471338 - THE INCIDENCE OF PREOPERATIVE ANXIETY IN NEUROSURGICAL PATIENTS UNDERGOING A CRANIOTOMY

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Introduction: Preoperative anxiety is a common occurrence in many patients with different factors contributing to it. Patients with intracranial lesions may have additional preoperative fears due to the nature of their disease and procedure. This anxiety may impact on the anesthetic management of the patient. There is little information on incidence and severity of anxiety in patients scheduled for a craniotomy. The purpose of this study was to assess and compare the incidence and degree of preoperative anxiety between female (F) and male (M) patients undergoing a craniotomy.

Methods: Following IRB approval and written informed consent, 100 patients booked for a craniotomy were interviewed preoperatively in the preoperative anesthesia clinic or on the ward. Each patient was asked to grade their overall preoperative anxiety level on a verbal analog scale from 0 (no anxiety) to 10 (worse anxiety). A modified "Amsterdam Preoperative Anxiety and Information Scale" (APAIS) questionnaire and a set of specific anxiety related questions were conducted to assess the incidence of anxiety to specific factors (Table). (1) The anxiety scores and the responses to the questions were calculated and compared between the genders. Statistical analysis was with T-Test and Chi Square were appropriate and a P value <0.05 was considered significant.

Results: The mean age ($\pm$ SD) for F patients (n=47) was 50 ± 13 and for M (n=53) 50 ± 14 yr. The preoperative diagnosis was (F: M) tumor (28:36), aneurysm (6:8), and other (13:9). Anxiety scores were higher for F (5.8 ± 2.8) vs. M (4.6 ± 2.5) ($p<0.05$). Preoperative anxiety (worry) about anesthesia was present in 48% of all patients and about surgery in 87%. Questionnaire results are in table.

Discussion: In our study preoperative anxiety regarding anesthesia and/or surgery was present in 89% of all patients. A previous study had shown that 60% of patients expressed anxiety prior to general surgical procedures (2). In this previous study (2) as well as in our study, female patients had greater anxiety compared to male. The areas of greatest concern included waiting for surgery and the surgical factors regarding the results of the operation and possible injury. Knowledge of the factors creating anxiety can be beneficial for improving perioperative patient care.

References: (1) Anesth Analg 1996;82:445-51 (2) Br J Anaesth 1967;39:503

Results: Anxiety scores and factors according to gender

APAIS scores ("0"-no anxiety-"6"-worse (mean±SD)	Female (n= 47)	Male (n=53)
Worried about anesthesia	1.9±2.0 *	1.0±1.6
Thinking about anesthesia	1.4±2.0 *	0.6±1.4
Wants information about anesthesia	2.7±2.3	2.3±2.2
Worried about surgery	4.2±1.8 *	3.2±2.0
Thinking about surgery	3.9±2.2	3.2±1.9
Wants information about surgery	4.4±1.7	3.7±2.2
Percentage of patients who answered yes		
Waiting for surgery	77% *	62%
Being at mercy of staff	36% *	17%
Not knowing what is happening	74% *	51%
Discomfort from needles	32% *	15%
Awareness during anesthesia	57%	25%
Not awakening from anesthesia	53% *	28%
Physical / mental harm	80%	77%
Postoperative nausea/vomiting	49%	23%
Postoperative pain	47%	40%
Results of operation	85%	81%

* = P<0.05 from Male