

MEETING ABSTRACT

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Prevalence of trait and state anxiety prior a surgery

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Background

It is well known that an operation is undoubtedly a significant factor of anxiety symptoms development [1]. Aim of the study is to investigate the association between the trait and the state anxiety in patients prior a surgery, as well as the association of these psychological features with the ASA classification of the patient physical status, the age and the gender.

Materials and methods

One hundred and fifty two patients (99 males and 53 females), with ASA I-III and mean age 42.10 ± 16.01 years, who were undergoing an operation included in the study. All participants filled out the Spielberger State-Trait Anxiety Inventory (STAI) [2,3] 12 - 15 hours before the operation. The inventory differentiates the state anxiety from the personality's trait anxiety.

Results

Means of state and trait anxiety were 42.55 ± 11.30 and 38.33 ± 8.01 , respectively, with significant difference (t-test, $p < 0.001$). Furthermore, a strong correlation was observed between state and trait anxiety (Pearson Correlation, $p < 0.001$, $r = 0.61$). Regarding gender, females had significant higher state and trait anxiety scores (t-test, $p < 0.05$). In particular, 25.3% of males had pathological state anxiety scores, whereas the corresponding percentage in females was 45.3% (x2 test, $p < 0.05$). Younger patients (18-29 years old) presented significant higher levels of state and trait anxiety compared with the age groups over 50 years (Anova test, $p < 0.05$). Considering the ASA physical status of the patient, no statistical difference was observed between

stages, as to trait anxiety, although patients with ASA III presented higher scores compared to patients with ASA I and ASA II (Anova test, $p > 0.05$). However, patients with ASA III presented significant higher state anxiety scores compared to patients with ASA I and ASA II (Anova test $p < 0.05$).

Conclusions

Our findings suggest that younger patients, females and patients with ASA III are more vulnerable to anxiety. Therefore, these factors should be taken into account for the preoperative assessment in order to develop supportive psychological interventions.

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