Non-Communicable Diseases Watch

September 2019



Let's Talk About Anxiety Disorders Key Messages

- Anxiety disorders are common mental health problems. At any given time, roughly one in 14 * (7.3%) people around the world have an anxiety disorder. While anxiety disorders often co-occur with other mental disorders (such as depression or eating disorder), anxiety diagnoses are also relatively common in people with chronic diseases (such as cancer, cardiovascular diseases, diabetes and chronic respiratory diseases).
- In Hong Kong, a territory-wide psychiatric epidemiological study conducted between 2010 and * 2013 reported that the weighted one-week prevalence of generalised anxiety disorder, mixed anxiety and depressive disorder, and other anxiety disorders among Chinese persons aged 16-75 was 4.2%, 6.9%, and 1.5%, respectively.
- Everyone has times feeling down or anxious. Think rationally and positively, lead a healthy * lifestyle, take action to control stress and anxiety can help reduce anxiety symptoms and optimise personal resilience.
- The Hong Kong Government attaches great importance to mental health in the community and * will launch an on-going mental health promotion and public education initiative to sustain the efforts of the Joyful@HK Campaign and enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs, with a view to building a mental healthfriendly society in the long run.

Let's Talk About Anxiety Disorders

Anxiety is a normal reaction to various situations in our lives. It is one of our internal warning systems that alerts us to danger or threat and prepares our bodies to fight or escape from a dangerous situation ("Fight-Flight-Freeze response"). Yet, when one's anxiety becomes persistent, uncontrollable or overwhelming and interrupts with daily life, he or she may be suffering from anxiety disorders.

Anxiety disorders refer to a group of mental disorders characterised by excessive and enduring anxiety, fear and/or the avoidance of perceived threats. They are one of the most common mental health problems, usually commence during childhood, adolescence or early adulthood.1 Common types of anxiety disorders include generalised anxiety disorder, panic disorder, phobia and social anxiety disorder. Apart from psychological manifestations (Table 1), anxiety disorders often show various physical symptoms. For example, generalised anxiety disorder is often accompanied by muscle tensions, headache, irritability, easily fatigue, insomnia, etc. During a panic attack, patients may experience rapid heartbeat, sweating, trembling, sensations of shortness of breath, smothering or choking.^{2, 3} Severity of these symptoms may also vary. Of note, these physical symptoms may occur in other diseases (such as thyroid diseases, cardiac arrhythmia) that appropriate medical evaluation is required to rule out underlying organic causes.

The exact causes of anxiety disorders are not yet fully understood, but dysregulation of certain neurotransmitter systems are thought to play an essential role. In addition, their development is likely involving a combination of risk factors including genetic predisposition (such as family history of anxiety or depressive disorders), individual vulnerability (such as childhood adversities, traumatic experiences, anxious personality or insufficient stress coping strategies) and environmental stress (such as disturbed family or workplace environment).^{1,4}

Disease Burden of Anxiety Disorders

A systematic review of prevalence studies across 44 countries suggested that roughly one in 14 (7.3%) people around the world at any given time had an anxiety disorder; about one in nine (11.6%) would experience an anxiety disorder in a given year. In 2017, the Global Burden of Disease Study estimated over 284.3 million of people living with anxiety disorders in the world, with an incidence of about 42.3 million cases. As a leading cause of disability worldwide, anxiety disorders accounted for 27.1 million disability adjusted life years (i.e. the number of years lost due to ill-health, disability or early death) in 2017, which represented a 12.8% increase from 2007.

Table 1: Common types of anxiety disorders

Туре	Psychological Manifestations	
Generalised anxiety	Excessive anxiety or worry about various domains for most of the days, such as	
disorder	personal health, work or school performance, or other aspects of daily life	
Panic disorder	Recurrent unexpected episodes of panic attacks	
Phobia	Marked fear, anxiety or avoidance of specific things or situation, such as being in	
	crowd (agoraphobia) or enclosed spaces (claustrophobia), etc.	
Social anxiety disorder	Marked anxiety, fear or avoidance of ordinary social interactions and situations	
	such as meeting new people, eating or drinking in public, etc.	

Association between Anxiety Disorders and Major Chronic Diseases

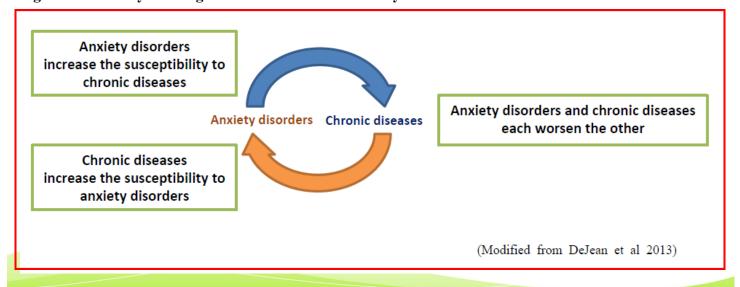
While anxiety disorders often co-occur with each other or other mental disorders (including depression and eating disorder), anxiety diagnoses are relatively common in people with chronic diseases (including cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases) and occur at a greater rate compared with the general population, in particular generalised anxiety disorder and panic disorder.^{8, 9} Figure 1 demonstrates the association pathways between anxiety disorders and chronic diseases: (1) anxiety disorders increase the susceptibility to chronic diseases, possibly because mental stress-induced neurologic responses can upset various body systems, including the endocrine, cardiovascular, respiratory and immunity systems; (2) chronic diseases increase the susceptibility to anxiety disorders, probably as a psychological consequence of being diagnosed with serious and long-lasting illnesses; (3) chronic diseases and anxiety disorders each worsen the other. 10, 11

Findings from the World Mental Health Survey (conducted between the years 2001–2011) reported 12-month prevalence of any anxiety disorders of 14.9% among persons with active cancer and 12.2% among cancer survivors. For generalised anxiety disorder, meta-analyses reported a point prevalence

of 10.9% and a lifetime prevalence of 25.8% in patients with coronary heart disease. Among adults with diabetes, the corresponding prevalence were 13.5% and 20.5% respectively. Compared with the general population or healthy individuals, the prevalence of panic disorder among patients with asthma, chronic obstructive pulmonary disease and cardiovascular diseases are up to 10 times greater. 15-17

In terms of disease risk, epidemiological studies showed that panic disorder was associated with 47%, 36% and 40% increased risk of developing coronary heart disease, myocardial infarction and major adverse cardiac events (i.e. such as fatal coronary heart disease or myocardial infarction, cardiac arrest or sudden cardiac deaths), respectively. 18 Among adults, anxiety was associated with 47% increased risk of incident diabetes. 19 Similarly, diabetes was associated with an increased risk of anxiety disorders by 20%.20 Compared with cancer-free persons, persons with active cancer would have a 57% increased risk of anxiety disorders in the preceding 12 months. 12 Besides, a significant 24% increased risk of stroke was observed for patients with anxiety disorders.²¹

Figure 1: Pathways linking chronic diseases and anxiety disorders



Local Situation

In Hong Kong, a territory-wide psychiatric epidemiological study face-to-face assessed 5 719 randomly selected Chinese persons aged 16-75 between 2010 and 2013. Results showed that the weighted one-week prevalence of generalised anxiety disorder, mixed anxiety and depressive disorder, and other anxiety disorder (including panic disorder, all phobias and obsessive-compulsive disorder) was 4.2%, 6.9%, and 1.5%, respectively. As shown in Table 2, women had higher prevalence than men across all anxiety disorder diagnoses. While people aged 66-75 (5.52%) had higher prevalence of generalised anxiety disorder, people aged 26-35 (8.94%) had higher prevalence of mixed anxiety and depressive disorder and people aged 46-55 (1.80%) had higher prevalence of other anxiety disorder.²²

Dealing with Anxiety and Mental Stress

Anxiety disorders are treatable with psychotherapy, medication, or both. However, some people who experience an anxiety disorder think that they should just be able to 'get over it' on their own and do not seek help. If left untreated, anxiety symptoms tend to persist and can severely impede a person's ability to function at work or school, establish or maintain personal relationships. If you suspect that you are suffering from an anxiety disorder, do not hesitate to seek professional assessment and treatment from a doctor or clinical psychologist.

In fact, everyone will have times feeling down or anxious. Here are some healthy tips that can help reduce anxiety symptoms and optimise personal resilience:

Think rationally and positively

- When handling stressful situations, focus on thoughts that help you solve problems rather than thoughts about blaming;
- Recognise and avoid overly pessimistic and catastrophic thinking (distorted thoughts that interpret small problems as big disaster);
- Avoid setting goals that are too hard to achieve.

Table 2: Weighted prevalence of past-week common anxiety disorders by gender and age group

	Prevalence (%)		
	Generalised anxiety disorder	Mixed anxiety and depressive disorder	Other anxiety disorder
Gender			
Male	2.99	4.72	1.00
Female	5.36	8.97	1.89
Age (years)			
16-25	2.60	7.56	0.99
26-35	4.76	8.94	1.55
36-45	3.60	7.96	1.32
46-55	4.57	5.90	1.80
56-65	4.84	5.99	1.64
66-75	5.52	3.60	1.24
Total	4.2	6.9	1.5

Source: Lam et al 2015.

Lead a healthy lifestyle

- Exercise regularly, which is vital for promoting mental well-being. Even a short walk can reduce anxious mood or symptoms;
- Refrain from drinking and limit consumption of foods or drinks containing caffeine, as they can interfere with sleep, aggravate anxiety or trigger 'panic attacks';
- Eat a balanced diet;
- Have good sleeping habits always.

Take action to control stress and anxiety

- Use deep-breathing exercises, which can help calm down and decrease stress level;
- Take a time out and engage in some activities that help stay away from the stress;
- Talk to someone, such as trusted family members or friends;
- Seek professional counselling and help if anxiety is affecting your daily life.

The Hong Kong Government attaches great importance to mental health in the community. The Department of Health launched a three-year territory-wide mental health promotion campaign, Joyful@HK Campaign, in January 2016. As stated in the 2018 Policy Address, the Government has earmarked an annual funding of \$50 million to embark on an on-going mental health promotion and public education initiative (the "Initiative"). The Initiative aims to sustain the efforts of the Joyful@HK Campaign, enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs, with a view to building a mental health-friendly society in the long run.

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Tips on Mental Well-being



A healthy mind helps us face challenges, solve problems, achieve goals and enjoy life more. A person with a healthy mind is also less vulnerable to certain health problems and has a longer lifespan.

Looking after your mental well-being is not difficult. Simply add "Sharing", "Mind" or "Enjoyment" elements into your life to make it healthier, happier and more meaningful.

Sharing	sharing with family and friends and offering support to the needy
POSITIVE	 keeping an open mind, perceiving things with a positive attitude and optimism
Enjoyment	 engaging in enjoyable activities to maximise potential and achieve satisfaction

Please visit thematic website of the "Joyful@HK Campaign" (www.joyfulathk.hk) for more information about mental well-being.



Non-Communicable Diseases (NCD) WATCH is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of our commitments in responsive risk communication and to address the growing non-communicable disease threats to the health of our community. The Editorial Board welcomes your views and comments. Please send all comments and/or questions to so dp3@dh.gov.hk.

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