Conclusions

In this elderly cohort, anemia of chronic disease or multifactorial origin was most common (55%), followed by iron deficiency (20%). Normocytic anemia predominated (53.3%), reflecting the high burden of chronic disease-related anemia.

These findings highlight the need for comprehensive laboratory evaluation to identify underlying causes. Routine screening in geriatric assessments could improve early detection and targeted management, potentially enhancing outcomes and quality of life in this vulnerable population.

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THE EFFECT OF ANXIETY LEVELS ON CARDIAC AND INTESTINAL SYMPTOMS IN STUDENTS

Introduction

Anxiety is becoming increasingly common among university students, especially in complex fields such as healthcare. While emotional stress is well-documented, many students also experience physical symptoms that are often overlooked or misunderstood. Among the most common are heart palpitations and gastrointestinal issues, which reflect the deep connection between emotional and physical states. When a person experiences anxiety, the body's autonomic nervous system responds by releasing stress hormones that prepare the body for perceived threats. This fight-or-flight response can lead to an increased heart rate, commonly referred to as palpitations.

At the same time, the brain communicates with the gut through what researchers call the brain-gut axis a complex network of nerves and chemicals that links emotional centers with digestive function. The gut, sometimes referred to as the "second brain," is highly sensitive to emotional states and can react with discomfort, urgency, or changes in stool consistency.

Although previous studies have linked anxiety to cardiovascular symptoms and gastrointestinal issues separately, few have examined both together in a student population. This gap matters because students experiencing these symptoms may seek medical help unnecessarily, worried that something is physically wrong, when in fact their symptoms may be stress-related.

This study explores how anxiety levels among university students relate to the experience of palpitations and bowel habit changes. By looking at these symptoms together, we hope to offer a clearer understanding of how psychological distress shows up in the body and to support more informed responses from both students and the services designed to help them.

Goal

To assess the impact of anxiety on changes in the cardiovascular system and the intestines in students.

Material and methods of research

This cross-sectional study examined the link between anxiety levels and physical symptoms (heart palpitations and bowel changes) in university students. A total of 79 students completed a structured questionnaire capturing demographics, anxiety levels (via the GAD-7 scale), gastrointestinal symptoms, and cardiovascular symptoms. Data was collected via Google Forms. Statistical analysis was performed with SPSS, using Spearman's rank correlation for ordinal variables and chi-square tests for categorical variables, with significance set at $p<0.05$.

The results of the research and their discussion

Participant Demographics and Baseline Characteristics

A total of 78 university students participated (65.4% female, 34.6% male). The predominant age group was 21–25 years (66.7%), and the majority were enrolled in Medical and Health Sciences (67.9%). Based on GAD-7 scores, 62.8% exhibited clinically significant anxiety symptoms (43.6% mild, 16.7% moderate, 2.6% severe). Physically, 71.6% reported abdominal pain, 67.9% reported stool changes during anxious periods, and 60.3% reported a history of palpitations (26.9% within the past month).

Relationship between Anxiety and Bowel Movements

A substantial 67.9% reported altered bowel habits during anxiety: loose/watery stools (30.8%), alternating consistency (29.5%), and hard/lumpy stools (7.7%). Among those with abdominal discomfort, 39.2% felt better after defecation, while 13.5% felt worse. Spearman's analysis revealed a significant positive correlation between anxiety level and bowel changes ($r=0.209$, $p=0.033$), confirming the brain-gut axis influence.

Relationship between Anxiety and Palpitations

Palpitations were reported by 60.3%, most commonly described as racing heart (53.8%), pounding (33.3%), fluttering (19.2%), or skipped beats (9.0%). Triggers included exam stress (57.7%), sleep deprivation (38.5%), and caffeine (29.5%). Most students (64.1%) believed stress triggered their palpitations. A moderate positive correlation was found between anxiety level and palpitation experience ($r=0.312$, $p=0.003$), and between anxiety and awareness of the stress-palpitation link ($r=0.344$, $p=0.001$). A chi-square test confirmed this association ($\chi^2=38.25$, $p=0.033$).

Interrelationships among Physical Symptoms

Significant intercorrelations were observed: students with bowel changes were also more likely to report palpitations ($r=0.301$, $p=0.004$) and abdominal pain ($r=0.345$, $p=0.001$), indicating that stress responses are systemic rather than organ-specific.

Table 1 – Summary of Key Findings

Finding	Key Result	Statistical Significance
Anxiety prevalence	62.8% of students	Clinically significant symptoms
Bowel changes during anxiety	67.9% of students	Predominant pattern: loose stools
Palpitation prevalence	60.3% of students	Predominant pattern: racing heartbeat
Anxiety and Bowel changes correlation	r=0.209	p=0.033 (significant)
Anxiety and Palpitations correlation	r=0.312	p=0.003
Student awareness of stress and palpitation link	r=0.344 with anxiety level	64.1% agreed

Conclusions

Most students experience intestinal disturbances (67.9%) or heart palpitations (60.3%) during periods of anxiety, and these physical manifestations demonstrate a significant relationship. The results highlight the importance of adopting a holistic approach to students' mental health, which considers both psychological and physiological aspects of stress responses.

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ASSESSMENT OF PATIENT KNOWLEDGE AND ATTITUDE ON HYPERTENSION: ITS IMPACT ON TREATMENT EFFICACY

Introduction

Hypertension (HTN) is one of the most prevailing chronic health conditions worldwide representing a significant negative impact on quality of life in terms of health, social life and psychological status of affected individuals. Data from World Health Organization (WHO) signifies a prevalence of the disease among adults aged 30 to 79 years with majority of population being from developing countries due to presence of a larger population in them. Several studies have estimated that the number of individuals with hypertension would increase by 60% in the future. Moreover, studies also have discovered the contribution of hypertension for occurrence of serious complications like cardiovascular diseases, renal diseases, strokes and other. Although exact etiology is unclear, several risk factors have been identified to be contributory factors for hypertension. These can be either non-modifiable or modifiable. Non-modifiable risk factors such as genetic predisposition, age, family history and modifiable risk factors which can be managed through lifestyle adjustments like diet, physical activity, stress, smoking can be mentioned. Combined consistent adherence to medication and lifestyle modification can result in effective management and control of hypertension. Recent studies indicate failed hypertension treatment due to lack of compliance of patients with the prescribed therapy which may be thought to be a result of various factors like lack of sufficient knowledge about the disease, cultural beliefs, lack of access to medical care, high cost of medications, ignorance of long-term treatment [1–3]. Further, the majority of studies have confirmed that insufficient knowledge about the disease, its associated risks and the available therapeutic options is the major contributory factor for failed hypertension treatment. Patients need to monitor their blood pressure to prevent complications such as myocardial infarction, stroke, and chronic heart failure [4–5].