SOCIAL PHOBIA (SOCIAL ANXIETY DISORDER) DURING COVID-19 IN MEDICAL INTERNSHIP STUDENTS

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Abstract

Background & Method: A cross sectional study was conducted on 100 internship students (50 male and 50 female students). To assess Social Phobia (Social Anxiety Disorder) during COVID-19 Pandemic in medical internship students based on determination of frequency, quantifying the symptoms, severity & socio demographic profile, duration of study – conducted from May to July 2020.

Result: In our study we found, social phobia present in 44% in males & 38% in females. \( \chi^2 = 7.714, p = 0.05 \), Highly significant.

Conclusion: According to my study, frequency of Social Phobia is 82% during COVID-19 in medical internship students. Our study suggests that during COVID-19, mild and moderate degree of social phobia is maximum in medical interns of both sexes. Proper psycho education along with sessions of applied relaxation and social skills training was given to medical internship students because of their high prevalence of social anxiety disorder during COVID-19 which was quite successful.

Keywords: social phobia, clinical, anxiety & disorder.

Introduction

Social fear, otherwise called Social Anxiety Disorder (SAD) is an incapacitating and ongoing sickness portrayed by "a stamped and steady dread of at least one social or execution circumstances including openness to new individuals or conceivable examination by others".

Sickness defilement of COVID-19 has required inescapable disconnection. Alongside its high infectivity and casualty rates, COVID-19 has caused general mental effect by causing widespread panic, monetary weight and monetary misfortunes.

Mass dread of COVID-19 named as "CORONAPHOBIA" has created a plenty of mental indications across the various layers of the general public including clinical understudies too.

Span of isolate, dread of contamination, dissatisfaction, monetary misfortune and shame seem to expand the danger of negative brain science results including fear (social Anxiety) in clinical understudies.

As per DSM – V, Instead of Social Phobia; Social Anxiety Disorder with Social Phobia as parathesis is utilized.

Material & Method

A cross sectional study was conducted on 100 internship students (50 male and 50 female students). To assess Social Phobia (Social Anxiety Disorder) during COVID-19 Pandemic in medical internship students based on determination of frequency, quantifying the symptoms, severity & socio demographic profile, duration of study – conducted from May to July 2020 (03 months study).

Tools used – Sociodemographic questionnaire, General Health Questionnaire (GHQ-12) used to screen for Social Anxiety Disorder, Social Phobia Inventory (SPIN) consisting of 17 questions to assess the severity of Social Anxiety Disorder.

Inclusion criteria:-
1. Both male and female interns.
2. Informed consent.

Exclusion criteria:-
1. Those who have any other medical illness.
2. Interns refused to give consent.

Statistics Analysis: All the data analysis was performed using SPSS Ver. 20 software. Frequency distribution and cross tabulation was used to prepare the tables. Categorical data was expressed as percentage and numbers. Chi- square test, t- test and fisher’s exact test was used to compare the categorical data. P value of <0.05 is considered as significant.

Results
Table 1: Gender Distribution

<table>
<thead>
<tr>
<th>SOCIAL PHOBIA</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>45 (44%)</td>
<td>36 (38%)</td>
<td>81 (82%)</td>
</tr>
<tr>
<td>Absent</td>
<td>5 (6%)</td>
<td>14 (12%)</td>
<td>19 (18%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50 (50%)</strong></td>
<td><strong>50 (50%)</strong></td>
<td><strong>100 (100%)</strong></td>
</tr>
</tbody>
</table>

χ² = 7.714, p = 0.05, Highly significant

Table 2: Location of residence

<table>
<thead>
<tr>
<th>INTERNS</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOCATION OF RESIDENCE</td>
<td>Present</td>
<td>Absent</td>
<td>Present</td>
</tr>
<tr>
<td>Rural</td>
<td>15 (11%)</td>
<td>2 (1%)</td>
<td>17 (12%)</td>
</tr>
<tr>
<td>Urban</td>
<td>30 (33%)</td>
<td>4 (5%)</td>
<td>34 (26%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>45 (44%)</strong></td>
<td><strong>6 (6%)</strong></td>
<td><strong>51 (38%)</strong></td>
</tr>
</tbody>
</table>

χ² = 1.277, p = 0.258, Not significant;  χ² = 0.457, p=0.499, Not Significant

Table 3: Severity of social phobia (by SPIN)

<table>
<thead>
<tr>
<th>INTERNS</th>
<th>SPIN Score</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>None (&lt;20)</td>
<td>5</td>
<td>14</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Mild (21-30)</td>
<td>20</td>
<td>17</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>Moderate (31-40)</td>
<td>15</td>
<td>11</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Severe (41-50)</td>
<td>7</td>
<td>6</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>V. Severe (&gt;50)</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>50</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Discussion

Social fear was more noteworthy in male assistants (44%) when contrasted with female understudies (38%) with exceptionally huge p esteem 0.05. There was no distinction in friendly fear in clinical assistants as per their area of home as p esteem was non-significant[4]. Gentle (absolute 37) and moderate (total 26) level of social fear was most noteworthy in COVID-19 as indicated by my investigation.

As a rule, SAD is persistent. The dread and tension experienced in the confusion identifies with the expected perception or examination of others and the presumption that their judgment will be negative and cause embarrassment or embarrassment[5]. The dread is messed up with regards to the genuine danger and causes huge pain or weakness in specific spaces of capacity, including social and occupational[6]. On the off chance that the dread is limited to acting out in the open, the social tension ought to be indicated as execution nervousness only[7].

Right around 33% of patients with SAD likewise experience comorbid misery. What's more, summed up uneasiness problem is regularly a comorbid condition in youngsters with SAD[8]. For teenagers and grown-ups, liquor use issue is related with SAD. A public review showed that practically 50% of grown-ups with SAD likewise had liquor use disorder[9].

Conclusion

According to my study, frequency of Social Phobia is 82% during COVID-19 in medical internship students. Our study suggests that during COVID-19, mild and moderate degree of social phobia is maximum in medical interns of both sexes. Proper psycho education along with sessions of applied relaxation and social skills training was given to medical internship students because of their high prevalence of social anxiety disorder during COVID-19 which was quite successful.

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