from several sources.

##### The DASS-21 (depression, Anxiety, Stress Scale-21) questionnaire.

Three self-report scales known as the DASS-21 were developed to assess the emotional states of stress, anxiety, and depression. The dimensional rather than categorical conceptualization of psychological pathology is the foundation of the DASS-21. The underlying presumption for the DASS-21 development (which was supported by the research findings) is that the differences in depression, anxiety, and stress between healthy persons and clinical groups are mostly variations in intensity. Therefore, the DASS-21 has no ramifications for the assignment of patients to certain diagnostic groups suggested by classification schemes like the DSM and ICD.

##### Anxiety self-rating scale was the second questionnaire.

The 10-item anxiety self-rating scale was a self-report tool that covers a range of physical and psychological anxiety symptoms. Responses were scored from 0 (none) to 4 (Most or all of the time) on a 5-point scale. Participants are told to base their responses on the previous week's experiences. Positive and unpleasant events are also included in the list.

##### The Leibowitz Social Anxiety Scale (LSAS).questionnaire.

This test evaluates the impact social anxiety has on your life in a range of contexts. An overall score with a maximum of 144 points is produced by adding the total scores for the Fear and Avoidance components.

The self-administered test does not feature four additional sub scale scores, however the clinician- administered test does. These extra four sub scales are: aversion to social interaction, aversion to performance, aversion to social interaction, and aversion to aversion of social contact. Typically, the final score is calculated by adding the total scores for fear and avoidance.

* Research suggests that SAD is rare to occur after the age of 30.
* The next cut-off is 60, at which SAD is likely to occur. People who are starting treatment for the non-generalized variety of SAD typically have scores in this range.
* Scores of 60 to 90 suggest a high likelihood of SAD. People who are starting treatment for the generalized kind of SAD typically have scores in this range.
* Scores greater than 90 imply a high probability of SAD.

##### Patient health questionnaire (PHQ-9) questionnaire.

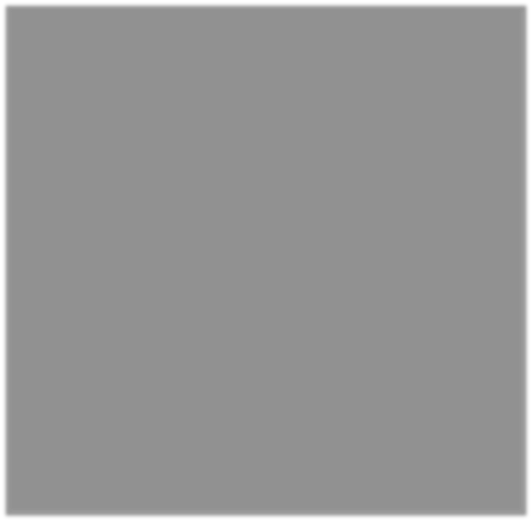
The nine self-report items on the two-page PHQ were completed by participants.

An individual must first admit to having "had an anxiety attack, suddenly feeling fear or panic" within the previous four weeks in order to receive a diagnosis of panic disorder. They must also admit that such attacks have occurred in the past, that some of them "came out of the blue," that they disturb them a lot, and that they are concerned about the possibility of further attacks. Finally, individuals must confirm that four of the eleven somatic symptoms were present during their most recent assault.

##### The Generalized anxiety disorder (GAD-7) questionnaire

A seven-item test called the Generalized Anxiety Disorder Assessment (GAD-7) is used to gauge or gauge the severity of generalized anxiety disorder (GAD). Each question asks the respondent to rate how severe their symptoms have been throughout the previous two weeks. "Not at all," "a few days," "more than half the days," and "almost every day" are all acceptable responses.

* The GAD-7 has been approved for use with patients in primary care, the general public, and GAD-affected adolescents.
* It takes roughly 1-2 minutes to finish the self-administered GAD-7 patient questionnaire.



#### RESULTS

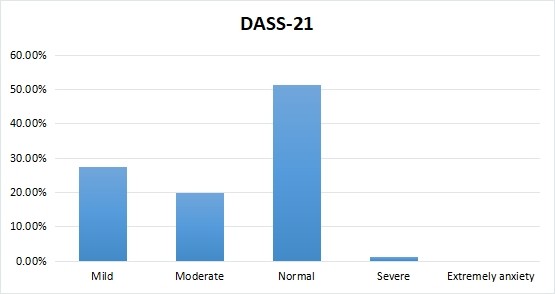
**Table 01** based on DASS (depression, Anxiety, Stress Scale-21) questionnaire of the individuals aged between 18-24 years having mild, moderate, Normal, severe, extremely anxiety.

Three self-report scales known as the DASS are used to assess the negative emotional states of stress, anxiety, and depression. The DASS was developed to advance the process of describing, comprehending, and measuring the pervasive and clinically relevant emotional states typically described as depression, anxiety, and stress, not only as another set of scales to assess traditionally recognized emotional states. Thus, the DASS should satisfy the needs of both researchers and doctors who are also scientists. The Anxiety scale measures situational anxiety, skeletal muscle effects, autonomic arousal, and subjective experiences of anxious affect.

High-scoring individuals' traits in terms of anxiety Scale DASS fearful, nervous, trembling, and shaky; conscious of dry mouth, breathing problems, racing heart, and sweaty palms, concerned about ability and potential loss of control .DASS was given to each participant individually for study purposes. As part of the larger process of clinical assessment, the DASS's main value in a clinical environment is to identify the location of emotional disturbance. The DASS's primary purpose is to evaluate the severity of the main symptoms of stress, anxiety, and depression. It is important to understand that people who are clinically depressed, anxious, or stressed may also exhibit additional symptoms such disturbed sleep, eating, or sexual function that are typically shared by two or all three of these illnesses.

|  |  |
| --- | --- |
| **DASS-21** | |
| **Mild** | 27.50% |
| **Moderate** | 20% |
| **Normal** | 51.25% |
| **Severe** | 1.25% |
| **Extremely anxiety** | 0% |

**Table 01 DASS (depression, Anxiety, Stress Scale-21)**



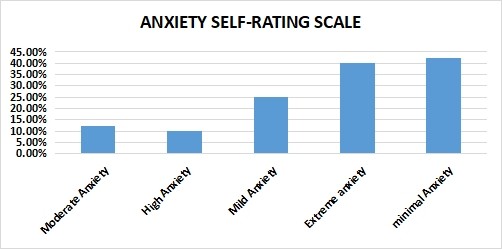
**Graph 01 DASS (Depression, Anxiety, Stress Scale-21)**

**Table 02** based on ANXIETY SELF-RATING SCALE This scale is designed for your personal use. The 10-item anxiety self-rating scale was a self-report tool that covers a range of physical and psychological anxiety symptoms. Responses were scored from 0 (none) to 4 (Most or all of the time) on a 5-point scale. Participants are told to base their responses on the previous week's experiences. Positive and unpleasant events are also included in the list.

Following results are obtained.

|  |  |
| --- | --- |
| **ANXIETY SELF-RATING SCALE** | |
| **Moderate Anxiety** | 12.50% |
| **High Anxiety** | 10% |
| **Mild Anxiety** | 25% |
| **Extreme anxiety** | 40% |
| **minimal Anxiety** | 42.50% |

**Table 02 ANXIETY SELF-RATING SCALE**

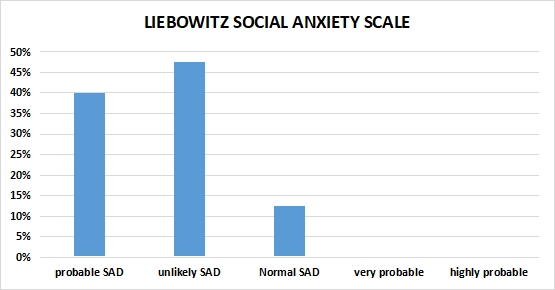


**Graph 02 ANXIETY SELF-RATING SCALE**

**Table 03** based on The Leibowitz Social Anxiety Scale (LSAS), a 24-item self-rating questionnaire, is designed to evaluate the impact social anxiety has on your life in a variety of circumstances. This scale is used in our research projects to assess participants' levels of social anxiety, in clinical settings to evaluate a patient's symptoms, or by individuals who are unsure whether the symptoms they are exhibiting could be symptoms of an anxiety disorder. The LSAS evaluates your avoidance of social encounters as well as your social anxiety in certain situations.

|  |  |
| --- | --- |
| **LIEBOWITZ SOCIAL ANXIETY SCALE** | |
| **probable SAD** | **40%** |
| **unlikely SAD** | **47.50%** |
| **Normal SAD** | **12.50%** |
| **very probable** | **0%** |
| **highly probable** | **0%** |

**Table 03 the Leibowitz Social Anxiety Scale (LSAS)**

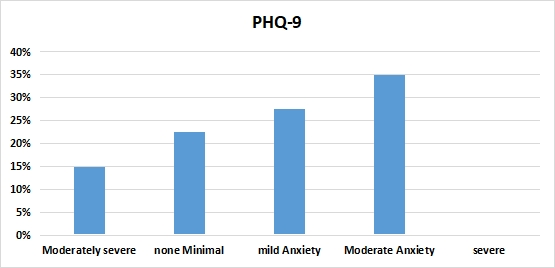


**Graph 03 the Leibowitz Social Anxiety Scale (LSAS)**

**Table 04** based on Patient Health Questionnaire (PHQ-9) The PHQ-9 is a versatile tool used for anxiety screening, diagnosis, monitoring, and severity measurement. The PHQ-9 is concise and practical in clinical settings. The patient fills out the PHQ-9 in a matter of minutes. Repeat administrations of the PHQ-9 can show if a patient's anxiety is getting better or getting worse in response to treatment.

|  |  |
| --- | --- |
| **PHQ-9** | |
| **Moderately severe** | **15%** |
| **none Minimal** | **22.50%** |
| **mild Anxiety** | **27.50%** |
| **Moderate Anxiety** | **35%** |
| **severe** | **0%** |

**Table 04 Patient Health Questionnaire (PHQ-9)**

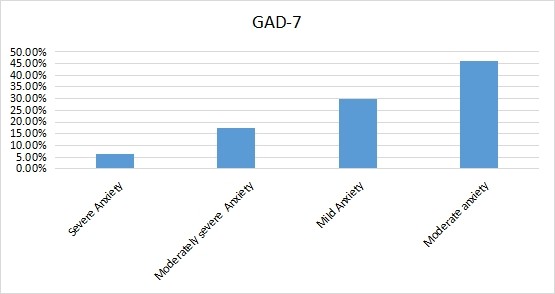


**Graph 04 Patient Health Questionnaire (PHQ-9)**

**Table 05** base on generalized anxiety disorder (GAD-7) as a screening tool for generalized anxiety disorder (GAD) in primary care settings, the 7-item Generalized Anxiety Disorders Scale was created. More and more researchers studying anxiety disorders and general anxiety are using the GAD-7 as a measure. Good psychometric features, such as sensitivity and specificity, have been shown for the GAD-7. The GAD-7 exhibits strong reliability between tests. The GAD-7 is a helpful instrument with high criteria validity for spotting potential GAD cases.

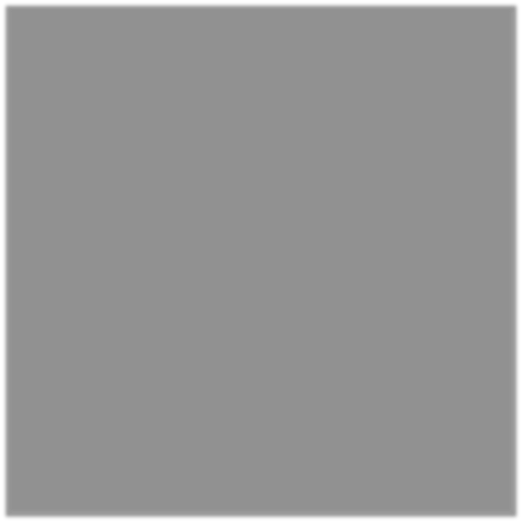
|  |  |
| --- | --- |
| **GAD-7** | |
| **Severe Anxiety** | **6.25%** |
| **Moderately severe Anxiety** | **17.50%** |
| **Mild Anxiety** | **30%** |
| **Moderate anxiety** | **46.25%** |

**Table 05 Generalized Anxiety Disorder (GAD-7)**



**Graph 05 Generalized Anxiety Disorder (GAD-7)**

In reality, anxiety is a natural aspect of existence. It sometimes accomplishes something useful. You can use anxiety as motivation to study or earn that job promotion. However, if you don't manage your anxiety and it persists, it could have a negative impact on your health, family, and employment. There are a variety of external or environmental reasons, such as incidents that occurred, accidents, and family problems, that may also contribute to an individual's anxiety level rising, which is one of the numerous causes of anxiety indications. A study has demonstrated that the additional pressure of studying during exams causes students to experience high levels of anxiety. Working long hours, having a large workload or too much responsibilities, and being unsatisfied with your job. Working under hazardous conditions, feeling uncertain about your potential for development or risk of termination, being required to give presentations in front of colleagues, experiencing discrimination or harassment at work, especially if your organization isn't supportive are all examples of poor management. These are a few causal elements that could be the cause of an individual's elevated anxiety level. Because the students chosen for the anxiety indication study were preparing for their exams, this may be the cause of the high indication of anxiety level since during exams students anxiety level is normally high because of studies pressure during is high, many students have mild to moderate anxiety level and few have high anxiety level.



# Discussion

The present study depicts that in contrast to positive emotions like love, joy, and excitement, anxiety is a feeling. There are three basic parts to anxiety emotions: affect, an urge to act, and physiological modifications. **(Lazarus et al., 2016).**In the study anxiety has a specific place. Additionally, anxiety has been a central theme in the majority of theories of abnormal psychology and personality**. (Freud et al., 2017)**As a stimulus, a reaction, a drive, a motive, and a trait, anxiety has been defined in a variety of inconsistent and contradictory ways.

According to research on the total global burden of disease, anxiety disorders are among the most common mental diseases and rank among the top disorders. Complex illnesses, anxiety disorders still have poorly known etiological pathways. Their etiology is considered to entail a variety of elements, including psychological, genetic, biological, and chemical aspects. Despite the fact that the diagnosis of anxiety disorders is continually changing, diagnostic guides still depend on symptom lists rather than objective biomarkers, and the effectiveness of treatments is generally mild to moderate. **(Elke Humer et al., 2020).**

Anxiety disorders are a widespread worldwide health issue that have an impact on about 300 million people who suffer from a variety of anxiety disorders as well as society at large. The eventual emergence of other psychiatric comorbidities, such as depression, is also a result of anxiety disorders.**(Ceylan, M.F.et al.,2014).**Gender has an impact on the prevalence of anxiety disorders, with women having a higher prevalence than men.**(Jalnapurkar, I et al.,2018).**Despite a tendency towards reduced incidence in elderly adults (>80 years), rates of prevalence vary little by age.**(Byrne, G.J.et al.,2002).**Feelings of worry and fear, as well as associated behavioral problems including avoidance behavior, are characteristics of the category of diseases known as anxiety disorders. Like all psychiatric disorders, anxiety disorders are determined by symptom lists rather than objective biomarkers, even though patients frequently have symptoms that are compatible with many diagnoses. **(Shadli, S.M. et al., 2020).**

Despite the fact that there are numerous well-established psychotherapy and drug-based treatments that, on average, work **(Olatunji, B.O. et al., 2010),** individual treatment reactions differ greatly. **(Loerinc, A.G et al., 2015).** Limiting the validity of the notion that all patients' anxiety is caused by a single biological disturbance. **(Kapur, S. et al., 2012).**As a result, disruptions are more likely to vary between people necessitating the development of a wider variety of biomarkers to better understand the etiological mechanisms particular to each patient and develop more focused treatments.**(Schneider, R.L et al., 2015).**

By distributing five different questionnaires for the quantitative analysis of anxiety to a random general population from the Institute of Jinnah University for Women, different levels of anxiety indication were determined in this study. Through my research, I was able to obtain a variety of results. For instance, **Graph-01** demonstrates that, when the DASS-21 questionnaires were administered, the majority of students—51.25%—were in the category of normal anxiety, indicating that they can generally manage their anxiety. While some students fall into the mild anxiety category (27.5%) and some into the moderate anxiety category (20%), this shows that very few students had trouble coping with anxiety situations. Additionally, 1.25 percent of students fell into the category of extreme anxiety, indicating that there were still some children who experienced this illness. The majority of participants were able to manage their anxiety, according to the DASS- 21 category of different ranges, while some subjects had mild to moderate anxiety and others had severe anxiety, necessitating the use of different managing therapy. The 0% result for highly anxious indicates that neither a female nor a subject experienced extremely high levels of anxiety throughout the DASS-21 Performa. The majority of students fell into the usual limits for anxiety, which suggests that the majority of girls were coping with their stress.

According to **Graph-02**, the majority of students (42.50% on average) who completed the anxiety self-rating scale surveys fell into the category of "minimal anxiety," indicating that they can generally manage their worry. While some students fall into the category of moderate anxiety at approximately 12.50%, and others fall into the category of high anxiety at about 10%, this shows that minor individuals had trouble coping with anxiety circumstances. While others fall into the Mild Anxiety (25%) and Extreme Anxiety (40%) categories. This anxiety self-rating scale category of various ranges shows that the majority of participants were able to manage their

anxiety, while others fall in the mild to moderate range and some had high anxiety indication with needing a distinct managing counselling and anxiety coping therapies.

As seen in **Graph-03**, 40% of participants scored as possible SAD on the Leibowitz Social Anxiety Scale, whereas 0% of pupils scored as highly probable. While 47.50% of females who tested positive for SAD were unlikely, 12.50% of them tested positive for typical SAD, and 0% tested positive for highly probable. According to Graph 3, 12.50% of females have a very good understanding of their anxiety situation, and 40% have a firm grasp on how to manage their anxiety. Only a very small percentage, 2%, needed counselling and further psychological care related to their mental and physical activity.

**Graph-04** demonstrates that while looking at the PHQ-9 questionnaires, 0% of participants had severe anxiety and 15% of students had anxiety that was above moderately severe. Women make up 22.50% of the category "none Minimal," 27.50% of the category "mild Anxiety," and 35% of the category "moderate Anxiety." The fourth graph shows how well a person can cope with their anxiety.

Examining the GAD-7 questionnaires reveals that 6.25 percent of respondents fall into the category of severe anxiety, and 17.50 percent of students fall into the category of moderately severe anxiety. While 30% of females are classified as having mild anxiety, 46.25% are classified as having considerable anxiety. According to **Graph-05,** many ladies engage in various activities, including as wellness orientation, thought-control practice, social comfort activities, and many others, in an effort to reduce or manage their anxiety.

In contrast to depressed patients without anxiety, individuals with comorbid anxiety had higher triglyceride levels, and there were negative relationships between anxiety and high-density lipoprotein (HDL) values.(**Wang, J. et al.,2016)**.In addition, individuals with anxiety disorders had increased blood triglycerides, very-low-density lipoprotein (VLDL) cholesterol, and free cholesterol compared to healthy controls, although esterified cholesterol showed the reverse pattern.**(Mishra, T.K et al.,1984).**Anxiety and lipid profiles (total cholesterol, HDL, VLDL, low- density lipoproteins (LDL), and triglycerides) were not shown to be correlated in a study of menopausal women.**(Chen, C.-C et al.,2006).**

Research has connected anxiety problems to inflammation. Consequently, using leukotriene receptor antagonists or certain fatty acids might also support the preservation of the symptoms of anxiety. The production of eicosanoids, which may result in disturbances of the system of inflammatory mediators, is preceded by the synthesis of omega-3 fatty acids. **(McCarter, G.C. et al., 2017).**

The production of eicosanoids, which can cause disruptions in the system of inflammatory mediators, is preceded by the synthesis of omega-3 fatty acids. A recent study supports the idea that anxiety and systemic inflammation are related study, demonstrating a connection between elevated levels of the inflammation marker C-reactive protein (CRP),Suicide risk among people with anxiety disorders.**(Dalleau, E. et al., 2016).**

The development of anxiety disorders may be significantly influenced by membrane lipids and lipid oxidation, according to mounting data. The barrier and signaling functions of membranes are critically dependent on membrane lipids**. (Casares, D et al.,2019).**Brain lipids are crucial for transmitter transmission because abnormalities in neuronal proteins and peptide activities are thought to be a major contributing factor to anxiety disorders. It is believed that lipids necessary for membrane formation, such as phospholipids, glycerolipids, and sphingolipids, are implicated in the pathophysiology of anxiety disorders, particularly.**(Müller, C.P et al.,2015).**It is believed that the extremely dynamic lipid composition of neuronal membranes influences the assembly of signaling proteins, which in turn impacts neuronal signaling and function.**(Postila, P.A et al.,2020).**

High-sensitivity CRP and fibrinogen levels were found to be adversely correlated with anxiety in a different investigation with seemingly healthy women, while no correlation was found in men. As a result, connections between anxiety and micro-inflammation indicators also appear to vary by gender and age, which may also be a factor in the conflicting findings regarding the relationship between lipid metabolism and inflammation with anxiety symptoms. **(Toker, S. et al., 2005).**

Studies indicate that the pathogenesis of anxiety disorders may entail inflammation caused by excessive NOx generation. **(Gammoh, O.S. et al., 2016).**Studies also point to nitro-oxidative stress as a factor in anxiety disorders, which lowers lipid antioxidant defences and promotes lipid

oxidation. More precisely, it was shown that those with general anxiety disorders had higher levels of superoxide dismutase, lipid hydroperoxides, nitric oxide metabolites (NOx), and uric acid than people without anxiety problems. Along with such alterations, HDL and paraoxonase-1 levels fell.**(Maes, M. et al.,2018).**It is hypothesized that the pathophysiology of anxiety disorders includes inflammation brought on by excessive NOx generation.**(Gammoh, O.S et al.,2016).**However, studies analyzing salivary NOx in daily psychological stress in humans and anxiety observed only correlations between stress and anxiety, but not between salivary NOx **(Jin, Let al.,2013**)and anxiety, in contrast to studies focusing on NOx levels in acute stress models, which found associations between anxiety and NOx.**(Gammoh, O.S et al.,2016).**

Numerous human investigations have shown a probable connection between oxidative stress and lipid peroxidation, as neurochemical causes of anxiety disorders, including phobias. Compared to a control group, lipid peroxidation was higher in children with anxiety disorders, as seen by elevated blood levels of lipid hydroperoxide. So, it has been suggested that lipid hydroperoxide may serve as a biomarker for anxiety disorders. Ceylan, **(M.F et al., 2014).**

Oxidative stress is indicated by increased lipid hydroperoxide levels and decreased paraoxonase activity, an enzyme connected to HDL that protects lipids from oxidation.

(**Brites, F.et al., 2017)**lipid peroxidation and oxidative stress may have a role in the etiopathogenesis of generalised anxiety disorder (GAD), according to studies that have been conducted in people with GAD who do not also have any coexisting psychiatric disorders. So, it has been suggested that lipid hydroperoxide may serve as a biomarker for anxiety disorders. **(Bulut, M et al., 2013).**

The relationship between oxidative stress and anxiety has frequently been linked to dietary influences.Other elements, such as electromagnetic field radiation, vibration, and ringtone from mobile phones, which have been shown to cause oxidative stress and anxiety-like behaviour in rats, may also contribute to oxidative stress. **(Selek, S et al., 2019).**

One study linked dietary biomarkers to perinatal anxiety problems. An inverse relationship between serum DHA levels and anxiety disorders in the first trimester was found in associations between polyunsaturated fatty acids and anxiety disorders in early pregnancy. As total lipids

significantly decline after delivery compared to pregnancy, correlations between cholesterol and anxiety in the postpartum period were also examined. Overall, throughout the postpartum period, there were only somewhat negative relationships between total cholesterol, HDL cholesterol, and anxiety symptoms. **(Grimes, S.B et al., 2018)**

Unfortunately, studies looking at the connection between anxiety and depression have a tendency to use either trait anxiety measures or state anxiety measures, but not both. Additionally, this research has a propensity towards using instruments that exclusively evaluate trait and state anxiety components. Uncertainty exists regarding the relationship between the presence of depressive symptoms and transient emotions of fear and worry (state anxiety), the likelihood of developing depressive symptoms (trait anxiety), or both. **(Auerbach, S. M.et al., 2018)**

A person behavior can be affected by anxiety. Person could avoid particular situations, feel unable to go to work, or withdraw from friends and family. Even while avoiding circumstances can provide you with momentary comfort, the anxiety usually returns the next time you encounter it. Avoiding it merely makes you feel more in danger and prevents you from ever knowing if your fears are justified. If person have a history of anxiety disorders in your family, they are more likely to suffer from them. That implies that their genes at least have an impact. Yet, no "anxiety gene" has been discovered. Therefore, just because their parent or another close family has one does not guarantee that they will as well.**(**[**Smitha Bhandari**](https://www.webmd.com/smitha-bhandari) **et al.,2021).**

Anxiety disorders are the most prevalent mental health conditions. Although they are less visible than schizophrenia, depression, and bipolar disorder, they can be just as disabling. **(Bystritsky A et al., 2013).**Cognitive-behavioral therapies and psychopharmacological medications are both effective ways to treat anxiety problems. These interventions target various symptoms. **(Khalsa SS, et al., 2013).**Reduced productivity, higher morbidity and death rates, and a rise in alcohol and drug usage among a significant portion of the population can all be attributed to anxiety disorders. **(Cameron ME, Schiffman J. et al., 2013).**

Deakin and Graeff (23) proposed that 5-HT has a dual function in the modulation of various forms of anxiety.Since the DPAG is innervated by the DRN, 5-HT produced from DRN terminals is thought to attenuate unconditioned fear while increasing learning anxiety at the amygdala. They contended that a

brain system that encourages complex defensive behaviours (in the amygdala) while limiting instinctive fight-or-flight responses (in the DPAG) would clearly be beneficial for survival.**(Graeff, F. G.et al..,1996)**

The selective serotonin reuptake inhibitors (SSRIs), which have a wider range of action than benzodiazepines, are genuinely beneficial in treating anxiety disorders.**(Handley, S. L. et al.,1995).**

Anxiety have been linked to decreased serotonergic activity, and medicines either directly or indirectly boost the serotonin system's sustained function. The 5-HT1A autoreceptor, which serves as the main somatodendritic autoreceptor to negatively control the "gain" of the serotonin system, is an important part of the serotonin circuitry.**(Albert PR et al.,2014)**

Additionally, healthy people experience anxiety after receiving systemic lipopolysaccharide injection, which stimulates the production of interleukin-1 (IL-1) and other inflammatory cytokines in the brain.**(Rossi S,et al., Sacchetti L,et al.,2012)**

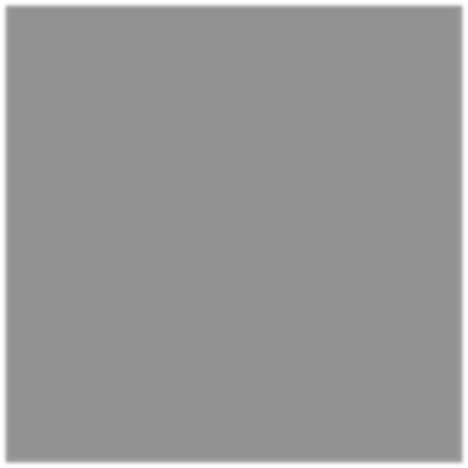
Salivary Cortisone was proposed as a measure of state anxiety in addition to being a anxiety biomarker. Salivary alpha-amylase, a component that stimulates the sympathetic nervous system, was shown to be greater in people with higher dental anxiety scores, suggesting that it may be useful as a biomarker of dental anxiety. **(Petrakova, L. et al.,2017).** However, a study of children with and without temporomandibular problems found that those with the disease had greater levels of anxiety symptoms, but there was no difference in salivary alpha-amylase or salivary cortisol. However, it was shown that high levels of hair cortisol predicted the later emergence of worried behaviour in young monkeys in response to a significant life stressor, suggesting some promise as a biomarker for stress-related mental health issues. **(Jafari, A et al.,2018).**

Pituitary adenylate cyclase-activating polypeptide (PACAP), a neuropeptide that has been proposed as a biomarker for the severity of anxiety-related mental illnesses,**(Denis, V et al.,2019)** is thought to be involved in the anxiety response. Analysis of serum PACAP in male and female GAD patients and healthy controls showed no overall association between circulating PACAP and GAD, but a female-specific association, supporting earlier research suggesting possible sex differences in PACAP effects, probably as a result of estrogen-dependent regulation of this pathway.**(Ross, R.A. et al.,2020)**

An endogenous regulator of fear expression is thought to be the neurotrophin fibroblast growth factor-2 (FGF2), a protein involved in stress regulation and neurogeneration.**(Graham, B.M. et al.,2011).** As a result, FGF2 could possibly be a possible biomarker for anxiety disorders. However, further study is needed to fully understand how FGF2 might be used to identify sensitive people and develop preventative measures.**(Graham, B.M. et al.,2017).**

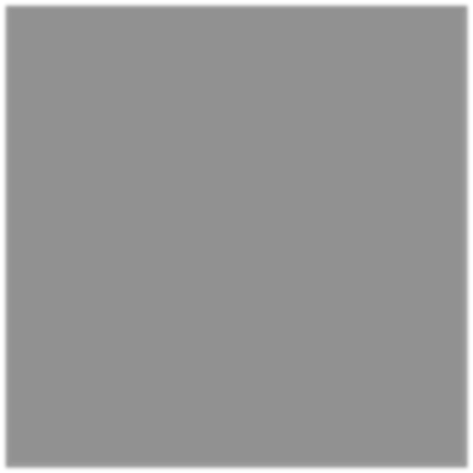
Pregnenolone sulphate, one of the previously thought of steroids as being neuroactive, is said to behave as a negative gamma-aminobutyric acid (GABA) receptor modulator, which may account for the decreased pregnenolone sulphate concentration in anxious and depressed males.**(Hill, M et al.,2015).**

Urine samples were subjected to metabolomics studies in addition to plasma analysis profiled urine samples from healthy controls using several metabolomics techniques.and sufferers of illnesses like anxiety and sadness. Four biomarkers in total—N-methylnicotinamide,Hippuric acid, azelaic acid, and aminomalonic acid were found to be able to differentiate between healthy from those who are nervous or sad. The major roles of such indicators in three metabolic pathways (tryptophan–nicotinic acid metabolism, lipid metabolism, tyrosine phenylalanine routes) (tryptophan–nicotinic acid metabolism, lipid metabolism, tyrosine–phenylalanine pathways)as well as five cellular and molecular processes (cell cycle, metabolism of amino acids, molecular transport,cell division and development, as well as small molecule biology).**(Jung, Y.-H et al.,2018).**



### CONCLUSION

Overall, it appears that anxiety is an issue that affects many people. The results of the questionnaire clearly show that a large majority of respondents have experienced anxiety to some degree in the past. Furthermore, it is clear that anxiety can have a significant impact on people's lives, causing a range of physical and mental health problems. It is important to note that anxiety is a treatable condition, and people who are struggling should seek help from a health professional. It is also important to remember that there are many different ways to manage anxiety and improve overall well-being.



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