

A critique of one  
journal professional  
artical, topic-  
pyschopharmacology  
and treat...



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## **A critique of one journal/professional article, topic- psychopharmacology and treatment of any mood related disorder, for a psychopharmacology course for marriage and family therapists**

Anxiety Symptoms in Allergic Patients: Identification and Risk Factors”

(Stauder, and Kovacs, 2003). Critical analysis: Trauma related disorders are all too common and evident in patients who have been in trauma for at least once in their lives. Traumatized people display many complicated signs many of which are their body's responses to dysregulated effects. This study aimed at assessing the stress disorders in outpatients who have different kinds of allergic diseases, assessing the potential factors of risk, and checking the validity of self-administered questionnaire.

To achieve this, a total of 646 patients of asthma, rhinoconjunctivitis and “other” allergy were included in the study. Patients ranged in age from 16 years to 65 years. 60 of the 646 patients were interviewed in addition to getting their response on the questionnaire. Spielberger State-Trait Anxiety was used to calculate the anxiety. As per the results of the interviews, an ongoing psychiatric diagnosis without a distinguishment of anxiety from depression was estimated with the STAI-T greater than 52 while the confidence level was 86 per cent. This was employed as a threshold for the unselected sample of allergic outpatients in order to estimate the rate of depressive disorders accompanied with anxiety up to 19 per cent.

46 per cent patients had not ever gone through any kind of psychopharmacological operation. This showed that disorders related with anxiety are often not recognized and accordingly not treated. Common

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factors of risk found in the research were the female gender, problems of sleep, perennial signs, asthma, lack of emotional control, distressing conditions and allergic symptoms producing activities. The research determined a significantly high anxiety rate in patients who keep coming to the allergic clinic.

In the past, many researchers have explored the relationship between allergy, stress and the difficulties of treatment but knowledge regarding the types of stress disorders in outpatients that have had different sorts of allergic diseases has not been explored much. In this way, this research reveals quite useful information regarding the traumatic after effects on the patient suffering from allergy.

However, percentage of respondents from the three categories of rhinoconjunctivitis, asthma, and other allergy was not same which tends to make the response biased towards the experiences of patients suffering from rhinoconjunctivitis and asthma. In the research, there were 59.3 per cent, 13.9 per cent, and 26.8 per cent of the respondents were taken from rhinoconjunctivitis, “other” allergy, and asthma respectively. There should have been equal representation of the three categories in the research.

I totally approve of the researchers’ resolution to make use of the self-administered questionnaires like STAI-T because of its ability to provide the researchers with valid knowledge that is used for identifying the problems of psychiatry more often. The interviews were structured. Structured interviews do not provide the interviewer with room to adjust the questions according to the individualistic capability of the respondent. Thus, there is a lot of subjectivity in the information collected. A better approach could have been

the use of semi-structured interviews, so that the questions could be customized according to the individualistic needs of the respondents.

References:

Stauder, A., and Kovacs, M. (2003). Anxiety Symptoms in Allergic Patients: Identification and Risk Factors. *Psychosomatic Medicine* 65: 816 – 82.

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