

Anxiety Disorders/Introduction

About 15 percent of the German population (between 18 and 79 years of age) suffer from a diagnosed anxiety disorder over a period of one year. About 21 percent of women and nine percent of men are affected. This means that women are at least twice as likely to suffer from any anxiety disorder as men. ^{[1] [2]}

Anxiety disorders usually begin in early to middle adulthood (between the ages of 20 and 50). In this context, 60 percent of all anxiety disorder symptoms first develop before the age of 21. With an average disease onset being 16 years (about 15 years for women and 19 years for men), the earliest onset of specific phobias is determined as the onset of disease. A specific phobia is an irrational and excessive fear of certain objects, situations and activities. The generalized anxiety disorder shows the highest average age of onset at approximately 35 years (about 34 years of age for women and 39 years for men). In generalized anxiety disorder, there is a distinct anxiety and concern related to various life circumstances. Age seems to have no influence on the incidence of an anxiety disorder depending on sex, the sex difference in incidence remains constant across all age groups. ^[3]

According to data from a 1998 Federal Health Report, less than half of those suffering from an anxiety disorder sought professional help (44 percent in total), with women accepting every kind of (professional) help more often than men. Differences in use of therapy between men and women can be explained among other things by differing behaviour in seeking help: Women who are suffering are more likely to seek medical support and seek specialist treatment more often than men who are affected. ^[4] In addition, women report emotional complaints in the medical setting much more frequently, which results in a higher number of diagnoses and treatments for anxiety disorders. Even if these emotional complaints have no disease specific diagnostic value, women make use of medical services (doctor's visit) significantly more often than men (19 percent of women and 10 percent of men). In this context we discuss, a greater health awareness of women and a lesser assessment of psychological influences on health by men. It is currently not possible to conclusively determine whether different levels of stress or impairment also determine sex-specific behaviour in seeking help. In general, patients with anxiety disorders are most often treated with psychotherapy. Treatment exclusively with drug therapy is only given to 33 percent of men and 41 percent of women. ^[5]

Sex and gender differences are also evident with regard to the psychosocial factors that play a role in the development of an anxiety disorder: women are more likely than men to judge their quality of life based on the presence of psychological problems as well as partnership and occupational status. ^[6] However, for men in particular, unemployment and absence of a partner are stronger risk factors for the development of an anxiety disorder. ^[7] More women than men report anxiety as a result of negative life events (especially experiences of loss or danger). ^[5] The sex difference in the incidence of anxiety disorders is particularly marked in urban compared to rural communities. ^[8]

In the future, studies that investigate effective sex and gender-sensitive therapies and focus more strongly on the female hormone status (cycle phases, hormonal contraception, hormone treatment, menopause, etc.) appear to be particularly necessary. The influence of the sex hormones on the effect of certain drugs seems to be relevant for the effectiveness of drug therapies and thus also influences the prognosis of an (anxiety) disorder. In this context, further analyses of the development and treatment of anxiety disorders during pregnancy or even after delivery and during breastfeeding are urgently recommended. ^[5]

Literature

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