

25th International Congress on **MENTAL HEALTH**

October 20-21, 2022 | Webinar

Homotypic Comorbidity of anxiety disorders among children and adolescents

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Anxiety is the ninth leading cause for mental illness and disability for adolescents aged 15-19 years and sixth for those aged 10-14 years (World Health organization [WHO], 2020). Anxiety disorders are highly comorbid with a chronic waxing-waning course across the lifespan, which affects children negatively (Craske et al., 2017; Saha et al, 2021). Identifying the specific comorbidities is crucial to informing treatment programs. The purpose of this study was to investigate the prevalence and comorbidities of anxiety disorders among youth aged 8-16 years from low social economic backgrounds in Kenya. A total of 163 youth completed the Screen for Child Anxiety Related Emotional Disorders (SCARED), a 41 item questionnaire assessing for separation anxiety, generalized anxiety, panic disorders, social anxiety and significant school avoidance. The prevalence rates for the anxiety disorders were; separation anxiety; 78.5%, M=7.36, generalized anxiety; 35.6%, M=6.96, panic disorder; 72.4%, M=10.06, social anxiety; 83%, M=7.45 and significant school avoidance; 29.4%, M= 1.85. The comorbidity rate was 80.4% (n=131) where 26.7% (n=35) were 8-10-year-olds, 27.5% (n=36) were 11-13-year-olds and 45.8% (n=60) were 14-16-year-olds. The mean number of comorbidities for the entire sample was 3.22 anxiety disorders (ADs) and per age group it was 3.57, 3.25 and 2.98 ADs for the 8-10, 11-13 and the 14-16 year-old respectively. Highest comorbidities in the 2-disorders category were for separation/social anxiety (n=75, 46.0%) followed by generalized/separation anxiety (n=57, 34.9%). In the 3-disorders category, highest prevalence was for separation/generalized/social anxiety disorders (n=57, 34.9%) and panic disorder/separation/significant school avoidance (n= 40, 24.5%). Some anxiety disorders dissipate from childhood to adolescence although with increased age, some new anxiety disorders may develop and some persist from childhood to adolescence. Homotypic comorbidity of anxiety disorders is thus high and assessments must investigate the co-occurring anxiety disorders for effective interventions.

Results:

Table 1: Homotypic Comorbidity per Age and Gender

		Count	Mean no. of ADs	Pearson Chi- square	df	p-value
Age	8-10	35(26.7%)	3.57	3.13	2	.209
	11-13	36(27.5%)	3.25			
	14-16	60(45.8%)	2.98			
Gender	Girls	78(59.5%)	3.25	1.68	1	.194
	Boys	53(40.5%)	3.17			
Total		131(80.4%)	3.22			

Biography

Josephine Muchiri has her expertise in clinical psychology, research and mentoring young people. She has years of experience in research, evaluation, teaching and clinical work involving psychometric testing, interventions and therapeutic work both in hospital and education institutions. She is passionate about empowering young people to attain their highest potential, by overcoming their current limitations. She has a Bachelor's degree in Education Science, a Masters' degree in Guidance and counseling and her doctorate degree was in clinical psychology. She is currently engaged as a clinical psychologist at international Leadership University, teaching and counseling students.