



Social anxiety disorder among young adults (18 – 22 years): A cross-sectional study using data from the US National Health and Wellness Survey

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Disclosures:

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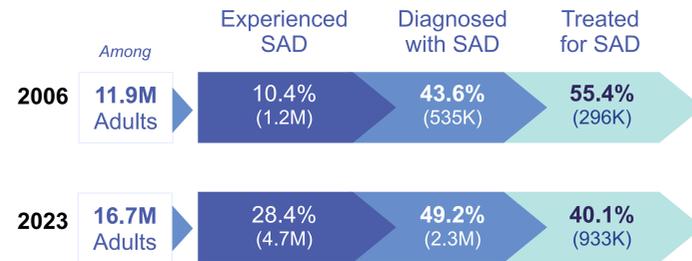
Background/Objective

- The demographics and psychosocial burden among young adults who experience social anxiety disorder (SAD) are not well understood.
- The aim of the study was to examine prevalence trends and explored demographic profiles and patient-reported outcomes among young adults (ages 18–22) who experienced SAD.

Methods

- Data from the 2006 and 2023 US National Health and Wellness Survey, a cross-sectional and nationally representative online survey of adults age of 18-22 were analyzed.
- Participants self-reported experiencing SAD in the past 12 months.
- Included patient-reported outcomes: suicidal ideation as part of the Patient Health Questionnaire (PHQ-9)¹, Work Productivity and Activity Impairment (WPAI)³, including percentages of overall work productivity loss (a combination of absenteeism and presenteeism), and health-related activity impairment.
- Quality of life was measured using RAND-36² mental health composite T score, which was composed of emotional well-being, social function, role limitations due to emotional problems, and energy/fatigue.
- WPAI scale was used to measure overall work productivity (for full-time, part-time, and self-employed) and activity impairment (for all).³ Higher mean % shows greater impairment with a range of 0 to 100.
- Subgroups were compared using t-tests and chi-square tests as appropriate. The general population were uncorrected for other psychiatric comorbidities.
- Results were weighted based on sex, age, race/ethnicity, and education using population estimates from the US Census Bureau.

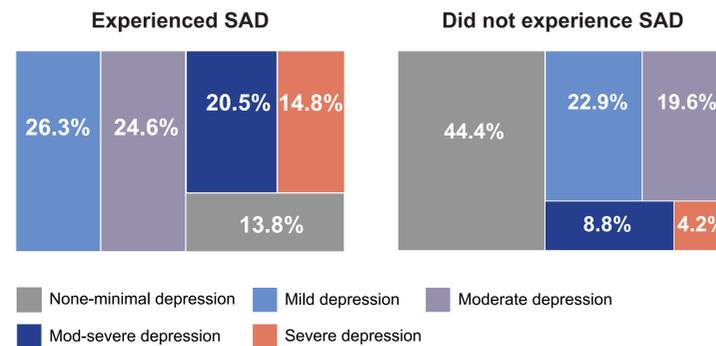
Results



Almost half of young adults who experienced SAD (48.1%) reported having suicidal thoughts **over the past 2 weeks**



More than 85% of the 18-22 age group experiencing SAD also experienced symptoms of mild to severe depression, a more than 2-fold increase compared to those who did not experience SAD using the PHQ-9¹ scale, 35% exhibited symptoms of moderately severe/severe depression vs. 13% who didn't experience SAD.



Obesity and Exercise

40.3%

of young adults who experienced SAD were obese/overweight (vs. 37.8% without SAD). They exercised less (7.5 vs. 9.1 days/month; *p*<0.05).



Alcohol Consumption

18.6%

of young adults who experienced SAD drank alcohol weekly or more (vs. 23.6% without SAD).



Cigarette/Vaping Use

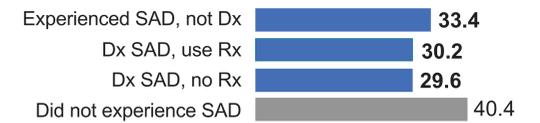
23.7%

of young adults who experienced SAD were current users (vs. 19.7% without SAD).

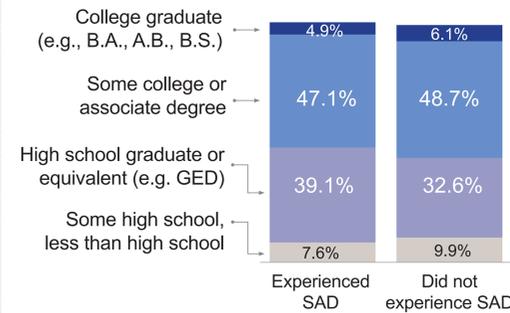
Gender

	Experienced SAD	Did not experience SAD
Female	61.3%	48.2%
Male	29.0%	48.6%
Other	9.3%	2.9%
Declined to answer	0.4%	

RAND-36² mental health score was lower at least by 7.0 points across all SAD cohorts compared to those who did not experience SAD, well above the 3–5 point difference considered clinically meaningful.

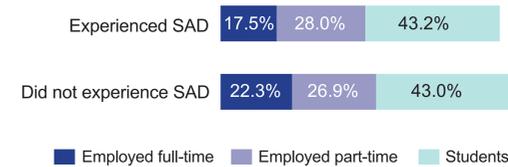


Education level



Other answer options were: "Completed some graduate school, but no degree"; "Completed graduate school (e.g., M.S., M.D., Ph.D.)"; "Decline to answer."

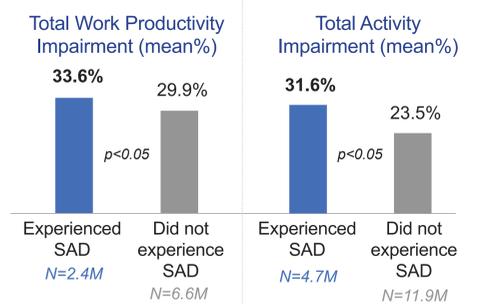
Employment status



Income: A greater proportion of young adults who experienced SAD had less than \$50,000 annual household income than those who did not experience SAD (53.3% vs 43.9%, *p*<0.05).

Experienced SAD 53.3%
Did not experience SAD 43.9%

Productivity: Both groups were equally represented among those employed or students, but young adults who experienced SAD were significantly less productive at work.



Conclusions

- The prevalence of US young adults who experienced SAD increased over time, while the proportion of those treated for SAD has decreased.
- Close to half of US young adults who experienced SAD reported suicidal ideation, higher rates of depression, and worse mental health quality of life than those who did not experience SAD.
- Young adults who experienced SAD reported unhealthy habits at a higher rate (using cigarettes and/or vaping devices, being obese/overweight, exercised less) than those who did not experience SAD.
- Among those experiencing SAD, economic factors were generally worse than those not experiencing SAD: lower rates of full-time employment, significantly higher rates of household incomes lower than \$50,000, and significantly greater impairment in productivity and activity.
- These findings collectively elucidate the importance of diagnosing/treating SAD and providing social support as well as various alternative mechanisms to cope with SAD.

Key Takeaway

- Promoting timely diagnosis and treatment of SAD among young adults is needed to improve various patient reported outcomes including physical and mental health.
- With limited approved treatments for SAD, new treatments are needed.
- In conjunction with treatments, providing young adults with social support and various alternative mechanisms to cope with SAD is imperative.

Sources

- PHQ-9: Kroenke, K., Spitzer, R.L., & Williams, J.B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(6):6-13.
- RAND SF-36: Hays RD, Prince-Embury S, & Chen H. RAND-36 Health Status Inventory. San Antonio, TX: The Psychological Corporation; 1998.
- WPAI: Reilly MC, Zbrozek AS, Dukes EM. The validity and reproducibility of a work productivity and activity impairment instrument. *Pharmacoeconomics* 1993; 4(5):353-65.