

ASSESSING THE IMPACT OF ESCITALOPRAM IN SUBJECTS WITH GENERALIZED ANXIETY DISORDER CONCERNING THEIR QUALITY OF LIFE

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ABSTRACT

Background: Generalized anxiety disorder is effectively managed using Escitalopram which has been reported to affect the quality of life of subjects under regimen. However, existing literature data is scarce concerning the same. **Aim:** The present study aimed to assess the impact of Citalopram on the quality of life of subjects with generalized anxiety disorder. It also compared QoL (quality of life) before and after treatment. **Materials and Methods:** The present study assessed 120 subjects who had never received any treatment for GAD (generalized anxiety disorder) and were diagnosed based on DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria at the Department of Psychiatry of the Institute. Utilizing the Hamilton anxiety rating scale, GAD severity was assessed. Subjects were included depending on existing escitalopram, prescription given as 10mg once daily dose. After 4 weeks of participation, the WHO-QoL-BREF questionnaire was utilized to assess any shift in quality of life. **Result:** The study results showed that the starting mean WHO QoL-BREF score was 217.46. Following 4 weeks of treatment using escitalopram, the mean quality of life scores increased significantly to 276.46. These results depicted a mean increase of 59 points and showed a significant improvement after treatment with escitalopram. **Conclusion:** The present study concludes that treatment with escitalopram is associated with significant improvement in the quality of life in subjects with generalized anxiety disorder. The treatment outcomes in these subjects underestimate the need for efficacious management approaches for this disorder.

INTRODUCTION

GAD (generalized anxiety disorder) is a common mental health condition that has characteristic features of excessive and persistent worry which is not confined to any specific condition. This debilitating disorder presents as a cluster of symptoms including palpitations, muscle tension, sleep disturbances, irritability, nervousness, and fatigue which significantly affect the daily functioning of an individual. The pervasive nature of GAD extends beyond immediate symptoms that usually co-occur with major depression and carry significant implications for the overall quality of life (QoL) of an individual.^[1]

Quality of life has been accurately assessed using the WHOQoL-BREF (World Health Organization's Quality of Life Brief Version Questionnaire) scale which is widely recognized. This tool has demonstrated high reliability and validity in diverse subjects and different health conditions including

mental health disorders. The treatment using a four-week follow-up is supported by existing literature data which depicts that the initial response to the treatment using SSRIs (selective serotonin reuptake inhibitors) including escitalopram is usually seen in 4 weeks.^[2]

Previous literature data suggest that treatment onset in GAD is usually seen within the initial weeks of SSRI intake. Further, escitalopram is known to attain steady-state plasma concentration in nearly one week following daily intake with its clinical efficacy usually rising between 2nd and 4th weeks. These data follow the clinical guidelines which support for evaluation of the subjects a few weeks after treatment initiation with SSRI therapy to ensure tolerability and efficacy. Hence, 4 weeks follow-up is supported by both clinical protocol and empirical evidence to manage subjects with GAD ensuring reliability of post-treatment measurement of quality of life.^[3]

Previous literature data has suggested detrimental effects of GAD on quality of life, further assessment

is needed to specific impact of pharmacological therapy on quality of life in subjects with GAD. Escitalopram is another drug that is used effectively in the management of GAD and has gained wide popularity in recent times. Escitalopram has however known to affect the quality of life in affected subjects after 4 weeks of management with a 10mg daily dose.^[4]

The present study aimed to assess the impact of Escitalopram on subjects with generalized anxiety disorder concerning their quality of life. The study also compared the QoL (quality of life) before and after treatment.

MATERIALS AND METHODS

The present interventional study aimed to assess the impact of Escitalopram on subjects with generalized anxiety disorder concerning their quality of life. The study also compared the QoL (quality of life) before and after treatment. The study was done at Rajarshi Dashrath Autonomous State Medical College Ayodhya, Uttar Pradesh. The study subjects were from the Institute's Department of Dermatology along with the Department of Psychiatry. Verbal and written informed consent were taken from all the subjects before participation.

The present study assessed 120 subjects who were diagnosed with GAD (generalized anxiety disorder) and attended the Department of Psychiatry of the Institute within the defined study period. The inclusion criteria for the study were subjects aged 18-60 years of age, confirmed clinical diagnosis of GAD following DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria in English or Hindi version based on the preference of the subject, and subjects willing to participate in the study. The exclusion criteria for the study were lactating and pregnant females, subjects aged less than 18 or more than 60 years, and subjects with any comorbid psychiatric disorder.

After the final inclusion of the study subjects, at baseline, WHOQoL-BREF was utilized and assessed by staff trained with the procedure. Subjects were then given a standard 10mg dose of escitalopram for 4 weeks duration. After 4 weeks of treatment, subjects returned for follow-up during which WHOQoL-BREF was readministered by the same staff trained and well-versed with the procedure that did the baseline assessment that ensured elimination of bias and data collection. Total observation duration in study subjects was 4 weeks and all subjects were assessed at baseline before treatment and after 4 weeks of treatment with escitalopram (post-treatment).

In all the subjects, clinical data and sociodemographic characteristics were recorded including the WHOQoL-BREF scale for assessing quality of life, HAMA (Hamilton Anxiety Rating Scale) score, family history of anxiety disorder, history of smoking, history of alcohol, marital

condition, residence, occupation, social and economic status, education, weight, height, gender, and age of the study subjects.

The WHOQoL-BREF questionnaire is a broadly used questionnaire that assesses the well-being of ill and healthy subjects. It comprises 26 questions that are divided into 4 domains along with quality of life and general wellness. Each question was evaluated on a 1 to 5 scale and results are converted to values in the score range of 0 to 100. HAMA (Hamilton Anxiety Severity Scale) includes 14 questions that were used to assess the extent of anxiety in any subject. HAMA also categorizes GAD symptoms severity and has shown its sensitivity to change in depressive and anxiety disorders.

Another scale used in the study was the Kuppuswamy socioeconomic scale which is a tool that assesses families depending on the 3 factors cumulative income, professional status, and educational background. Cumulative scores on this scale are in the range of 3-29. It segments families in 5 categories upper, upper middle, lower middle, upper lower, and lower. The diagnostic guidelines for GAD were done following the Statistical Manual for Mental Disorders, Fifth Edition, and DSM-5.

The data gathered were analyzed statistically using SPSS (Statistical Package for the Social Sciences) software version 24.0 (IBM Corp., Armonk, NY, USA) for assessment of descriptive measures, Student t-test, ANOVA (analysis of variance), and Chi-square test. The results were expressed as mean and standard deviation and frequency and percentages. The p-value of <0.05 was considered.

RESULTS

The present interventional study aimed to assess the impact of Escitalopram on subjects with generalized anxiety disorder concerning their quality of life. The study also compared the QoL (quality of life) before and after treatment. The present study assessed 120 subjects who had never received any treatment for GAD (generalized anxiety disorder) that were diagnosed based on DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria at the Department of Psychiatry of the Institute.

There were 73.4% (n=88) males and 26.6% (n=32) females in the present study. For residence, urban and rural residence was reported by 63.4% (n=76) and 36.6% (n=44) study subjects respectively. There were 68.4% (n=82) married and 31.6% (n=38) single subjects in the study. History of smoking and alcohol intake was positive in 16.6% (n=20) and 18.3% (n=22) study subjects respectively. Familial history of anxiety disorder was positive in 8.4% (n=10) of study subjects (Table 1).

On assessing the Kuppuswamy socioeconomic scale in study subjects, the majority of the study subjects were from the lower middle class at 38.4% (n=46) subjects followed by the upper middle class at 33.4% (n=40) study subjects, upper lower class at 26.6%

(n=32) subjects, upper class in 16% (n=2) study subjects, and no subject was from lower class in the present study (Table 1). On assessing the HAMA score at baseline, it was 16.03 ± 6.48 with 20% of participants showing moderate to severe anxiety. The study results also showed that the mean WHO QoL-BREF score was 217.46 at baseline and the physiological domain score was 45.74 ± 12.40 . At follow-up of 4 weeks mean HAMA scores decreased significantly to 12.3 ± 5.43 .

The study results showed that for comparison of WHO QoL-BREF scale scores in study subjects

before and after treatment, a significant increase was seen in the environmental domain from baseline to 4 weeks with $p < 0.005$. A similar highly significant increase was seen in social relations, psychological, and physical domains from baseline to 4 weeks with $p < 0.005$. These results depict that escitalopram treatment results in significant improvement in the quality of life in subjects with GAD, especially in the psychological domain, and no side effects were seen during the study (Table 2).

Table 1: Demographic and disease data in study subjects with GAD

S. No	Characteristics	Number (n)	Percentage (%)
1.	Gender		
a)	Males	88	73.4
b)	Females	32	26.6
2.	Residence		
a)	Urban	76	63.4
b)	Rural	44	36.6
3.	Marital status		
a)	Married	82	68.4
b)	Single	38	31.6
4.	Smoking history	20	16.6
5.	Alcohol history	22	18.3
6.	Familial history of anxiety disorder	10	8.4
7.	Kuppuswamy socioeconomic scale		
a)	Lower	0	0
b)	Upper lower	32	26.6
c)	Lower middle	46	38.4
d)	Upper middle	40	33.4
e)	Upper	2	16

Table 2: Comparison of WHO QoL-BREF scale scores in study subjects before and after treatment

S. No	Domains	Pre-treatment	Post-treatment	p-value
1.	Environment	63.78 ± 13.10	75.60 ± 13.04	<0.005
2.	Social relations	58.86 ± 18.94	69.70 ± 14.77	<0.005
3.	Psychological	45.74 ± 12.40	65.53 ± 10.00	<0.005
4.	Physical	49.02 ± 12.33	65.57 ± 9.75	<0.005
5.	Total	217.46 ± 56.82	276.46 ± 47.62	<0.005

DISCUSSION

The present study assessed 120 subjects who had never received any treatment for GAD (generalized anxiety disorder) that were diagnosed based on DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) criteria at the Department of Psychiatry of the Institute. The study design of the present study was also comparable to the results of the previous studies by Shrestha S et al,^[5] in 2015 and Yamada N et al,^[6] in 2020 where authors utilized a study design similar to the present study in their respective studies.

The study results reported that there were 73.4% (n=88) males and 26.6% (n=32) females in the present study. For residence, urban and rural residence was reported by 63.4% (n=76) and 36.6% (n=44) study subjects respectively. There were 68.4% (n=82) married and 31.6% (n=38) single subjects in the study. History of smoking and alcohol intake was positive in 16.6% (n=20) and 18.3% (n=22) study subjects respectively. Familial history of anxiety disorder was positive in 8.4% (n=10) study

subjects. These data were consistent with the results of Mendlowicz MV et al,^[7] in 2000 and Dzevlan A et al,^[8] in 2019 where authors assessed subjects with demographics in their studies as reported by the authors in their respective studies.

It was seen that on assessing the Kuppuswamy socioeconomic scale in study subjects, the majority of the study subjects were from the lower middle class at 38.4% (n=46) subjects followed by the upper middle class at 33.4% (n=40) study subjects, upper lower class at 26.6% (n=32) subjects, upper class in 16% (n=2) study subjects, and no subject was from lower class in the present study (Table 1). On assessing the HAMA score at baseline, it was 16.03 ± 6.48 with 20% of participants showing moderate to severe anxiety. The study results also showed that the mean WHO QoL-BREF score was 217.46 at baseline and the physiological domain score was 45.74 ± 12.40 . At follow-up of 4 weeks mean HAMA scores decreased significantly to 12.3 ± 5.43 . These findings were in agreement with the results of Lenze EJ et al,^[9] in 2011 and Stein DJ et al,^[10] in 2005 where Kuppuswamy socioeconomic

scale and HAMA scores reported by the authors in their studies were comparable to the results of the present study.

It was also seen that for comparison of WHO QoL-BREF scale scores in study subjects before and after treatment, a significant increase was seen in the environmental domain from baseline to 4 weeks with $p < 0.005$. A similar highly significant increase was seen in social relations, psychological, and physical domains from baseline to 4 weeks with $p < 0.005$. These results depict that escitalopram treatment results in significant improvement in the quality of life in subjects with GAD, especially in the psychological domain, and no side effects were seen during the study. These results were in line with the findings of Wetherell JL et al,^[11] in 2004 and Muneer MU et al,^[12] in 2022 where a comparison of WHO QoL-BREF scale scores in study subjects similar to the present study was also reported by the authors in their respective studies.

CONCLUSION

The present study, within its limitations, concludes that treatment with escitalopram is associated with significant improvement in the quality of life in subjects with generalized anxiety disorder. The treatment outcomes in these subjects underestimate the need for efficacious management approaches for this disorder. However, further longitudinal studies with larger sample sizes and longer monitoring are needed to reach a definitive conclusion.

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