

A Survey on Anxiety Disorder: Using Assessment Tool Ham-A Scale

Parveen T^{1*}, Sharma R², Godatwar P³

DOI:10.21760/jaims.10.1.9

^{1*} Tabassum Parveen, Post Graduate Scholar, Department of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur, Rajasthan, India.

² Reetu Sharma, Associate Professor, Department of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur, Rajasthan, India.

³ Pawankumar Godatwar, Professor and HOD, Department of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur, Rajasthan, India.

Background: Anxiety disorders form the most common type of mental illness. High prevalence, chronicity, and comorbidity led WHO to rank anxiety disorders as the ninth most health-related cause of disability. Worldwide, anxiety disorders heavily affect patients and society, accounting for 3.3% of the global burden of disease. Globally, the use of treatment for anxiety disorders is low, which is most problematic in low-income countries but is also an issue in high-income countries.

Methods: It was a study conducted after the second wave of COVID through to survey using HAM-A scale questionnaire in google form. The outcome of the questionnaire was the assessment of the degree of symptoms which affects a human body system.

Result: 200 individuals participated in the study. All participants experienced stress, anxiety and depression during lockdown. The result revealed that the lockdown affects psychological health of people. Anxiety is more prevalent in man than women and most of subject belonged to 18-38 age group. There are 38.7% students and 24.7% work in private sector.

Conclusion: Most of people suffered from mild to moderate level of anxiety. It is also evident that different age groups have experienced a psychological impact reason behind like lockdown, lack of jobs, bed environment at the site of jobs and family pressure on students etc.

Keywords: Anxiety, HAM-A scale, Stress, Generalized Anxiety Disorder (GAD), Panic Disorder, Social Anxiety Disorder (Social Phobia), Agoraphobia

Corresponding Author	How to Cite this Article	To Browse
Tabassum Parveen, Post Graduate Scholar, Department of Roga Nidana Evam Vikriti Vigyana, National Institute of Ayurveda, Jaipur, Rajasthan, India. Email: khushbuparveen996@gmail.com	Parveen T, Sharma R, Godatwar P, A Survey on Anxiety Disorder: Using Assessment Tool Ham-A Scale. J Ayu Int Med Sci. 2025;10(1):69-77. Available From https://jaims.in/jaims/article/view/3896/	

Manuscript Received 2024-12-09	Review Round 1 2024-12-19	Review Round 2 2024-12-30	Review Round 3 2025-01-10	Accepted 2024-12-27
Conflict of Interest None	Funding Nil	Ethical Approval Yes	Plagiarism X-checker 11.36	Note

Introduction

Anxiety is a common psychiatric disorder that has a negative effect on how an individual feels, thinks and behaves (The American Psychiatric Association, 2013). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)[1] indicates that the core symptoms of anxiety excessive worry, hyperarousal and fear that is counterproductive and debilitating. [2] The disorder usually presents as a lack of energy, disturbed sleep or appetite, low self-esteem and aversion to activity, or apathy, which may affect a person's thoughts, feelings, behaviour and sense of well-being.[3]

About 85% of patients with depression also experience significant anxiety, while comorbid depression occurs in up to 90% of patients with anxiety disorders. Anxiety becomes problematic when it affects normal daily functioning.[4] which – when chronic - substantially impairs an individual's ability to full-fill of day-to-day responsibilities, possibly even resulting in suicide.[5]

Symptoms of anxiety can manifest as psychic or somatic complaints, categorized by the DSM-IV4 under the following disorders: obsessive compulsive disorder (OCD), social phobia, specific phobia, generalized anxiety disorder (GAD), panic disorder (PD), posttraumatic stress disorder (PTSD), and agoraphobia.[6]

Survey is the study and analysis of the distribution (who, when, and where). patterns, and determinants of health and disease conditions in defined populations. It is a pillar of public health, influencing policy and evidence-based practice by assessing disease risk factors and preventive healthcare goals. An etiopathological analysis is a type of survey that collects data for a particular reason, such as determining the occurrence or prevalence of health or disease situations in a population or region. The study provides timely warnings of public health hazards.

The Hamilton Anxiety Rating Scale (HAM-A, sometimes termed HARS), dating back to 1959, is one of the first rating scales to measure the severity of perceived anxiety symptoms. It is still in use today, being considered one of the most widely used rating scales, and has been translated into Cantonese, French and Spanish.

It has been used as a benchmark for more recently devised scales. The author's original intent for this scale was for its use in individuals with anxiety neurosis (in contrast to anxiety inherent in response to a threat or stress) i.e. not a means of diagnosing anxiety concomitant with other pathology or problems.

One year later, Hamilton also published a similar scale for depressive symptoms. The HAM-A is a clinician-based questionnaire; however, being available in public domain, it has been employed as a self-scored survey.

It consists of 14 symptom-defined elements, and caters for both psychological and somatic symptoms, comprising anxious mood; tension (including startle response, fatigability, restlessness); fears (including of the dark/strangers/crowds); insomnia; 'intellectual' (poor memory/difficulty concentrating); depressed mood (including anhedonia); somatic symptoms (including aches and pains, stiffness, bruxism); sensory (including tinnitus, blurred vision); cardiovascular (including tachycardia and palpitations); respiratory (chest tightness, choking); gastrointestinal (including irritable bowel syndrome-type symptoms); genitourinary (including urinary frequency, loss of libido); autonomic (including dry mouth, tension headache) and observed behaviors at interview (restless, fidgety, etc.).

Each item is scored on a basic numeric scoring of 0 (not present) to 4 (severe): >17/56 is taken to indicate mild anxiety; 25-30 is considered moderate-severe.[7]

Materials and Methods

Study Design: Prospective survey study was conducted at NIA Hospital Jaipur.

Participants: A qualitative survey was conducted with a randomly selected sample of 200 apparently healthy volunteer in OPD/IPD of NIA, Rajasthan. Participants were assessed using HAM-A Scale and Key Demographic details also recorded.

Procedure: The data of the study were collected from online methods through Google forms. The consent form was included with the google form, and after taking consent Hamilton Anxiety Scale was administered.

Type of research: Observational research

Duration of study: January 2023 to March 2023

Tools Used for Data Collection

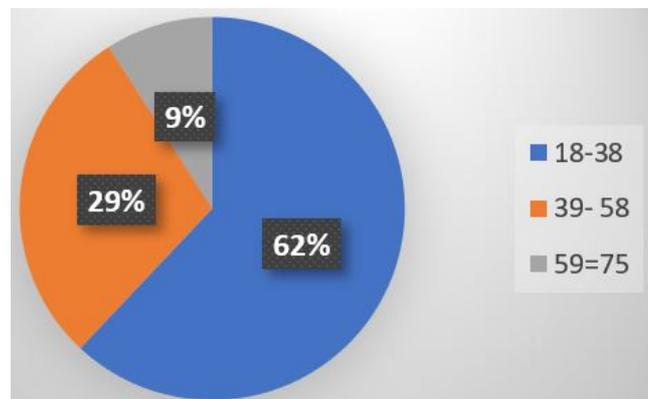
- Socio-demographic and clinical data sheet: A self-made, semi structured sociodemographic sheet especially designed for study was developed to collect information from participants. It included details of name, age, sex, address, religion, marital status and family type etc. The items were all multiple-choice questions. The items were coded for analysis.
- The Hamilton Anxiety Rating Scale (HAM-A): Hamilton is a 14 items scale designed to assess individual's level of both psychic and somatic anxiety, measured on a 5-point Likert scale ranging from 0 (not present) and 4 (Severe). The total scores range from 0-56.

Observation

A total of 200 respondents participated in survey of these 59.3% of male and 40.7% were female. The age of respondents ranged from 18-70 years. On basis of their occupation maximum respondents were students (38.7%), 24.7% were private sector and 36.6% had other occupation.

Table 1: Percentage incidence of cases age wise

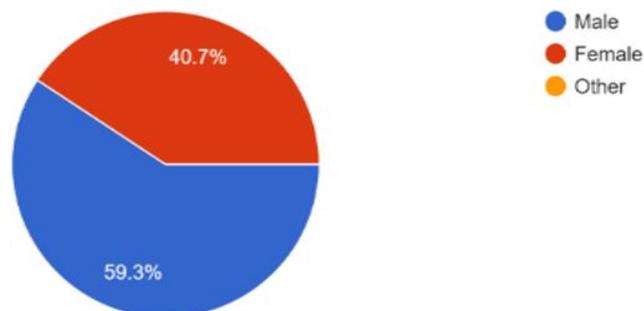
Age	No.	Percentage
18-38	124	62%
39- 58	58	29%
59=75	18	9%
Total	200	100%



In this table maximum number of Subjects having Age group 18-38 years 124 (62%), Subjects having Age groups of 39-58 years 58 (29%), Subject having age group 59-75 years 18 (9%)

Table 2: Showing percentage Incidence of 200 subjects of anxiety according to gender

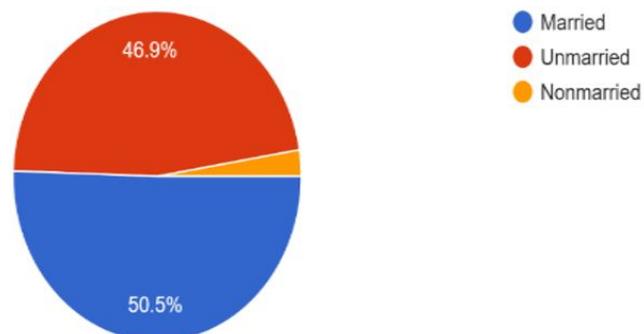
Gender	No.	Percentage
Male	117	59.3%
Female	83	40.7%
Total	200	100%



The distribution of gender in 200 subjects revealed that 59.3% of subjects were male followed by 40.7% were female

Table 3: Showing percentage Incidence of 200 subjects of anxiety according marital Status.

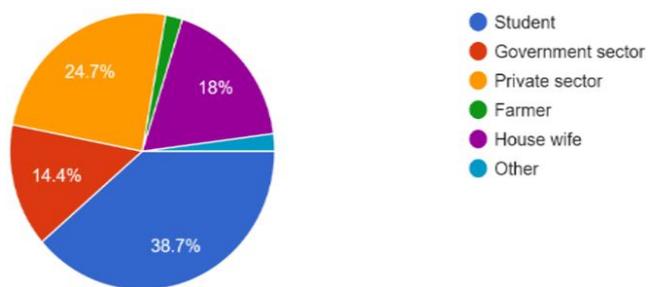
Marital Status	No.	Percentage
Married	102	50.5
Unmarried	98	46.9
Total	200	100%



In this table maximum number of subjects were married 50.5% and 46.9% of subjects were unmarried.

Table 4: Showing percentage Incidence of 200 subjects of anxiety according Profession

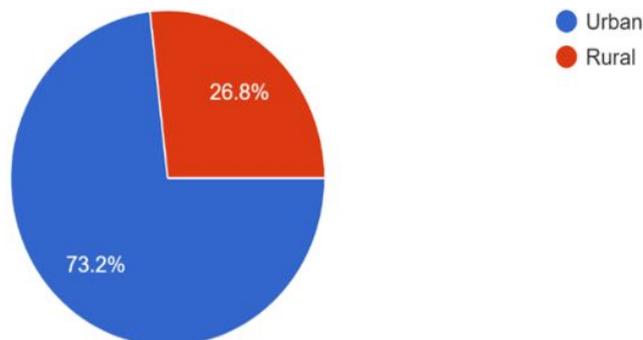
Profession	No	Percentage
Farmer	5	4.2%
Government sector	28	14.4%
House wife	35	18%
Private sector	49	24.7%
Student	78	38.7%
Total	200	100%



In this table maximum no. of subject were students 38.7%, subjects in private sector were 24.7%, subjects were in government sector 14.4%, subject in house wife were 18% and 4.2% were farmer.

Table 5: Showing percentage Incidence of 200 subjects of anxiety according Habitat

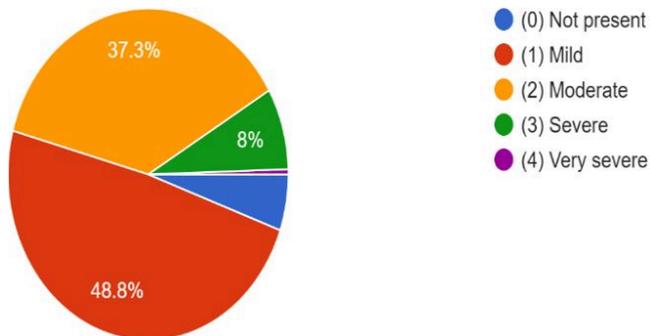
Habitat	No.	Percentage
Urban	146	73.2%
Rural	54	26.8%
Total	200	100%



In this table max. no. of subjects were in urban area 73.2% & 26.8% of subjects were in rural area.

Table 6: Showing percentage Incidence of 200 subjects of anxiety according to Anxious mood

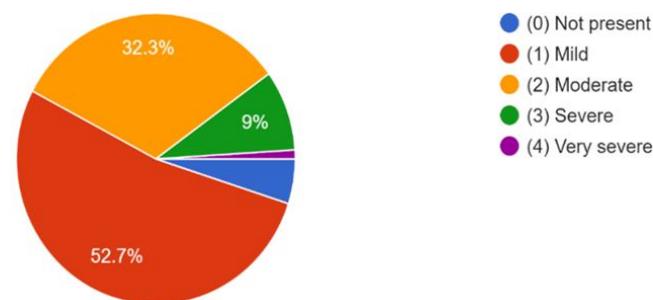
Worries, anticipation of the worst, fearful anticipation, irritability.	Total	Percentage
Mild	98	48.8%
Moderate	74	37.2%
Severe	16	8%
Very severe	3	1.5%
Not present	9	4.5%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of anxiety 48.8%, 37.2% of subjects were having moderate symptoms of anxiety, 8% of subjects were having severe symptoms of anxiety and 1.5% of subjects were having very severe symptoms of anxiety.

Table 7: Showing percentage Incidence of 200 subjects of anxiety according to Tension

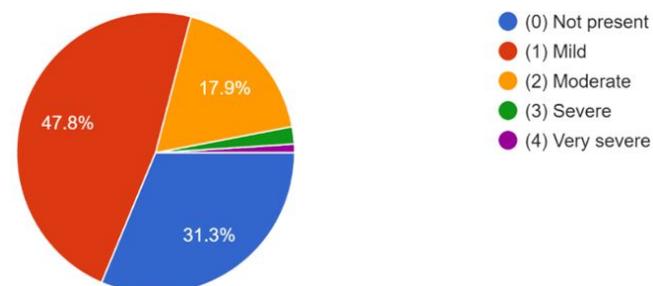
Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.	Total	Percentage
Mild	106	52.7%
Moderate	64	32.3%
Severe	18	9%
Very severe	0	0%
Not present	12	6%
Total	200	100%



In this table maximum no. of subjects were having mild feeling of tension 52.7%, 32.3% of subjects were having moderate feeling of tension, 9% of subjects were having severe symptoms of tension.

Table 8: Showing percentage Incidence of 200 subjects of anxiety according to Fears

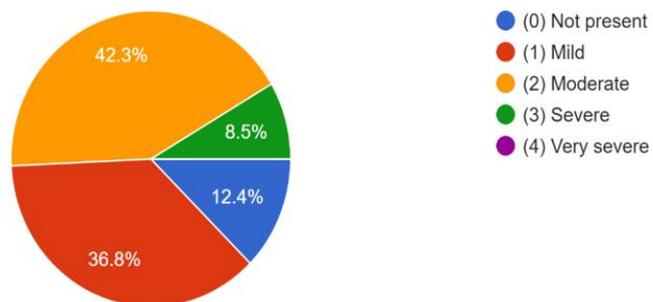
Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.	Total	Percentage
Mild	96	47.8%
Moderate	36	17.9%
Severe	6	3%
Very severe	0	0%
Not present	62	31.3%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of fear 47.8% ,17.9% of subjects were having moderate symptoms of fear, 3% of subjects were having severe symptoms of fear.

Table 9: Showing percentage Incidence of 200 subjects of anxiety according to Insomnia

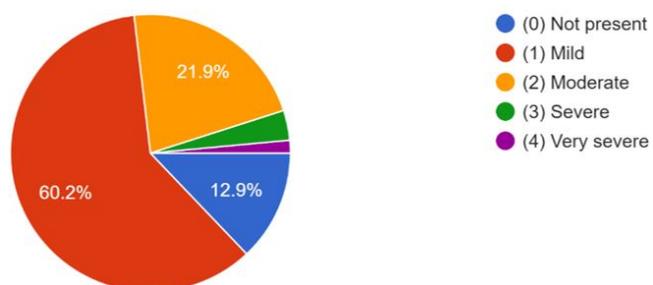
Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.	Total	Percentage
Mild	74	36.8%
Moderate	84	42.3%
Severe	17	8.5%
Very severe	0	0%
Not present	25	12.4%
Total	200	100%



In this table maximum number of subjects were having moderate symptoms of Insomnia 42.3% ,36.8% of subjects were having mild symptoms of Insomnia, 8.5% of subjects were having severe symptoms of Insomnia.

Table 10: Showing percentage Incidence of 200 subjects of anxiety according to Intellectual

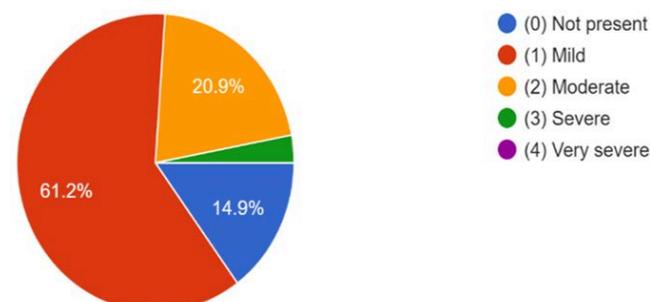
Difficulty in concentration, poor memory.	Total	Percentage
Mild	122	60.2%
Moderate	42	21.9%
Severe	10	5%
Very severe	0	0%
Not present	26	12.9%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of Intellectual category 60.2%, 21.9% of subjects were having moderate symptoms of Intellectual category, 5% of subjects were having severe symptoms of Intellectual category.

Table 11: Showing percentage Incidence of 200 subjects of anxiety according to Depressed mood

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.	Total	Percentage
Mild	123	61.5%
Moderate	40	20%
Severe	7	3.5%
Very severe	0	0%
Not present	30	15%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of Depressed mood 61.5%, 20% of subjects were having moderate symptoms of Depressed mood, 3.5% of subjects were having severe symptoms of Depressed mood.

Table 12: Showing percentage Incidence of 200 subjects of anxiety according to Somatic (Muscular)

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.	Total	Percentage
Mild	123	61.6%
Moderate	42	21%
Severe	6	3%
Very severe	0	0%
Not present	29	14.5%
Total	200	100%

In this table maximum number of subjects were having mild symptoms of somatic muscular 61.6%, 21% of subjects were having moderate symptoms of somatic muscular, 3% of subjects were having severe symptoms of somatic muscular,

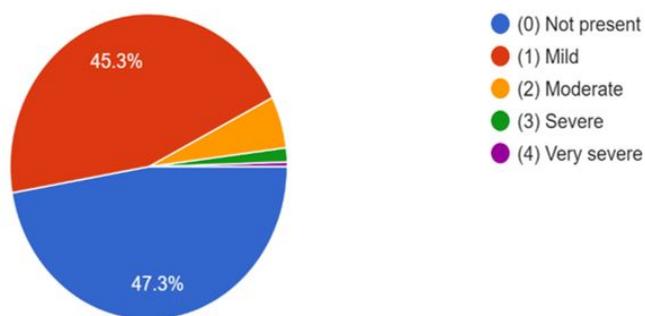
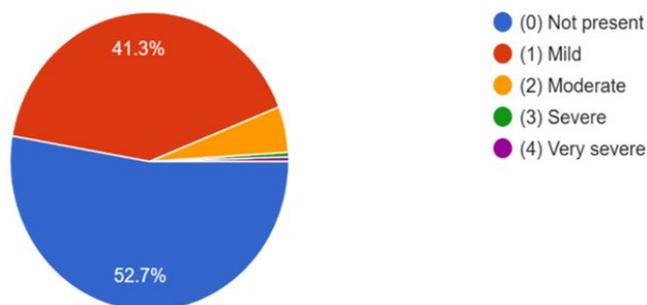


Table 13: Showing percentage Incidence of 200 subjects of anxiety according to Somatic (Sensory)

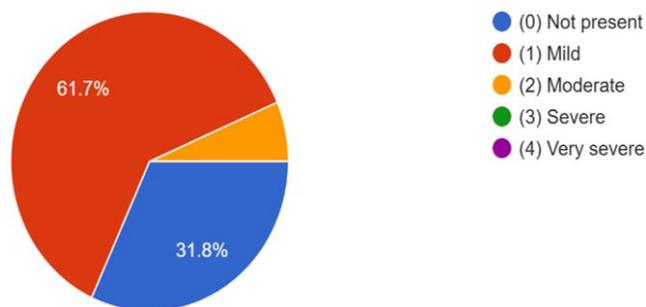
Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation	Total	Percentage
Mild	91	45.5%
Moderate	11	5.5%
Severe	3	1.5%
Very severe	1	0.5%
Not present	94	47%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of somatic sensory 45.5%, 5.5% of subjects were having moderate symptoms of somatic sensory 1.5% of subjects were having severe symptoms of somatic sensory, 0.5% of subjects were having very severe symptoms of somatic sensory.

Table 14: Showing percentage Incidence of 200 subjects of anxiety according to Cardiovascular

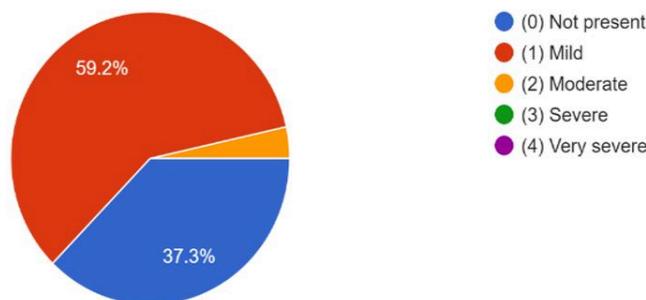
Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.	Total	Percentage
Mild	124	62%
Moderate	13	6.6%
Severe	0	0%
Very severe	0	0%
Not present	63	31.5%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of cardiovascular 62%, 6.6% of subjects were having moderate symptoms of cardiovascular

Table 15: Showing percentage Incidence of 200 subjects of anxiety according to Respiratory

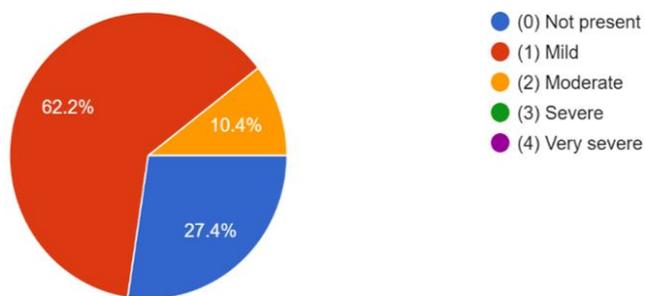
Pressure or constriction in chest, choking feelings, sighing, dyspnea.	Total	Percentage
Mild	119	59.5%
Moderate	7	3.5%
Severe	0	0%
Very severe	0	0%
Not present	74	37%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of Respiratory system 59.5%, 3.5%of subjects were having moderate symptoms of Respiratory system.

Table 16: Showing percentage Incidence of 200 subjects of anxiety according to Gastrointestinal

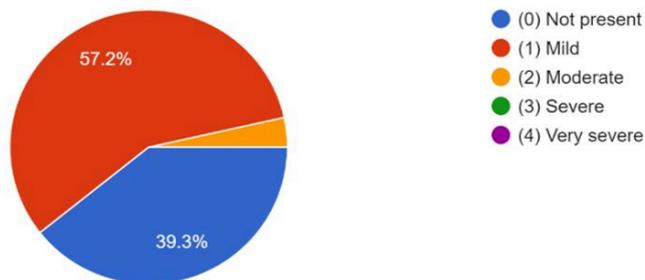
Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.	Total	Percentage
Mild	125	62.5%
Moderate	21	10.5%
Severe	0	0%
Very severe	0	0%
Not present	54	27%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of Gastrointestinal system 62.5%, 10.5% of subjects were having moderate symptoms of Gastrointestinal system.

Table 17: Showing percentage Incidence of 200 subjects of anxiety according to Genitourinary

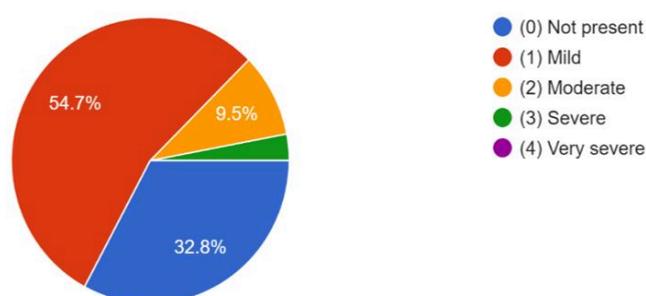
Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of rigidity, premature ejaculation, loss of libido, impotence.	Total	Percentage
Mild	115	57.5%
Moderate	7	3.5%
Severe	0	0%
Very severe	0	0%
Not present	78	39%
Total	200	100%



In this table maximum number of subjects were having mild symptoms of Genitourinary system 57.5%, 3.5% of subjects were having moderate symptoms of Genitourinary system.

Table 18: Showing percentage Incidence of 200 subjects of anxiety according to Autonomic Symptoms

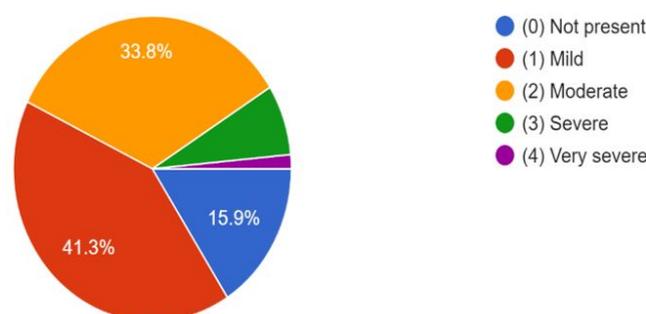
Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.	Total	Percentage
Mild	110	55%
Moderate	19	9.5%
Severe	6	3%
Very severe	0	0%
Not present	65	32.5%
Total	200	100%



In this table maximum number of subjects having mild symptoms of Autonomic system 55%, 9.5% of subjects having moderate symptoms of Gastrointestinal system, 3% of subjects having severe symptoms of Gastrointestinal system.

Table 19: Showing percentage Incidence of 200 subjects of anxiety according to Behavioural Symptoms.

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.	Total	Percentage
Mild	83	41.5%
Moderate	68	34%
Severe	15	7.5%
Very severe	3	1.5%
Not present	31	15.5%
Total	200	100



In this table maximum number of subjects having mild symptoms of Behavioural 41.5%, 34% of subjects having moderate symptoms of Behavioural, 7.5% of subjects having severe symptoms of Behavioural, 1.5% of subjects having very severe symptoms of Behavioural.

Discussion

Demographic profile

Age: It was observed from the table no. 1 that, most of the subjects belonged to 18-38 years of age group. It may be due to many subjects were college students & private sector and participated through online survey. Most of students must have shared the survey proforma with their friends and families.

Gender: It was observed from table no. 2 that, most of participants were male i.e. 59.30%. The reason behind this finding might be fact that male patients have to face more family responsibilities and financial stress, office work, irregular diet habits.

Marital status: It was observed from table no. 3 that, most of patients were married (50.50%) and majority of participants in study were 18-38 years. In India, most of people get married at this age. Marital commitment, child care, family responsibilities, and unreasonable expectations from life partner all contribute to anxiety in married people. Generally seen, unmarried people have less stress & tension and before marriage people want to enjoy their life independently. Due to a lack of emotional outlet, unmarried and divorced people may also experience anxiety.

Occupation: It was observed from table no. 4 that, maximum i.e. 38.7% were students, followed by other work like private servant 24.7%, govt. sector 14.4%. Because they are subjected to more mental pressure than physical strain, all have been major variables in onset of Anxiety. Govt. servants face public dealing and have more work load. Private sector (24.7%) got stress due to their job findings, social adjustment. House wives are more prone to Anxiety due to more family responsibilities, child care and other issues.

Habitat: It was observed from table no. 5 that, maximum i.e. 73.2% were from urban area. Their mechanical and fast-paced lives have a significant impact on all parts of their lives, resulting in Anxiety disease. Also, geographic location in which current study was done is an urban area, that might be a reason that majority of patients have this finding

HAM-A Scale

Anxious mood: It was observed from table no. 6 that, in this table maximum number of subjects having mild symptoms of anxiety 48.8%, 37.2% of subjects having moderate symptoms of anxiety, 8% of subjects having severe symptoms of anxiety and 1.5% of subjects having very severe symptoms of anxiety.

Tension: It was observed from table no. 7 that, in this table maximum number of subjects having mild feeling of tension 52.7%, 32.3% of subjects having moderate feeling of tension, 95 of subjects having severe symptoms of tension.

Fears: It was observed from the table no. 8 that, in this table maximum number of subjects having mild symptoms of fear 47.8%, 17.9% of subjects having moderate symptoms of fear, 3% of subjects having severe symptoms of fear.

Insomnia: It was observed from the table no. 9 that, in this table maximum number of subjects having moderate symptoms of Insomnia 42.3%, 36.8% of subjects having mild symptoms of Insomnia, 8.5% of subjects having severe symptoms of Insomnia.

Intellectual: It was observed from the table no. 10 that, in this table maximum number of subjects having mild symptoms of Intellectual category 60.2%, 21.9% of subjects having moderate symptoms of Intellectual category, 5% of subjects having severe symptoms of Intellectual category.

Depressed mood: It was observed from the table no. 11 that, in this table maximum number of subjects having mild symptoms of Depressed mood 61.5%, 20% of subjects having moderate symptoms of Depressed mood, 3.5% of subjects having severe symptoms of Depressed mood.

Somatic (Muscular): It was observed from the table no. 12 that, in this table maximum number of subjects having mild symptoms of somatic muscular 61.6%, 21% of subjects having moderate symptoms of somatic muscular, 3% of subjects having severe symptoms of somatic muscular.

Somatic (Sensory): It was observed from the table no. 13 that, in this table maximum number of subjects having mild symptoms of somatic sensory 45.5%, 5.5% of subjects having moderate symptoms of somatic sensory 1.5% of subjects having severe symptoms of somatic sensory, 0.5% of subjects having very severe symptoms of somatic sensory.

Cardiovascular: It was observed from the table no. 14 that, in this table maximum number of subjects having mild symptoms of cardiovascular 62%, 6.6% of subjects having moderate symptoms of cardiovascular.

Respiratory: It was observed from the table no. 15 that, in this table maximum number of subjects having mild symptoms of Respiratory system 59.5%, 3.5% of subjects having moderate symptoms of Respiratory system.

Gastrointestinal: It was observed from the table no.16 that, in this table maximum number of subjects having mild symptoms of Gastrointestinal system 62.5%, 10.5% of subjects having moderate symptoms of Gastrointestinal system.

Genitourinary: It was observed from the table no. 17 that, in this table maximum number of subjects having mild symptoms of Genitourinary system 57.5%, 3.5% of subjects having moderate symptoms of Genitourinary system.

Autonomic Symptoms: It was observed from the table no.18 that, in this table maximum number of subjects having mild symptoms of Autonomic system 55%, 9.5% of subjects having moderate symptoms of Gastrointestinal system, 3% of subjects having severe symptoms of Gastrointestinal system.

Behavioural Symptoms: It was observed from the table no.19 that, in this table maximum number of subjects having mild symptoms of Behavioural 41.5%, 34% of subjects having moderate symptoms of Behavioural, 7.5% of subjects having severe symptoms of Behavioural, 1.5% of subjects having very severe symptoms of Behavioural.

Conclusion

It has been concluded that probable anxiety is more prevalent in man than women and most of subject belonged to 18-38 age group. There are 38.7% students and 24.7% work in private sector and reason of anxiety in most of participants are having lack of jobs after lockdown, lack of healthy environment at the site of jobs, and family pressure on students.

Status of anxiety disorder research from India in relation to epidemiology, phenomenology, course, outcome and management are lacking. Research areas like family studies, genetics, and neurobiology are not touched adequately.

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (DSM-5). American Psychiatric Publishing; 2013. . [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
2. Simpson HB, Neria Y, Lewis-Fernández R, Schneier F. Anxiety Disorders: Theory, Research and Clinical Perspectives. Cambridge University Press; 2010. . [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
3. Alqahtani A. Prevention of Depression: A Review of Literature. J Depress Anxiety. 2017;6:292. [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
4. Gorman JM. Comorbid depression and anxiety spectrum disorders. Depress Anxiety. 1996;4(4):160-8. [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
5. Marcus M, Yasamy MT, Van Ommeren M, Chisholm D, Saxena S. Depression: A global public health concern. 2012. . [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
6. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders - DSM-IV-TR. 4th ed. Porto Alegre: Artmed; 2002. [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)
7. Thompson E. Hamilton Rating Scale for Anxiety (HAM-A). Occup Med (Lond). 2015;65(7):601. Available from: [\[Article\]](#) [\[Crossref\]](#) [\[PubMed\]](#) [\[Google Scholar\]](#)

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.