
Compare of Cognitive Insight and Separation Anxiety in Patients with Generalized Anxiety Disorder and Obsessive-Compulsive Disorder

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ABSTRACT

The purpose of this study was to examine the compare of cognitive insight and separation anxiety in patients with generalized anxiety disorder and obsessive-compulsive disorder. The population consist of all patients with generalized anxiety disorder and obsessive-compulsive disorder referred to clinical centers of Ardabil. In this study 80 patients were selected. In this study were used of questionnaire of separation anxiety and cognitive insight. Data analysis included multivariate regression, pearson's r correlations, regression analysis, ANOVA analyses with SPSS software (package of Spss / pc + + ver 21). The results showed that, the mean of your thinking and cognitive vision in patients with obsessive-compulsive disorder more than patients with generalized anxiety disorder. According to the findings, the mean of discomfort due to separation, relax in the separation and cognitive insight in patients with obsessive-compulsive disorder more than patients with generalized anxiety disorder.

Keywords: Cognitive Insight, Separation Anxiety, Ardabil.

Introduction

Anxiety disorders are more prevalent than any other mental health disorder, composing the majority of lifetime mental health disorders worldwide (Kessler et al., 2009). Given this, the study of anxiety is a critical public health issue because it places a considerable emotional, social, and financial burden on both the individual and society as a whole. Along with the emotional facets of the disorder, anxiety patients have difficulty concentrating and report feeling

distracted, which in turn can negatively impact their job performance and interpersonal relationships. One popular hypothesis is that working memory (WM) plays a key role in the cognitive problems experienced by anxious people by limiting resources necessary to perform goal-directed tasks (Shackman et al., 2006; Vytal et al., 2012). Despite difficulties with replicating anxiety-related impairment in the lab (Fales et al., 2008; Porcelli et al., 2008; Qin et al., 2009) WM capacity and

performance is shown to be significantly reduced in patient populations (Lucas et al., 1991; Boldrini et al., 2005) and individuals with trait anxiety (Darke, 1988; Eysenck, 1998). WM is central to healthy functioning because it supports online maintenance and manipulation of information (e.g., carrying on a conversation, or tallying the cost of a grocery bill while shopping). Cognitive disruption in anxiety is thought, in part, to reflect the presence of an attentional bias (Robinson et al., under review), where anxiety takes the reins of certain sensory, perceptual, and attentional processes, and threatening information is preferentially processed over other potentially important information (for a meta-analytic review of attentional bias in anxiety see Bar-Haim et al., 2007).

Anxiety's influence on behavior encompasses changes in early perceptual processes as well as changes in higher-order cognitive processes later downstream. Anxiety alters early sensory-perceptual processes in the auditory (Cornwell et al., 2007) and visual system (Lim et al., 2009; Shackman et al., 2011) that may serve to promote threat detection (e.g., detection of auditory tones or visual cues), and this garnering of resources extends into cognitive-affective biases that are manifested in behavior. Examples of this are found in studies where negatively valenced stimuli are processed more rapidly under anxious conditions (Robinson et al., 2011, 2012). However, this bias may be detrimental to other goal-directed behaviors that are not threat-relevant. As such, performance on tasks that involve attention, maintenance of information, and rapid sensory perception may be impaired.

Further impairment may result from additional competition for resources, this time at the level of executive processes.

There are several theories [e.g., processing efficiency (Eysenck and Calvo, 1992), two-component model (Vytal et al., 2012), and hemispheric asymmetry hypothesis (Shackman et al., 2006)] that have built upon this basic premise, and although they are not necessarily mutually exclusive, they make different predictions about the influence of anxiety on cognition. One important distinction that underlies each of these theories is that anxiety can be described by both anxious arousal (e.g., physiological changes in heart-rate variability and eccrine responses, increased vigilance, and priming of other sensory-dependent defensive mechanisms) and anxious apprehension (e.g., awareness of physiological changes, worry, and rumination) (Heller et al., 1997). These two components rely on separable neural systems (Nitschke et al., 1999). In a similar vein, although verbal and spatial WM share many neural resources, they also engage separable neural systems, some of which overlap with the systems above [e.g., anxious apprehension and verbal WM engage dorsal, medial, and ventral prefrontal cortex (PFC) (D'Esposito et al., 1998; Kalisch et al., 2006; Engels et al., 2007; Paulesu et al., 2010), anxious arousal and spatial WM engage unique regions in middle and ventral PFC (Clark et al., 2003; Dalton et al., 2005; Silk et al., 2010), for a meta-analysis of spatial and verbal WM neuroimaging studies see Owen et al., 2005]. As such, although both components of anxiety (anxious apprehension and anxious arousal) are likely to affect any type of WM, they may differentially disrupt verbal and spatial WM. Specifically, anxious apprehension and anxious arousal may preferentially disrupt verbal and spatial WM, respectively. This is because verbal WM processes may share more neural circuitry with anxious

apprehension (e.g., mechanisms involved in verbal information encoding and verbal-based worry) and spatial WM may share more neural circuitry with anxious arousal (e.g., mechanisms involved in spatial attention). The aim of this study was to examine the compare of cognitive insight and separation anxiety in patients with generalized anxiety disorder and obsessive-compulsive disorder.

Research methods

This research is causal-comparative study. The population consist of all patients with generalized anxiety disorder and obsessive-compulsive disorder referred to clinical centers of Ardabil. In this study 80 patients were selected. In this study was used of questionnaire for data collection. The patients answered the same questionnaire including: questionnaire of

separation anxiety (including 26 questions) and cognitive insight (including 15 questions). The cronbach's alpha that obtained from the pilot data was 0.93 for separation anxiety, 0.86 for cognitive insight. Data analysis included multivariate regression, pearson's r correlations, regression analysis, ANOVA analyses with SPSS software (package of Spss / pc + + ver 21).

Results

The results showed that the mean age of group obsessive-compulsive disorder was 32.14 and SD was 5. 61 and group generalized anxiety disorder was 30.88 and SD was 5.42. According to the findings, 43.72 percent of group obsessive-compulsive disorder and 51.29 percent of group generalized anxiety disorder were female.

Table 1. The mean and standard deviation of cognitive insight in the studied groups

Variable	Group	Mean	SD
Your thinking	Generalized anxiety disorder	20.86	4.91
	Obsessive-compulsive disorder	23.53	3.98
Self confidence	Generalized anxiety disorder	15.23	2.73
	Obsessive-compulsive disorder	14.27	3.50
Cognitive insight	Generalized anxiety disorder	39.80	4.91
	Obsessive-compulsive disorder	43.70	7.27

Table 2. The mean and standard deviation of separation anxiety in the studied groups

Variable	Group	Mean	SD
Discomfort due to separation	Generalized anxiety disorder	38.12	11.04
	Obsessive-compulsive disorder	53.55	7.90
Concern of separation	Generalized anxiety disorder	12.76	3.10
	Obsessive-compulsive disorder	13.11	3.48
Relax in the separation	Generalized anxiety disorder	14.18	3.92
	Obsessive-compulsive disorder	19.22	10.57
Separation anxiety	Generalized anxiety disorder	65.44	16.39
	Obsessive-compulsive disorder	76.31	15.59

The results showed that, the mean of your thinking in group generalized anxiety disorder was 20.86 and in group obsessive-compulsive disorder was 23.53.

According to the results, mean of the self confidence in group generalized anxiety disorder was 15.23 and in group obsessive-compulsive disorder was 14.27.

The results showed that, mean of the cognitive insight in group generalized anxiety disorder was 39.80 and in group obsessive-compulsive disorder was 43.70. The results showed that, the mean of discomfort due to separation in group generalized anxiety disorder was 38.12 and in group obsessive-compulsive disorder was 53.55, according to the results, mean of the concern of separation in group generalized anxiety disorder was

12.76 and in group obsessive-compulsive disorder was 13.11. The results showed that, mean of the relax in the separation in group generalized anxiety disorder was 14.18 and in group obsessive-compulsive disorder was 19.22, According to the results, mean of the separation anxiety in group generalized anxiety disorder was 65.44 and in group obsessive-compulsive disorder was 76.31

Table 3. The results of multivariate variance analysis for cognitive insight

Test	Value	F	df of hypothesis	df of error	P	Chi Eta
Pylayy effect	0.15	1.45	2	77	0.000	0.55
Wilks Lambda	0.87	1.45	2	77	0.000	0.55
Hotelling effect	0.16	1.44	2	77	0.000	0.55
Largest root of the error	0.13	2.41	2	77	0.000	055

Table 4. The results of multivariate variance analysis for separation anxiety

Test	Value	F	df of hypothesis	df of error	P	Chi Eta
Pylayy effect	0.170	6.538	3	76	0.000	0.170
Wilks Lambda	0.830	6.538	3	76	0.000	0.170
Hotelling effect	0.204	6.538	3	76	0.000	0.170
Largest root of the error	0.204	6.538	3	76	0.000	0.170

According to the table 4 and 5, there is a significant relationship between at least one of the dependent variables in the group studied.

Discussion and Conclusion

The purpose of this study was to examine the compare of cognitive insight and separation anxiety in patients with generalized anxiety disorder and obsessive-compulsive disorder. The results showed that, the mean of your thinking and cognitive vision in patients with obsessive-compulsive disorder more than patients with generalized anxiety

disorder ($p < 0/05$). These results are in good agreement with results, Yon et al (2005), Colis et al, (2006), and Catapano et al (2012). Catapano et al, in study showed that, there is a significant relationship between poor insight with more damage and verbal memory and fluency in patients with OCD. Kashyap et al (2012) reports that, there is a significant relationship between poor insights with a severe form of obsessive-compulsive disorder. Colis et al, (2006), reports that patients with major depression had higher levels of cognitive insight compared with psychotic bipolar group. Mackvi et al, (1998), reports that,

there is a relatively weak relationship between insight and symptoms, it is important to analyze and explore the cognitive processes related to the experiences of patients will require.

According to the results, there is a significant relationship between discomfort due to separation, relax in the separation and cognitive insight in patients with generalized anxiety disorder and obsessive compulsive disorder. The results showed that, the mean of discomfort due to separation, relax in the separation and cognitive insight in patients with obsessive-compulsive disorder more than patients with generalized anxiety disorder ($p < 0/05$). These results are in good agreement with results, Goldwin et al (2001), Adamz et al (2007), Vahedi et al (2014) and Scaini et al (2014). Vahedi et al (2014) reports that, the mean of separation anxiety disorder in patients with obsessive-compulsive disorder more than patients with social anxiety disorder. Goldwin et al (2001), reports that, there is a significant relationship between compulsive disorder and separation anxiety. Scaini et al (2014) in a study showed that people with high scores are from separation anxiety, also had a high level of obsessive-compulsive symptoms. Evidence shows that separation anxiety disorder is not a passing phenomenon for children and if not treated will continue to teens and adult and child creates a lot of problems in the future and these problems include disorders of the OCD (Scaini et al, 2014). In addition, there is this anxiety leads to ritual behaviors in people with the database. The results Mroczkowski et al (2012) showed that the simultaneous occurrence of obsessive-compulsive disorder with separation anxiety, separation anxiety was lower than the rates alone. Because the data is collected

through a questionnaire and like other self-report research results may be making the possibility of abuse.

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