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ANXIETY DISORDER AND DRUG THERAPY: ASSOCIATION WITH QUALITY OF LIFE, SELF-ESTEEM AND CLINICAL-ANTHROPOMETRIC PARAMETERS

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ABSTRACT

About 450 million people in the world suffer from some type of mental disorder, especially anxiety. Anxiety disorders significantly affect patients' quality of life and self-esteem by interfering with their daily activities and social relationships. Drug treatment of these disorders can be carried out with the use of benzodiazepines (BZD), dual-acting antidepressants (DUAL) and selective serotonin reuptake inhibitors (SSRIs), associated or

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not with psychotherapy. This study aimed to evaluate the association between quality of life, self-esteem, anthropometric parameters and blood pressure in patients with anxiety disorder undergoing drug therapy. This is a cross-sectional observational study with 75 patients diagnosed with anxiety disorder, treated in a psychiatric clinic. Quality of life and self-esteem were assessed using the SF-36 questionnaire and the Rosemberg self-esteem scale, respectively. Anthropometric data and blood pressure were collected. In the population evaluated, most patients had moderate quality of life and self-esteem. An association was observed between SSRI use and overweight assessed by waist circumference and higher systolic blood pressure values. The class of anxiolytic and/or antidepressant used did not show an association with the quality of life and self-esteem of the patients.

Keywords: Quality of Life. Self-esteem. Anxiety. Anxiolytics.

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INTRODUCTION

More than 450 million people in the world suffer from some type of mental disorder, especially anxiety disorders (COSTA et al., 2019; BARBOSA, FERRAZ AND ALVEZ, 2021), which include panic disorder/agoraphobia (PDA), generalized anxiety disorder (GAD) and social anxiety disorder (SAD), among others (BANDELOW, 2020; AZARGOONJAHROMI, 2023).

According to the World Health Organization (WHO), the prevalence of anxiety disorders in the world population is 3.6% (WHO, 2017). The Covid-19 pandemic has impacted the epidemiology of anxiety in many countries. In 2022, the WHO issued an alert reinforcing the need to intensify health services and mental health support, since in the first year of the COVID-19 pandemic the global prevalence of anxiety and depression increased to 25% (WHO, 2022).

In Brazil, it is estimated that 9.3% of the population is affected by some anxiety disorder (WHO, 2017). However, these rates began to fluctuate between 25.4% and 29.2% after the Covid-19 pandemic (COVID-19 MENTAL DISORDERS COLLABORATORS et al., 2021).

Anxiety disorders can be accompanied by comorbidities such as other psychiatric disorders, kidney, cardiovascular, and immunological diseases, all of which significantly impact the productive life of adults (COSTA et al., 2019; BANDELOW, 2020; BARBOSA, FERRAZ AND ALVEZ, 2021; CHAN et al., 2023; RASHID et al., 2023), since these disorders can be permanent and generate disability, impairing daily activities since in several situations the patient needs other people to help in the execution of simple daily tasks, thus making the capacity to become ill evident, whether due to fear, feeling of incapacity or even the presence of physical symptoms inherent to anxiety (APA, 2013; COSTA et al., 2019).

MCGINTY et al (2022) stated that psychological suffering with consequent impairment of quality of life was more frequent in the age group of 18 to 29 years and less frequent in adults aged 55 years or older, thus showing that the portion of the population most affected is precisely that in the period of formation and beginning of adult life, precisely the productive phase. MATTOS et al (2021) reported that the assessment of self-perception of health (PHC) is a measure of general health status and therefore considered an excellent predictor of mortality in the population, with individuals who claim to be in

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good health more likely to be healthy, while those who classify their health as poor or very bad are predisposed to low quality of life.

In addition, the presence of anxiety symptoms is associated with a negative perception of self-esteem, especially in academic contexts. A study conducted with undergraduate nursing students revealed that anxiety compromises the perception of self-efficacy of these students, suggesting the need for mental health interventions in universities (ZHANG, PENG, and CHEN, 2024). Given this, it is evident that anxiety disorders negatively affect both quality of life and self-esteem, highlighting the importance of intervention strategies that address these aspects.

In this sense, the drug treatment of anxiety disorders can be carried out with the use of benzodiazepines (BZD), dual-acting antidepressants (Dual); selective serotonin reuptake inhibitors (SSRIs) and/or psychotherapy (AKINNUSI and El SOLH, 2019; da FONSECA et al., 2020; LEE, JEONGA AND STEIN, 2023).

BZD are among the most prescribed drugs in the world for their anxiolytic and hypnotic action, as well as myorelaxant and anticonvulsant. The rational prescription of benzodiazepines is essential so that it can minimize side effects and avoid the development of dependence and withdrawal (BALON and STARCEVIC, 2020).

Regarding dual-acting antidepressants, duloxetine is effective in relieving painful symptoms associated with depression and generalized anxiety disorder (RODRIGUES-AMORIM et al., 2020; ANVISA, 2021; ILEEZ et al., 2022). SHIOZAWA (2020) points to the use of duloxetine as a therapeutic strategy in the treatment of anxiety disorders, especially social anxiety disorders, and borderline personality disorder, due to its therapeutic efficacy and low profile of adverse effects.

SSRIs are safe and well-tolerated and, according to MENOLLI et al (2020), they were the main antidepressants used (61.4%) in a recent sample from the state of Paraná. In the treatment of anxiety disorders, they are the most used therapeutic strategy (BANDELOW, 2020; DA FONSECA et al., 2020; ZHAO et al., 2023; VELASCO and PINILLOS, 2024).

Given the above, the objective of this study was to evaluate the association between quality of life, self-esteem, anthropometric parameters and blood pressure in patients with anxiety disorders undergoing drug therapy.

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METHODOLOGY

This is a primary, observational, quantitative, and cross-sectional study developed from September 2021 to April 2022 with patients treated at a psychiatric clinic that provides private care located in a medium-sized city located in the interior of the state of São Paulo.

The sample was of the non-probabilistic convenience type, consisting of 75 patients diagnosed with anxiety disorders according to the International Classification of Diseases (ICD-10) F41, under drug therapy, aged between 20 and 70 years, of both sexes who agreed to participate in the study. Data collection was performed by a qualified and previously trained professional, using validated instruments.

To assess body composition, the following body measurements were taken: height, waist circumference (WC) and neck circumference (NC). Weight and height were used to calculate the body mass index (BMI). Waist circumference (WC) was measured to assess abdominal obesity (GUEDES, 2013). Systolic and diastolic blood pressures were measured, classified according to FEITOSA et al (2024).

To assess quality of life, the SF-36 questionnaire (*Medical Outcomes Study 36*), validated Brazilian version (CICONELLI et al., 1999), was used. The scores range from 0 to 100, calculated using the *Raw Scale*, and were categorized by the distribution of the quartile (th) into: low (<25th); moderate (25th to 75th); and high (>75th).

Self-esteem was assessed using the Self-Esteem Scale developed by Rosenberg, adapted and validated in the Brazilian version by DINI, QUARESMA and FERREIRA (2004) and HUTZ and ZANON (2011). Satisfactory self-esteem is defined when the score is greater than or equal to 30 on the Scale (SIMONETTI, 1989).

The collected data were analyzed using the SPSS software, version 19.0 for Windows, and a significance level of 5% was adopted. The qualitative variables that characterize the sample were described through the distribution of absolute and relative frequency. Quantitative variables were described as mean and standard deviation or as median and amplitude. The homogeneity of the variances was analyzed by the Levene test. The associations between the qualitative variables were analyzed using Fisher's exact test. The differences between independent means were analyzed using the Student's t-test or the one-way anova test. This study was approved by the Ethics Committee, under number 4,823,465, and all patients included in the study signed the Informed Consent Form (ICF).

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RESULTS

A total of 75 patients were evaluated, 19 male (25.3%) and 56 female (74.7%) patients. Table 1 shows the distribution of absolute and relative frequency of the qualitative variables that characterize the sample.

Table 1: Distribution of absolute (N) and relative (%) frequencies of the qualitative variables that characterize the sample (n=75).

Variable					95%CI
		N	%	Inferior	Superior
Age group	< 40 years	34	45,3	33,4	56,0
	40-59 years old	28	37,3	25,4	49,3
	> 59 years old	13	17,3	9,3	26,7
Marital status	Married / EU	32	42,7	32,0	53,3
	Single/Other	43	57,3	46,7	68,0
Schooling	Complete basic	23	30,7	20,0	41,3
	Complete higher education	52	69,3	58,7	80,0
BMI	Normal	25	33,3	22,7	44,0
	Overweight	33	44,0	32,0	56,0
	Obese	17	22,7	13,3	33,3
Central obesity	Normal	35	46,7	36,0	57,3
	Overweight	28	37,3	25,4	49,3
	Obese	12	16,0	8,0	24,0
DPAS	Normal	58	77,3	68,0	86,7
	High	14	18,7	9,3	28,0
	Hypertension	3	4,0	0,0	9,3
DPAD	Normal	60	80,0	70,7	88,0
	Hypertension	15	20,0	12,0	29,3
	Moderate	41	54,7	42,7	66,6
	Discharge	16	21,3	12,0	32,0
SSRIs	Absent	28	37,3	26,7	48,0
	Present	47	62,7	52,0	73,3
DUAL	Absent	54	72,0	61,3	81,3
	Present	21	28,0	18,7	38,7
BZD	Absent	64	85,3	76,0	92,0
	Present	11	14,7	8,0	24,0
Rosenberg (class)	Low	8	10,7	4,0	17,3
	Average	42	56,0	45,3	66,7
	Discharge	25	33,3	24,0	44,0
QV Rating	Low	18	24,0	14,7	33,3
	Moderate	41	54,7	42,7	66,6
	Discharge	16	21,3	12,0	32,0

Note: 95% confidence interval (95%CI) for relative frequency distribution (%) calculated by the Bootstrap technique; BMI: body mass index; DPAS: systolic blood pressure; DPAD: diastolic blood pressure; QoL:

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quality of life; SSRI: selective serotonin reuptake inhibitor; DUAL: antidepressant DUAL and BZD: benzodiazepines.

In the analysis of the association of qualitative variables with the use of medications, a significant difference was observed in SSRI users, among whom 48.9% had increased waist circumference and 25.5% had increased systolic blood pressure. It was observed that there was no difference in the quality of life and self-esteem scores (Table 2).

Table 2: Relative frequency distribution (%) of the qualitative variables of the study in association with the use of SSRI, DUAL, and BZD medications.

		ISR	S	DU	AL		BZD
		Absent	Present	Absent	Present	Absent	Present
Sex	Male	28.6%a	23.4%a	25.9%a	23.8%a	23.4%a	36.4%
	Female	71.4%a	76.6%a	74.1%a	76.2%A	76.6%a	63.6%a
Age group	< 40 years	42.9%a	46.8%a	48.1%a	38.1%	46.9%a	36.4%
	40-59 years old	39.3%a	36.2%a	35.2%A	42.9%a	34.4%a	54.5%a
	> 59 years old	17.9%a	17.0%A	16.7%a	19.0%A	18.8%a	9.1%a
BMI	Normal	28.6%a	36.2%a	31.5%a	38.1%	29.7%a	54.5%a
	Overweight	46.4%a	42.6%a	44.4%A	42.9%a	51.6%A	0.0%a
	Obese	25.0%a	21.3%A	24.1%	19.0%A	18.8%a	45.5%a
Circumference waist	Normal	60.7%a	38.3%A	46.3%A	47.6%a	46.9%a	45.5%a
	Overweight	17.9%a	48.9%b	40.7%a	28.6%a	39.1%a	27.3%a
	Obese	21.4%a	12.8%	13.0%A	23.8%a	14.1%	27.3%a
DPAS	Normal	85.7%a	72.3%A	72.2%a	90.5%a	78.1%a	72.7%a
	High	7.1%a	25.5%b	24.1%	4.8%A	17.2%	27.3%a
	Hypertension	7.1%a	2.1%	3.7%a	4.8%A	4.7%A	0.0%a
DPAD	Normal	82.1%a	78.7%a	75.9%a	90.5%a	81.3%a	72.7%a
	Hypertension	17.9%a	21.3%A	24.1%	9.5%a	18.8%a	27.3%a
Rosenberg (class)	Low	7.1%a	12.8%	13.0%A	4.8%A	10.9%a	9.1%a
	Average	57.1%a	55.3%a	55.6%a	57.1%a	59.4%a	36.4%
	Discharge	35.7%	31.9%a	31.5%a	38.1%	29.7%a	54.5%a
QV Rating	Low	28.6%a	21.3%A	22.2%a	28.6%a	25.0%a	18.2%
	Moderate	53.6%A	55.3%a	53.7%a	57.1%a	53.1%a	63.6%a
	Discharge	17.9%a	23.4%a	24.1%	14.3%	21.9%a	18.2%

Note: Percentage values have been calculated for column. Different letters between the columns indicate a significant difference by Bonferroni's Post-hoc adjustment associated with Fisher's exact test for p-value < 0.05. BMI: body mass index; DPAS: systolic blood pressure; DPAD: diastolic blood pressure; QoL: quality of life; SSRI: selective serotonin reuptake inhibitor; DUAL: antidepressants DUAIs and BZD: benzodiazepines.

Table 3 shows that no significant differences were observed in the comparison of the Rosenberg self-esteem scale and the different Quality of Life domains.

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Table 3: Comparison of the mean and standard deviation (SD) of the Rosenberg score and quality of life domains in patients undergoing drug therapy.

Variables	Use of medication	SSRIs		DUAL		BZD	
		Average	DP	Average	DP	Average	DP
Rosenberg (score)	Absent	22,8	5,2	21,7	6,1	21,7	5,8
	Present	21,7	6,1	23,1	4,8	24,3	4,9
Functional Capacity	Absent	81,3	15,6	80,3	21,1	80,9	21,8
	Present	79,0	24,9	78,8	24,0	73,6	21,7
Limitation Physical Aspects	Absent	54,5	45,7	61,1	39,1	59,4	41,2
	Present	66,0	37,7	63,1	46,5	75,0	38,7
Pain	Absent	67,4	23,7	68,0	25,7	67,6	25,7
	Present	66,0	27,6	62,6	27,0	60,1	28,3
General Health	Absent	42,4	19,8	46,5	21,1	45,5	19,9
	Present	46,7	20,2	41,6	17,1	42,7	21,9
Vitality	Absent	52,0	20,3	53,6	21,7	52,7	22,9
	Present	52,2	24,2	48,3	25,1	49,1	22,3
Social Aspects	Absent	58,5	30,2	63,4	26,0	61,7	27,8
	Present	63,1	26,4	56,0	32,0	59,1	29,1
Emotional Aspects	Absent	47,6	43,0	49,4	42,8	49,5	43,6
	Present	51,8	43,3	52,4	44,2	54,5	40,2
Mental health	Absent	59,1	20,9	57,0	25,4	55,8	24,5
	Present	55,2	26,8	55,8	23,4	62,2	26,1
Quality of life	Absent	57,8	18,9	59,9	18,4	59,1	18,5
	Present	60,0	18,7	57,3	19,8	59,5	20,7

Note: the differences between the means were analyzed using the Student's t-test for independent samples. No significant differences were observed for p-value <0.05.

There were also no significant differences in the evaluation of the association of qualitative variables with the Rosemberg self-esteem scale (Table 4), as well as in the comparison of quality of life and its domains between the Rosemberg self-esteem categories (Table 5).

Table 4: Analysis of the association of qualitative variables and the Rosemberg self-esteem scale in patients undergoing drug therapy.

			Rosenberg (class)			Total (n=75)	*X2*
			Low (n=8/ 10.6%)	Mean (n=42/ 56.0%)	High (n=25/ 33.3%)		p-value
Sex	Male	N	1	11	7	19	0,474
		%	12,5%	26,2%	28,0%	25,3%	
	Female	N	7	31	18	56	
		%	87,5%	73,8%	72,0%	74,7%	
Age group	< 40 years	N	8	15	11	34	0,093
		%	100,0%	35,7%	44,0%	45,3%	
	40-59 years old	N	0	19	9	28	
		%	0,0%	45,2%	36,0%	37,3%	
	> 59 years old	N	0	8	5	13	

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		%	0,0%	19,0%	20,0%	17,3%	
Marital status	Married/EU	N	2	17	13	32	0,163
		%	25,0%	40,5%	52,0%	42,7%	
	Single/Other	N	6	25	12	43	
		%	75,0%	59,5%	48,0%	57,3%	
Schooling	Complete basic	N	4	12	7	23	0,377
		%	50,0%	28,6%	28,0%	30,7%	
	Complete higher education	N	4	30	18	52	
		%	50,0%	71,4%	72,0%	69,3%	
BMI	Normal	N	3	11	11	25	0,768
		%	37,5%	26,2%	44,0%	33,3%	
	Overweight	N	3	23	7	33	
		%	37,5%	54,8%	28,0%	44,0%	
	Obese	N	2	8	7	17	
		%	25,0%	19,0%	28,0%	22,7%	
Waist circumference	Normal	N	4	20	11	35	0,957
		%	50,0%	47,6%	44,0%	46,7%	
	Overweight	N	2	16	10	28	
		%	25,0%	38,1%	40,0%	37,3%	
	Obese	N	2	6	4	12	
		%	25,0%	14,3%	16,0%	16,0%	
DPAS	Normal	N	6	31	21	58	0,591
		%	75,0%	73,8%	84,0%	77,3%	
	High	N	2	9	3	14	
		%	25,0%	21,4%	12,0%	18,7%	
	Hypertension	N	0	2	1	3	
		%	0,0%	4,8%	4,0%	4,0%	
DPAD	Normal	N	6	32	22	60	0,27
		%	75,0%	76,2%	88,0%	80,0%	
	Hypertension	N	2	10	3	15	
		%	25,0%	23,8%	12,0%	20,0%	

Note: p-value calculated by the Chi-square test (*X2*). No significant association was observed for p-value <0.05. BMI: body mass index; DPAS: systolic blood pressure; DPAD: diastolic blood pressure; QoL: quality of life; SSRI: selective serotonin reuptake inhibitor; DUAL: antidepressants DUAIs and BZD: benzodiazepines.

Table 5: Comparison of mean and standard deviation of quality of life and its domains between the categories of Rosemberg self-esteem in patients undergoing drug therapy.

Quality of life			Self-esteem				Anova
	Low (n=8)		Mean (n=42)		High (n=25)		
	Average	DP	Average	DP	Average	DP	p-value
Functional Capacity	79,4	20,3	79,8	21,1	80,2	24,2	0,995
Limitation Physical Aspects	62,5	37,8	61,9	40,7	61,0	43,9	0,994
Pain	63,6	11,2	69,2	24,8	62,9	31,2	0,599
General Health	43,6	13,6	48,0	19,9	40,8	21,8	0,358
Vitality	56,3	15,1	53,3	21,0	48,8	27,4	0,637
Social Aspects	60,9	26,3	61,6	27,4	61,0	30,0	0,995
Emotional Aspects	54,2	43,4	49,2	43,7	50,7	43,2	0,955
Mental health	50,0	22,5	60,4	22,6	52,6	28,3	0,337
Quality of life	58,8	15,7	60,4	18,2	57,2	20,8	0,799

Note: No significant difference was observed for p-value <0.05 calculated by the one-way anova test.

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DISCUSSION

The data of the present study presented in Table 1 are in agreement with the literature, reinforcing the higher prevalence of anxiety disorders in women. Previous studies, such as those by COSTA et al (2019) and BARBOSA et al (2021), have demonstrated this trend in different populations, pointing to higher percentages of anxiety among women when compared to men. Furthermore, as described by FARHANE-MEDINA et al (2022), this difference can be explained by a combination of psychosocial and biological factors, where femininity represents a risk factor, while masculinity can offer a protective effect on the development of the disorder.

In this context, 62.7% of the population in the present study used SSRIs, 28% duals, and 14.7% BZD. SSRIs are widely prescribed in psychiatric practice as a first-line pharmacological treatment for several mental disorders, including anxiety disorder, both for effectiveness and patient acceptability (MITSUI et al., 2022; FAGAN and BALDWIN, 2023).

Recently, studies have explored the relationship between anxiety, self-esteem, and quality of life (GUIMARÃES et al., 2022; LIU et al., 2023).

In the population evaluated in our study, 56% of the patients had their self-esteem classified as average, while in 54.7%, the quality of life was moderate. These findings suggest a possible relationship between intermediate levels of self-esteem and moderate quality of life among participants.

In the analysis of the association of qualitative variables with the use of medications, a significant difference was observed in SSRI users, among whom 48.9% had increased waist circumference and 25.5% had increased systolic blood pressure (Table 2).

Although no significant difference was observed in the participants' BMI, data on weight gain in young people treated with SSRIs produced mixed results. This may be related to changes in appetite associated with the underlying disorder being treated. In addition, these effects are difficult to detect given the age- and sex-related developmental changes in weight and growth trajectory and the short-term nature of most clinical trials. In a prospective study of adolescents (and young adults) that examined SSRI-related weight gain over more than one year of follow-up, SSRI treatment and dose were associated with increases in body mass index (BMI), fat mass index, and changes in lean BMI z-scores. In addition, in this cohort, the increase in body composition measures was greater in those

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treated with citalopram and escitalopram, and smaller effects were observed for fluoxetine. In contrast, sertraline was not associated with significant changes in body composition measures (CALARGE et al., 2017; SALVI, MENCACCI and BARONE-ADESI, 2016).

Regarding blood pressure, a study by SAIKUN WANG et al (2025) demonstrated an association between anxiety and hypertension. Although SSRIs are more tolerable than other classes of medications, CROOKES et al (2018) identified a relationship between antidepressant use and the development of hypertension in young adults. Similar results were found in the present study, evidencing an association between SSRI use and increased systolic blood pressure.

About pharmacological class, quality of life and self-esteem, the absence of significant differences may be associated with drug therapy, which, although acting by different mechanisms, promotes the reduction of anxiety symptoms in the patients in this study, consequently resulting in an improvement in quality of life and self-esteem.

It should be noted that individual factors, such as drug response, tolerability, and comorbidities, influence therapeutic success. Therefore, the choice of treatment must be personalized, considering patient characteristics, side effects, and preferences. In addition, the combination of pharmacological interventions with psychotherapeutic approaches can enhance the benefits in the management of anxiety disorders, promoting improvements in patients' quality of life and self-esteem (BRAR et al., 2022; LOPES et al., 2021; SANTOS et al., 2023; VAZ; SOUZA; ISHIUCHI, 2023; CAVALCANTE et al., 2024).

The present study has some limitations, especially because it uses a convenience sample, which restricts the generalization of the results. Even so, the results are suggestive of the importance of the impact of the treatment of anxiety disorders on quality of life and self-esteem, and further longitudinal studies can be carried out, with the evaluation of a larger number of patients.

CONCLUSION

In the population evaluated, most patients had moderate quality of life. An association was observed between SSRI use and overweight assessed by waist circumference and higher systolic blood pressure values. The class of anxiolytic and/or antidepressant used did not show an association with the quality of life and self-esteem of the patients.

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