High prevalence of indicators of social anxiety in children and adolescents from Maceió, Alagoas, Brazil

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Dear Editors,

The literature points out that the manifestations of social anxiety in childhood can be predictors for its occurrence in later stages of life. A longitudinal study carried out abroad, with the participation of 9,491 children, showed that measures of social and communication difficulties were associated with greater symptoms of social anxiety over all studied ages: at seven, ten and 13 years old [1].

Researches for tracking signs and symptoms of social anxiety at earlier ages, such as in childhood and early adolescence, can contribute to preventing the worsening of the disorder's symptoms. In this sense, the present study carried out an estimate of the prevalence of social anxiety in a convenience sample of students from two public schools in Maceió, Alagoas, Brazil. This was a cross-sectional study, approved by the institution's Ethics Committee (Protocol 2.648.854), being part of a broader project. 186 elementary school students participated, aged between 10 and 13 years old (M = 10.68; SD = 0.89), with 55.4% boys and 44.6% girls. For social anxiety tracking the Social Phobia Inventory (SPIN) [2] was used, applied by a previously trained researcher, in groups with a maximum of six students.

Based on the cutoff point equal to or above twenty in SPIN [2], it was found that more than half of the participants (55.4%) were classified with indicators of social anxiety. This result was considered worrisome, since it was a non-clinical sample, from regular public schools. In the Brazilian literature, three other studies that estimated the prevalence of social anxiety in children and/or adolescents were found. In the studies by D'El Rey, Pacini and Chavira [3], Fernandes and Terra [4] and Magalhães [5], who also used SPIN as a standardized screening tool, the prevalence of symptoms of the disorder was, respectively, 7.8%, 23.1% and 48.8%.

It is noted that the three preceding studies had lower percentages of prevalence. However, there are considerable differences regarding the age range of the samples. The first study involved students aged 10 to 17 years [3], the second study, students aged 10 to 18 years [4] and the third study students aged 15 to 17 years [5]. It is observed, therefore, that the age range of these three studies was extended to older students. It is also possible to justify this difference in prevalence estimates based on the geographic regions where data collection occurred. The three preceding studies were carried out in states in the Southeast and South of Brazil (São Paulo, Rio Grande do Sul and Minas Gerais) while the present research took place in the Northeast (Alagoas).

Because SPIN is considered a screening and symptom quantification scale [6], the high prevalence rates in the present study should be taken with caution. In Brazil, SPIN and its reduced version (Mini-SPIN) have been more frequently used in university populations [6,7], with a scarcity of research that established cutoff points for children and adolescents. The cutoff point used in the present study was set for the adolescent population and it is therefore the most appropriate to be considered. However, differences in sociodemographic and sociocultural variables between Brazilian samples of children and adolescents highlight the need for future psychometric studies to establish specific cutoff points for participants from different contexts. Estimates of appropriate cutoff points for different age groups and country regions can also be important to avoid the trend of underdiagnosis or overdiagnosis of social anxiety in epidemiological studies [8], especially when comparing different populations.

Even considering all the factors discussed, the high rate of social anxiety indicators found in the present study highlights the importance of conducting tracking research in children and adolescents from different Brazilian states, using standardized instruments and involving non-clinical samples. It is understood that the continuity of social anxiety screening studies may contribute to the knowledge about regional prevalence rates and the factors associated with the disorder in each specific social context. Obtaining these data may be relevant for the planning and implementation of interventions for early care of children and adolescents, both in preventive and therapeutic character.

Note: This study presents part of the results of the second author's master's thesis, under the supervision of the first author

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