

# Effectiveness of holistic approach to reduce anxiety among obsessive compulsive disorder-pilot analysis

SARADHADEVI S.\*<sup>1</sup>, V. HEMAVATHY<sup>2</sup>

<sup>1</sup>DEPARTMENT OF PSYCHIATRIC NURSING  
SREE BALAJI COLLEGE OF NURSING  
BHARATH INSTITUTE OF HIGHER EDUCATION  
AND RESEARCH CHENNAI TAMILNADU

<sup>2</sup>PRINCIPAL SREE BALAJI COLLEGE OF NURSING  
BHARATH INSTITUTE OF HIGHER EDUCATION  
AND RESEARCH CHENNAI TAMILNADU

\*Corresponding author:  
saisaradha10@gmail.com

## Abstract

Anxiety disorders, obsessive-compulsive disorder and have lifetime prevalence rates of 22.8%, 1.7 percent, and 7.9%, respectively and are linked to a lower quality of life. Anxiety disorders are the most frequent emotional difficulties for children, In the United States, 7.1 percent of youngsters (aged 3-17 years) are obese. having been diagnosed with one. 2 When lifetime prevalence is taken into account, up to one-third of the population will develop an anxiety condition at some point in their lives. 3 Obsessive compulsive disorder and anxiety disorders have different symptoms from child to child, making it difficult to distinguish between the many anxiety disorders and Obsessive compulsive disorder. While anxiety disorders and obsessive compulsive disorder commonly co-occur and have similar symptoms, there are a few key differences that might aid in diagnosis. Anxiety generates incorrect or disproportionate responses to perceived hazards, resulting in anxiety disorders' persistent and intrusive symptoms, such as panic attacks, phobias, and compulsive behaviours, which can be debilitating.

## Keywords

Anxiety, Relaxation, deep breathing. mediataion, obsessions.

## Imprint

SARADHADEVI S, V. Hemavathy. Effectiveness of holistic approach to reduce anxiety among obsessive compulsive disorder-pilot analysis. *Cardiometry*; Special issue No. 25; December 2022; p. 117-120; DOI: 10.18137/cardiometry.2022.25.117120; Available from: <http://www.cardiometry.net/issues/no25-december-2022/effectiveness-holistic-approach>

## INTRODUCTION

Anxiety is characterised by In anticipation of a future anxiety, muscle tension and avoidance behaviour are displayed. Fear is an emotional response to an approaching threat that is most typically associated with the fight or flight response, which involves continuing to fight or flee in order to avoid danger. [2] [1]

Pharmacology and psychotherapy are the two most common types of effective therapies for anxiety disorders Inhibitors of serotonin reuptake are commonly used as “first-line” medications, and they are useful for a wide range of illnesses. In terms of therapy, evidence shows that some types of therapy, particularly cognitive and behavioural therapies are at least as helpful as medicine and have superior long-term effects. Exposure with reaction prevention, cognitive restructuring, and relaxation training are the three main approaches [2]. Because of their genes, upbringing, and life experiences, some people are more sensitive to acquiring anxiety than others. Anxiety problems are more prone to develop in these folks. Triggers bring their anxiety tendency to the surface.

## REVIEW OF LITERATURE

Melinda Smith et al [2021] anxiety disorders are so varied, your therapy should be tailored to your specific symptoms and diagnosis. If you have obsessive-compulsive disorder (OCD), for example, your treatment will be different than if you need help with anxiety attacks. The kind and severity of your anxiety condition will also impact the length of your therapy. On the other hand, many anxiety therapies are only utilised for a short time.

Kelly et al [2017] Based on best practises, a therapy was devised in which patients attended four sessions in which they were taught non-pharmaceutical anti-anxiety techniques such as deep breathing, mindfulness, and muscle relaxation. This small-scale programme demonstrated that using a comprehensive approach to anxiety management was a good idea. [3]

## Materials and Methods

Quantitative evaluative research approach was used to assess the effectiveness of holistic approach to reduce anxiety among OCD Persons. The study employed an experimental research design. Obsessive compulsive disorder was the subject of the study. [4]

people who are between the ages of 18 and 60 and who meet the inclusion requirements. The probability was calculated using a basic random sampling approach. There are three aspects to the tool: demographic variables, the Hamilton Anxiety Scale, and therapies.

## OBJECTIVES OF THE STUDY

1. Determine the pre- and post-assessment levels of anxiety in people with obsessive compulsive disorder in the research and control groups..
2. To compare the level of anxiety in people with obsessive compulsive disorder in the study and control groups before and after the assessment.
3. Assess the effectiveness of a holistic strategy to reducing anxiety in people with obsessive compulsive disorder..
4. To associate demographic variables to the study group's post-test level of scores.

## RESULTS

### PRETEST LEVEL OF ANXIETY SCORE

Table 1

The pretest level of anxiety score between Experiment and control group.

Level of anxiety	Experiment		Control		Chi square test
	n	%	n	%	
Mild severity	0	0.00%	0	0.00%	$\chi^2=0.15P=0.69$ (NS)
Mild to moderate severity	2	13.33%	3	20.00%	
Moderate to severe	13	86.67%	12	80.00%	
Total	15	100.00%	15	100.00%	

None of the persons in the Experiment group had a Mild severity level of score prior to the multi-interventional procedure. 13.33 percent of them rated their intensity as mild to moderate, while 86.67 percent rated it as moderate to severe. The control group contained no persons with a Mild severity level of score. 20.00 percent of them rated their intensity as mild to moderate, while 80.00 percent rated it as moderate to severe.

Between the Experiment and Control groups, there is no statistically significant difference. To compare the levels of anxiousness, the chi-square test was performed.

### POSTTEST LEVEL OF ANXIETY SCORE

Prior to the multi-interventional strategy, none of the people in the Experiment group had a mild sever-

Table 2

illustrates the post test level of anxiety score between Experiment and control group.

Level of anxiety	Experiment		Control		Chi square test
	n	%	n	%	
Mild severity	0	0.00%	0	0.00%	$\chi^2=0.15P=0.69$ (NS)
Mild to moderate severity	9	60.00%	3	20.00%	
Moderate to severe	6	40.00%	12	80.00%	
Total	15	100.00%	15	100.00%	

ity level of score, with 60.00 percent having a mild to moderate severity level of score and 80.00 percent having a score that ranges from mild to severe. None of the people in the control group had a Mild severity level of score. 20% of them had a Mild to Moderate severity level of score, while 80.00 percent had a Moderate to Severe severity level of score..

The difference between the Experiment and Control groups is statistically significant. The Experiment and control groups' anxiety levels were compared using the Chi-square test is a statistical method for determining whether or not something is true.

Table 3

COMPARISON OF PRETEST AND POSTTEST MEAN ANXIETY SCORE

Group		N	Mean	SD	Mean reduction score	Paired t-test
Experiment	Pre-test	15	29.13	2.61	10.87	$t=21.80$ $p=0.001^{***}$ (S)
	Post-test	15	18.27	1.49		
Control	Pre-test	15	28.93	2.46	0.40	$t=1.85$ $p=0.11$ (NS)
	Post-test	15	28.53	2.30		

Considering the anxiety score of the Experiment group, they had a pretest score of 29.13 and a posttest score of 18.27, a difference of 10.87. This difference is big and statistically significant.

In the case of the Control group, their pretest score was 28.93 and their posttest score was 28.53, a difference of 0.40. This distinction is minor and statistically insignificant.

A student paired t-test was used to determine the difference in statistical significance between the pre- and post-test.

Experiment group members scored 29.13 on the pretest and 28.93 on the posttest, a difference of 0.20. This difference is tiny and statistically insignificant.

Table 4

COMPARISON OF MEAN ANXIETY SCORE BETWEEN EXPERIMENT AND CONTROL GROUP

Group		N	Mean	SD	Mean gain score	Student independent t-test
Pretest	Experiment	15	29.13	2.61	0.20	t=0.22 p=0.83(NS)
	Control	15	28.93	2.46		
Posttest	Experiment	15	18.27	1.49	10.26	t=14.54 p=0.001*** (S)
	Control	15	28.53	2.30		

Experiment group members have an average score of 18.27, but posttest participants have an average score of 28.53, a difference of 10.26. This difference is big and statistically significant.

Table 5 shows the effectiveness of multi-interventional approach on anxiety gain score.

Experiment group are gained 19.41% score whereas control group gained only 0.71% score.

A mean difference with 95 percent confidence interval and a proportion with 95 percent confidence interval were used to calculate differences in anxiety reduction score between pretest and posttest.

demonstrates the relationship between a person's post-test stress score and their demographic characteristics.

Table 5

EFFECTIVENESS OF MULTI INTERVENTIONAL APPROACH AND GENERALIZATION OF ANXIETY REDUCTION SCORE

Group	Test	Maximum score	Mean score	Mean Difference of anxiety reduction score with 95% Confidence interval	Percentage Difference of anxiety reduction score with 95% Confidence interval
Experiment	Pretest	56	29.13	10.87 (9.35 – 12.37)	19.41% (16.69% – 22.09%)
	Posttest	56	18.27		
Control	Pretest	56	28.93	0.40 (-0.05 – 0.75)	0.71% (-0.09% – 1.33%)
	Posttest	56	28.53		

Businessmen/others, as well as people who sleep for 2- 3 hours every day, profit more than others. To evaluate statistical significance, the Chi square test corrected chi square test was performed.

### DISCUSSION

In this study more focus might be placed on detecting triggers and giving access to therapy, as well as other fitness routines that have been demonstrated to be useful in lowering anxiety, such as yoga, based on the findings of this programme. Deep breathing exercise approaches would almost certainly necessitate a

ASSOCIATION BETWEEN POSTTEST LEVEL OF ANXIETY SCORE AND PERSONS DEMOGRAPHIC VARIABLES (Experiment group)

Demographic variables		Post-test level of anxiety				n	Chi square test
		Mild to moderate severity		Moderate to severe			
		n	%	n	%		
AGE	31-40 years	5	62.50%	3	37.50%	8	$\chi^2=0.05$ p=0.83(NS)
	41-50 years	4	57.14%	3	42.86%		
RELIGION	Hindu	8	80.00%	2	20.00%	10	$\chi^2=2.81$ p=0.09(NS)
	Muslim/Christian	1	20.00%	4	80.00%		
TYPE OF FAMILY	Nuclear family	7	63.64%	4	36.36%	11	$\chi^2=0.22$ p=0.63(NS)
	Joint family	2	50.00%	2	50.00%		
MARITAL STATUS	Married	9	60.00%	6	40.00%	15	$\chi^2=0.00$ p=1.00(NS)
	Unmarried	0	0.00%	0	0.00%		
OCCUPATION	Cooley /Drivers	4	40.00%	6	60.00%	10	$\chi^2=5.00$ p=0.05*(S)
	Businessman/others	5	100.00%	0	0.00%		
SUPPORT SYSTEM	Family	5	45.45%	6	54.55%	11	$\chi^2=1.77$ p=0.19(NS)
	Relatives	4	100.00%	0	0.00%		
DURATION OF SLEEP PER DAY	2- 3 hours	6	100.00%	0	0.00%	6	$\chi^2=7.00$ p=0.01**(S)
	3- 4 hours	3	33.33%	6	66.67%		
SLEEP HABITS	Listening to music/others	4	66.67%	2	33.33%	6	$\chi^2=0.19$ p=0.67(NS)
	Watching TV	5	55.56%	4	44.44%		

referral to a qualified practitioner in order to reinforce the practise and improve its effectiveness. Allowing patients to choose whatever non-pharmaceutical techniques they want to use might have a big impact.

## CONCLUSION

A treatment strategy is unlikely to be as effective as a holistic approach to care. Implementation of the programme has been shown to be beneficial in lowering anxiety symptoms and decreasing physiological and psychological symptoms. The methodological approach, recruiting strategy, intervention provider details, and data analysis techniques should all be included in research reports. The use of validated assessment questionnaires and process evaluations will aid researchers in comparing intervention impacts in various situations, which may be comparable or different. Future research should seek out and report on the perspectives of people with obsessive compulsive disorder who did not engage in or finish therapies in order to determine where more changes are needed. Researchers must examine if eligibility screening is acceptable, as well as how to properly convey the screening's objective to potential participants.

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