INTRODUCTION

Anxiety is continuously present in the daily lives of human beings, however this century postmodern society has been considered the anxiety society, due to the overload of deadlines, competitiveness, consumerism and duties; this emotionally charged causes mental disorders, especially anxiety related to the (Kurebayashi, 2017; SANTOS; Siqueira, 2010). Anxiety is marked by particular conditions of nuisances, such as restlessness, tension and apprehension, which tends to worsen and bring consequences to the quality of life in everyday subjects (SCHMIDT, 2011).

Some of the types of anxiety disorders according the Diagnostic and Statistical Manual of Mental Disorders (DSM) are: agoraphobia, panic disorder, social phobia, generalized anxiety disorder, specific phobias, post-traumatic stress disorder and / or obsessive-compulsive disorder (Guimarães et al., 2015). According to the above author, panic disorder refers to unexpected attacks are bouts of fear or intense discomfort, which happen some signs such as heart racing, palpitations, tachycardia and sweating; and agoraphobia has to do with the fear of leaving home or circumstances where assistance is not likely.

The generalized anxiety disorder (GAD) is an anxiety level that involves too much concern accompanied by physical or mental symptoms, causing damage to the daily functioning of the individual; It has social phobia is the fear or anxiety in front the specific situation or object fro the individual; It has social phobia is the fear or anxiety in front the specific situation or object fro the individual; and specific phobia characterized by the presence of enormous fear related to a specific situation or object from a traumatic event in posttraumatic stress disorder (PTSD) and, finally, obsessive-compulsive disorder is qualified by the presence obsessions / compulsions devised from any memory of the mind (GUIMARÃES et al., 2015).

Among anxiety disorders, panic and social anxiety have been described as the most prevalent because both require attention due to the interference of symptoms in different areas of life, such as functional performance, academic and everyday tasks; Thus, the comorbidities, i.e., the combination of at least two conditions in one patient (Baeza-Velasco et al., 2011).

*Corresponding author: Pinto CLF
Independent Faculty of the Northeast, Vitória da Conquista, Bahia, Brazil
The development process of this work was conducted in accordance with Resolution 466/12 and submitted for approval by the Ethics Committee of the Faculty Northeast Independent - FAINOR.

RESULTS AND DISCUSSION

The participants in this study are 72.2% (F = 389) 27.8% women and men (F = 146) with average age of 30.81 years (SD = 7.62). Over the past years there has been discussion of the anxiety related to localized pain in the neck and back; the juxtaposition of anxiety, depression and pain are manifested in chronic pain syndromes such as fibromyalgia, irritable bowel syndrome, back pain, head, back, neck and nerves; psychiatric disorders cooperate both for intensity of pain, and for the increased risk of disability (Baeza-Velasco et al., 2010).

While the studies of Son et al. (2011) the results remained unchanged when the analysis were compared to the genre, in this study we have seen that there is this difference, although not very significant, as the relationship of anxiety with the picture of pain these respondents. As shown in Table 1, the number of women with anxiety (RR = 47%, n = 178) is greater than the number of men (RF = 33.5%, n = 49) with the same syndrome.

**Table 1 Systematic frequency of anxiety and back pain and neck**

<table>
<thead>
<tr>
<th>N</th>
<th>Anxiety No</th>
<th>Anxiety With</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>(n)%</td>
<td>(n)%</td>
</tr>
<tr>
<td>Pain in the neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No pain</td>
<td>49.3% (187)</td>
<td>39.6% (150)</td>
</tr>
<tr>
<td>With pain</td>
<td>50.7% (193)</td>
<td>60.4% (200)</td>
</tr>
<tr>
<td>No pain back pain</td>
<td>3.7% (14)</td>
<td>3.42% (5)</td>
</tr>
<tr>
<td>With pain back pain</td>
<td>9.51% (36)</td>
<td>10.27% (15)</td>
</tr>
<tr>
<td></td>
<td>43.54% (165)</td>
<td></td>
</tr>
</tbody>
</table>

F= frequency (40)% function percentage of answers

The data from study showed higher prevalence of anxiety among women was prompted questions about the influences hormone poorly understood genetic and variations are suggestive factors influencing this result (Garcia-Campayo et al., 2010).

CONCLUSION

This study showed that the relationship of anxiety with pain symptom in the back and neck are manifest in cases of chronic pain. However the data collected in this study were not significant enough to confirm this hypothesis. Regarding gender issues, we have seen that anxiety is more common in women than in men and this is due to hormonal factors. For future studies, it is suggested identify whether there is association of at least two conditions that can associate with anxiety and accurately investigate the cause of these symptoms of pain.

Referências


How to cite this article:

*******