Social anxiety disorder diagnostic and screening tools adapted for the brazilian reality

RESUMO | Objetivo: descrever perante a literatura os instrumentos para diagnóstico e rastreamento do Transtorno de Ansiedade Social (TAS) que sejam adaptados à realidade brasileira. Método: revisão de literatura exploratória e descritiva, realizado através das bases de dados: PubMED, BVS e Scielo. No mês de agosto de 2022 com recorte temporal de 2017 a 2022. Sendo inclusos, documentos que versavam a respeito dos instrumentos para diagnóstico e rastreamento do TAS, adaptados à realidade brasileira. Resultado: ao revisar a literatura foram encontrados 14 documentos dentre as escalas de reconhecimento e rastreamento do TAS com validação e adaptação transcultural para realidade brasileira, foram encontrados quatro: Questionário de Ansiedade social para Adultos; Escala de Ansiedade em Interação Social Reduzida; Escala de Ansiedade Social Reduzida e a Escala de Ansiedade Social de Liebowitz versão auto aplicada.Conclusão:há uma minoria de estudos validados e adaptados aos brasileiros dificultando assim o diagnóstico, tratamento precoce e a avaliação multidisciplinar.
Descritores: Ansiedade; Fobia Social; Transtorno de Ansiedade Social; Transtornos Fóbicos; Questionário de Saúde do Paciente; Saúde Mental.

ABSTRACT | Objective: to describe in the literature the instruments for diagnosis and screening of Social Anxiety Disorder (SAD) that are adapted to the Brazilian reality. Method: exploratory and descriptive literature review, conducted through the databases: PubMED, BVS and Scielo. In August 2022, with a time frame of 2017 to 2022. Included were documents about the instruments for diagnosis and screening of SAD, adapted to the Brazilian reality. Result: After reviewing the literature, 14 documents were found among the SAD recognition and screening scales with validation and cross-cultural adaptation for the Brazilian reality, four were found: Adult Social Anxiety Questionnaire; Reduced Social Interaction Anxiety Scale; Reduced Social Anxiety Scale, and the Liebowitz Social Anxiety Scale, self-applied version. Conclusion: there is a minority of studies validated and adapted to Brazilians thus hindering diagnosis, early treatment and multidisciplinary assessment.
Keywords: Anxiety; Phobia, social; Social Anxiety Disorder; Anxiety Disorders; Phobic Disorders; Patient Health Questionnaire; Mental Health

RESUMEN | Objetivo:describir através de la literatura los instrumentos para el diagnóstico y rastreodelTrastorno de Ansiedad Social (TAS) que se adaptan a la realidade brasileña**.** Método:revisión bibliográfica exploratoria y descriptiva, realizada a través de las bases de datos: PubMED, BVS y Scielo. En agosto de 2022 conunplazo de 2017 a 2022. Se incluyeron documentos sobre los instrumentos de diagnóstico y cribadodelTAS, adaptados ala realidade brasileña. Resultados: al revisar la literatura se encontraron 14 documentos dentro de las escalas de reconocimiento y rastreo de laTASconvalidación y adaptación transcultural a la realidade brasileña, se encontraroncuatro: Questionário de Ansiedade social para Adultos; Escala de Ansiedade em Interação Social Reduzida; Escala de Ansiedade Social Reduzida y la Escala de Ansiedade Social de Liebowitzversión auto aplicada. Conclusión:hay una minoría de estudios validados y adaptados a losbrasileños, lo que dificulta el diagnóstico, el tratamento precoz y laevaluación multidisciplinar**.**
Palabras claves: Ansiedad; Fobia Social; Trastornos de ansiedadsocial;Trastornos Fóbicos; Cuestionario de SaluddelPaciente;Salud mental.

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INTRODUCTION

In general, social anxiety disorder (SAD), also known as Social Phobia (SP), is one of the most prevalent disorders in the world. Still in a sample study carried out in 7 countries including Brazil, it was proven that its prevalence is around 36%. Thus, SAD can be understood as an intrapersonal (internal conflict), interpersonal (relating with close people) and social system disorder (the entire social environment in which the individual is inserted).[1]

In addition, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition V (DSM-V), defines it as a marked and persistent fear of one or more social perspectives in which the person feels exposed to the evaluation of others, in

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which the effects on your life range from avoiding certain social situations as much as possible, facing them with substantial anxiety, present but bearable, in extreme situations, to almost total incapacity. Such perspectives characterize the syndrome. 2

So the fear and anxiety of people with SAD is often based around feelings of shame or humiliation if they feel they cannot meet the expectations of those around them, or are judged by others in their social interactions. 3

Based on this assumption, SAD becomes apparent in interactions and reciprocal communications, making them impaired by biological (physical symptoms), psychological (emotional symptoms) and social (behavioral symptoms) factors. 3

Furthermore, the diagnostic clinic is based on the parameters of the DSM-5. Therefore, patients should feel: high and constant fear for a period greater than or equal to six months; anxiety in one or more social situations in which they feel they are being judged and observed by others, involving a negative evaluation of them. 2

Simultaneously similar and repeated situations cause fear and anxiety to the individual who constantly avoid uncomfortable situations; where fear and anxiety are disproportionate to reality from an external point of view, then this fear and anxiety are reasons for the patient's discomfort and anguish, impairing all his communicative/social and occupational functioning. 2

Thus, a differential, objective and precise diagnosis becomes difficult and complex, since SAD has clinical characteristics that can be easily confused with other psychiatric disorders, such as: Avoidant personality disorder (in social contexts, exhibit social inhibition and negative self-evaluation), Generalized Anxiety Disorder (excessive anxiety in everyday situations), Panic Disorder (recurrent panic attacks, so in SAD the attacks are predominantly in social situations), Post Traumatic Stress Disorder (accumulated anxiety, memories and nightmares). 4

Despite the frequent comorbidity between disorders, differentiating them is important in terms of therapeutic implications. So SAD, for example, is similar to specific phobias, such as: Taijin Kyofusho Syndrome or anthropophobia (fear that physical and behavioral characteristics socially disturb other people), ShyBladder Syndrome (fear of using public restrooms), Agoraphobia (characterized by the fear of not being able to escape from social situations and being attacked by a panic attack). 4

Not far away SAD is often chronic and treatment is of paramount importance. The National Institute for Health and Care Excellence (NICE) Guidelines recommend psychotherapy and pharmacotherapy as first-choice treatments that are based on scientific evidence. 5

Likewise, for psychotherapy, Cognitive Behavioral Therapy (CBT) is efficient for the treatment of SAD, aiming at teaching strategies, so that patients recognize and control their negative thoughts, created in certain anxiety situations, in addition to instructing the practice of exposure therapy (controlled exposure to the situation that causes anxiety). 1

For pharmacotherapy, selective serotonin reuptake inhibitors (SSRIs) and benzodiazepines are prescribed, although benzodiazepines can cause physical dependence, and can also impair reasoning and memory, important points for a positive CBT result. 3

According to sociologist Karl Marx "Man is, in essence, a product of the environment in which he lives, which is constructed from the social relations in which each person finds themselves". 6 Currently, the environment in which we live in its technological rise, the rush of time perception and a sudden departure from all social cycles, are certainly harmful from the point of view of mental health. 7

Therefore, the study is important to equip health professionals to demystify SAD diagnostic and screening instruments that are adapted to the Brazilian reality. Thus, the following question arose: which instruments for diagnosis and screening of SAD are adapted to Brazilian reality? Aiming to describe in the literature the instruments for diagnosis and screening of SAD that are adapted to Brazilian reality.

METHOD

The method adopted for the study consisted of an exploratory and descriptive literature review. The review deals with encouraging the collection of information about a given problem, seeking to identify, select, evaluate and synthesize the causes with the purpose of deepening the knowledge of the proposed theme on top of other studies. 8

● Analysis Unit:

For the elaboration of this research, the following databases were consulted: National Library of Medicine (PubMED), Virtual Health Library (BVS) and Scientific Electronic Library Online (Scielo). The search was carried out using Health Sciences Descriptors (DECS): Social Phobia for VHL and SCIELO. And from Medical Subject Headings (MESH): Social Phobia to PUBMED.

● Data processing procedure:

The search was carried out in August 2022. The inclusion criteria were documents that dealt with instruments for the diagnosis and screening of SAD, which are adapted to Brazilian reality. Still studies in Portuguese and English published between 2017 and 2022. The exclusion criteria were materials that did not address the proposed theme, which were in another pre-selected language, which were not available in full and outside the time frame.

Thus, 24 articles were found in PubMed, 1020 articles in VHL and 74 articles in Scielo. Next, articles that did not meet the inclusion criteria for the proposed time period (308), articles that proved to be unavailable for reading in Portuguese (619), articles that required the purchase of the material privately or presented only

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the text incompletely (148). Promptly, the titles of the proposed materials were read and 43 articles were selected, after which they underwent a refinement where: by reading the abstracts and full text, 29 articles were excluded, totaling 14 articles for the composition of the sample of this research, as explained in (figure 1).

- Ethical aspects

As it is a literature review article, with data available in the aforementioned databases, in the public domain, the need to submit the study to ethical procedures is excluded, being in line with resolution 466/2012 of the National Health Council .

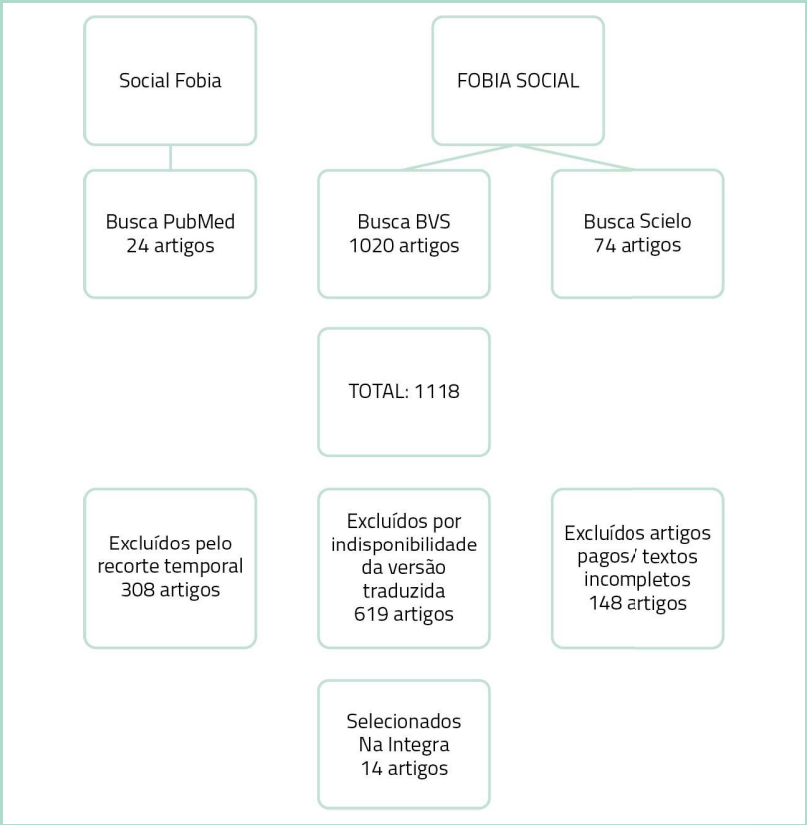
RESULTS

The SAD recognition and tracking scales with cross-cultural validation and adaptation for the Brazilian reality found in the literature search were: Social Anxiety Questionnaire for Adults (SAQ-A) 9; Reduced Social Interaction Anxiety Scale (SIAS-6) 10; Reduced Social Phobia Scale (SPS-6) 10 and the Liebowitz Social Anxiety Scale, self-reported version (LSAR--SR). 11 Furthermore, all were built in countries other than Brazil, they have different formats and only the LSAR-SR has a cutoff point for the Brazilian reality, as described in Table 1.

DISCUSSION

There is a difficulty in understanding SAD in children and adolescents due to their cognitive and neurological training, since they are still in development. Thus, this phase has common characteristics, such as transient shyness, social withdrawal and fear of public criticism that need to be evaluated so that they do not become pathological. However, persistent cases begin in adolescence and re-

Figure 1 – Detailed flowchart of the method applied in the selection of articles.



Source: Authors, 2022.

Table 1 - SAD recognition and tracking scales with cross-cultural validation and adaptation for the Brazilian reality, 2022.

Author(s)	Scales	Country/ Year	Format	Cutoff point (CP)	Cross-Cultural Adaptation
Vicente E. Caballo, et. Al9	SAQ-A (Questionário de Ansiedade Social para Adultos)	Spain/2006	30 items, 5 factors (scored from 1 to 5)	Different cut points	Brazilian Validation (2017), Translation
Mattick RP, Clarke JC10	SIAS-6 (Social Interaction Anxiety Scale)	Australia/1998	6 items	Does not have cut-off points for scales in Brazil	2018, Translation, Expert evaluation, Back translation, Discussion and empirical study. Reduced version

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Mattick RP, Clarke JC10	SPS-6 (Social Phobia Scale)	Australia/1998	6 items	Does not have cut-off points for scales in Brazil	2018, Translation, Expert evaluation, Back translation, Discussion and empirical study. Reduced version
Michael Liebowitz11	LSAR-SR (Liebowitz Social Anxiety Scale, self-reported version)	New York/1987	24 items (Scored from 0 to 3)	Varies according to sample culture, PC >32 for Brazilian sample	Brazilian Validation (2013)

Source: Authors, 2022.

main until adulthood. 12

In addition, social relationships begin and occur mostly at school, in this sense, SAD develops evasive behaviors, transforming the educational environment of childhood and uncomfortable adolescence, thus impairing their academic and social functions with specific symptoms such as: selective mutism (complex childhood anxiety disorder, which is characterized by the difficulty of an individual to communicate verbally in certain social situations) and school refusal (difficulty of the student to remain in the school environment). 12

Thus, psychoeducational measures in the teaching and learning process are necessary until higher education 13-15, in line with an observational study in a university center in Fortaleza-CE, carried out with a sample of 431 medical students from a single institution, presented scores suggestive of SAD in 59.2% of respondents, thus justifying an adequate pedagogical stimulus that aims to reduce symptoms and help students in teaching. 11

Likewise, another study on university nursing students showed that people with SAD develop harmful risks in training and professional practice, since the profession requires direct care for people, coping with situations and communication skills. 16

Thus, the presence of physiological and functional damage in adult life and its effects are imputed in studies about SAD, caused by the manifestation of changes in activities of daily living, associated with a social, occupational and family perspective. Furthermore, in adult life, it can be related to anxiety disorders, as in the case of the elderly, in which its comorbidity is characterized by the presence of neuropsychiatric illnesses. 17

Thus, the diagnosis is always clinical, but for perception, recent studies have used an emotional research tool for social anxiety, eye-tracking, from which the emotional recognition of individuals with SAD can be analyzed. Therefore, the automatic pattern is hypervigilance and ocular avoidant behaviors when exposed to social situations are characteristic of the differential diagnosis. 18

Soon among the SAD recognition and tracking scales with cross-cultural validation and adaptation for the Brazilian reality is the: Cuestionário de Ansiedad Social para Adultos (CASO), built in 2017, it is a questionnaire of Anglo-Saxon origin, with Brazilian semantic validation by psychology professionals. This is considered easy to understand. Thus, the instrument, in its psychometric properties, reached a global reliability score, showing the stability of the questionnaire in high levels of internal consistency, based on the adaptation of the reality of a general sample of Brazilians. 9

The SAQ, in its primary objective, sought to assess the major causes of increased anxiety in the population based on social situations, situations relevant to anxiety that empirically generate items adapted for each dimension of the questionnaire, aiming at adapting the applicability in each field of action, whether clinical or academic, observing cultural, nationality and gender aspects. 9

Among the various existing diagnostic measures for SAD, the SAQ-A is a good option for mental health professionals, given the difficulty of this diagnosis and the growing incidence of social anxiety in today's society. 19

Thus, in the context of biopsychosocial care in primary health care, the SAQ-A as an instrument for identifying the SAD, in its easy-to-use form, application and correction, favors its use on a large scale in the general population, but is also sensitive in identifying diagnoses and clinical samples. In addition to indicating reliable factors in the assessment of SAD in clinical differences between males and females. 19

In this way, the solid and stable structure of the SAQ-A questionnaire, in a 5-factor dimension, is scored: F1) oratory and public discourse, together with interaction with people in authority; F2) talking or interacting with unknown people; F3) generate relationship and interaction with the opposite sex; F4) assertive expression of discontent, anger or discomfort; F5) stand in public observation and be ridiculed. This structure covers the percentage variance of social situations. 9

As for the Social Interaction Anxiety Scale (SIAS-6) and the Social Fobia Scale (SPS-6), they present excellent psychometric indicators for the clinical and academic context. They are good alternatives for replacing instruments and confirming clinical suspicions, as they differ in method and content of screening, but there is a need for further investigations to cover dissimilarities regarding factors related to gender, sexual orientation and ethnic-racial characteristics, in addition to the

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standardization of a cut-off point for the Brazilian reality. 10

With regard to SIAS 6, it is a self-report scale that measures distress when meeting and talking to other people. It is widely used in clinical settings and among social anxiety researchers. Thus the SIAS questions assess clients' fear of interacting in social situations, emotional aspects of anxiety response and do not refer to social apprehension or concern for the opinions of others in a sense. It has 6 items and does not have a cutoff point for the Brazilian reality. 10

There is also the SPS 6, which works together and is associated with the SIAS 6, since both are short, easy-to-apply tracking scales. Proving suitable for large groups such as academic studies. SPS 6 works in its content on the association of fear, mainly with the experience of daily practices. It has 6 items and does not have a cutoff point for the Brazilian reality. 10

Also, the Liebowitz Social Anxiety Scale, self-reported version (LSAR-SR), is one of the first instruments for assessing and supporting the diagnosis of SAD, its validation is highly recommended due to adequate psychometric factors and internal consistency, showing a significant variation in scores in patients with the disorder and people not affected by it. 11

It still objectively seeks to study the situations in which the patient is afraid or presents an avoidant behavior, especially in social performance practices. It also has a questionnaire format, providing a self-administered version of 24 items where each item presents a different situation and a certain social area. Its interpretation is carried out on a rating scale from 0 to 3, with zero representing no anxiety and 3 the highest frequency of avoidance. 11,20

In this way, the best practical application for tracking and diagnosing SAD is done using the LSAR-SR scale, as it has a cut-off score adapted to Brazilian cultural reality, characterizing the psychometric value of the scale. However, the most recent update of these diagnostic support materials is the SIAS-6 and SPS-6 scales in 2018.

> “Apesar da comorbidade frequente entre transtornos, diferenciá-los se faz importante visando as implicações terapêuticas. Logo o TAS por exemplo está em similitude com fobias especificas, tais como: Síndrome TaijinKyofucho ou antropofobia (medo de que características físicas e comportamentais incomodem socialmente outras pessoas), Síndrome ShyBladder(medo de utilizar o banheiro público), Agorafobia (caracteriza-se pelo medo de não conseguir escapar de situações sociais e serem acometidas por um ataque de pânico).”

As a limitation, the study brings the non-use of explicit and systematic criteria for the search and critical analysis of the literature, it does not exhaust the sources of information and does not apply sophisticated and exhaustive search strategies due to the lack of studies on the subject. But it provides a broad discussion and understanding of the factors unlocked by the SAD and demonstrates feasible tools for diagnosis and screening in Brazilian reality.

CONCLUSION

SAD has an extremely negative impact on the performance and quality of life of individuals, in general in the biopsychosocial spheres. Given the above, the study carried out pointed out in the Brazilian reality a minority of validated, adapted and evaluated studies of SAD identification and diagnosis instruments, making early treatment and an objective and multidisciplinary diagnosis difficult.

Among the SAD recognition and tracking scales with cross-cultural validation and adaptation for the Brazilian reality, four were found when reviewing the literature, namely: Social Anxiety Questionnaire for Adults (SAQ-A); Reduced Social Interaction Anxiety Scale (SIAS-6); Reduced Social Anxiety Scale (SPS-6) and Liebowitz Social Anxiety Scale self-reported version (LSAR-SR).

In this way, the best practical application of SAD screening and diagnosis is made using the LSAR-SR scale, as it is the only one to have a cut-off score adapted to the Brazilian cultural reality.

Therefore, it is necessary to encourage and implement new studies on SAD, including discussions on the subject and the promotion of qualified approaches by health professionals, educators and family members, aiming to broaden the perception of the problem in the current and future reality, to assist individuals with all symptom manifestations of this disorder.

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