



National Healthcare Group
POLYCLINICS



Your Perception May Predict Your Anxiety Level: A Preliminary Study in Primary Care in Singapore

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INTRODUCTION

1. Illness perception is how individuals understand their illness which drives their experience of coping and emotional responses to illness.¹ Studies have shown that illness perception has significant effects on patients' response to their illness².
2. The dimensions of illness perception on mental health comprise of identity (perceived symptoms of the disease), timeline chronic (perceived illness duration), timeline cyclical (perceived illness variability and unpredictability), consequences (illness impact on one's life), personal control, treatment control, coherence (how well the person understands the illness), emotional representation, as well as causal attribution of anxiety (i.e., psychosocial, biological, structural and stress causes.³)
3. Anxiety is commonly reported by patients in primary care. In Singapore, the lifetime prevalence of anxiety is 0.9%. Majority of people with anxiety seek help in primary care.^{4,5}
4. There are limited studies on illness perception of anxiety in primary care.
5. Understanding patients' illness perception and what dimensions are related to anxiety are useful for targeted assessment and interventions for anxiety. This may offer new approaches for better management and coping with anxiety.¹
6. This was a preliminary study to explore the relationship between illness perception and anxiety.



OBJECTIVE

This study investigated whether illness perception (IPQ-MH) and its dimensions correlate with anxiety (GAD-7) for patients in primary care.

HYPOTHESIS

Significant relationships were predicted between illness perception subscales and anxiety.

METHODOLOGY

1. Ninety five participants with symptoms of anxiety seen by clinical psychologists in 2 primary care mental health clinics completed the Generalized Anxiety Disorder-7 (GAD-7) and Illness Perception Questionnaire Mental Health (IPQ-MH)



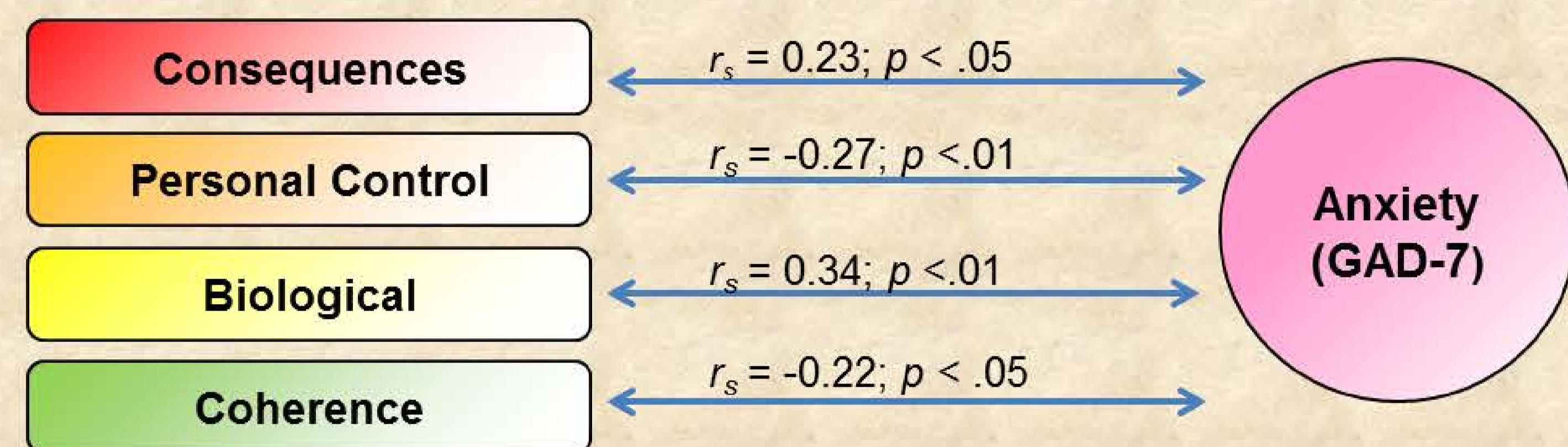
2. Shapiro-Wilk tests showed that the data was normally distributed, thus a Spearman's rho correlation coefficients was conducted to analyse the correlations between the IPQ-MH subscales and anxiety.



3. IPQ-MH subscales that were significantly correlated with anxiety were included in a linear regression analysis to predict anxiety.

RESULTS

1. Among the subscales of IPQ-MH, Consequences ($r_s = 0.23$; $p < .05$) and Biological Attribution ($r_s = 0.34$; $p < .01$) were positively correlated with anxiety.
2. Personal Control ($r_s = -0.27$; $p < .01$) and Coherence ($r_s = -0.22$; $p < .05$) were negatively correlated with anxiety.



3. Consequences, personal control, coherence and biological causes were included in a standard regression analysis to predict anxiety. The prediction model was statistically significant, $F(4, 90) = 6.244$, $p = 0.000$, and accounted for approximately 18% of the variance of anxiety ($R^2 = 0.217$, Adjusted $R^2 = 0.182$).
4. Anxiety could be predicted by personal control ($\beta = -0.262$, $p = .008$) and biological causes ($\beta = 0.348$, $p = .001$).

IMPLICATIONS & CONCLUSIONS

1. When participants experienced greater negative impact on daily life, lower sense of self-efficacy, less understanding about their anxiety, and greater attribution of anxiety to biological factors, they experienced higher anxiety.
2. Attribution to biological factors and personal control were significant predictors of severity of anxiety.
3. These findings offer useful explanations about factors that may explain greater severity of anxiety reported by patients. These factors, in turn enhance the diagnosis and clinical conceptualization of patients' concerns, and inform more targeted anxiety-related treatment planning.
4. Primary care psychological interventions that target physiological response to anxiety such as relaxation techniques, and pharmacological treatment would thus likely be more effective. Personal control can be enhanced by using strength-based approaches that focus on reinforcing self-confidence in behaviour change for managing problems, and cognitive behavioural approaches that address unhelpful thoughts contributing to perceived low control.
5. For future studies, a qualitative approach would be helpful to explore significant factors that contribute to anxiety, followed by a longitudinal intervention study to establish directionality between anxiety and the factors.

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