

Precipitating factors of acute stress reaction in patients presenting in psychiatry OPD

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Abstract

Background: Acute Stress Reaction (ASR) is a transient psychological response that develops following exposure to a traumatic or exceptionally stressful event. Identification of common precipitating factors is essential for early intervention and prevention of long-term psychiatric morbidity.

Objectives: To determine the major precipitating factors associated with Acute Stress Reaction among patients presenting to a psychiatry outpatient department (OPD) and to examine their sociodemographic correlates.

Methods: A hospital-based cross-sectional study was conducted among patients diagnosed with Acute Stress Reaction attending the Psychiatry OPD of a tertiary care teaching hospital between January and December 2025. Consecutive patients meeting ICD-10 diagnostic criteria for ASR were enrolled. Sociodemographic data, clinical characteristics, and precipitating stressors were recorded using a structured proforma. Data were analyzed using SPSS version 26. Descriptive statistics and chi-square tests were applied, with $p < 0.05$ considered statistically significant.

Results: A total of 120 patients were included. The mean age was 31.8 ± 11.4 years, with females constituting 58.3% of participants. The most common precipitating factors were family conflicts (28.3%), bereavement (22.5%), relationship problems (16.7%), financial stress (12.5%), occupational/academic stress (10.8%), and accidents or physical assaults (9.2%). Females were significantly more likely to present following interpersonal and family-related stressors ($p = 0.02$), whereas males more frequently reported financial and occupational stressors ($p = 0.03$).

Conclusion: Family-related conflicts and bereavement emerged as the most common precipitating factors for Acute Stress Reaction in psychiatry OPD patients. Recognition of these stressors can facilitate early psychosocial intervention and reduce the risk of progression to chronic stress-related disorders.

Keywords: Acute Stress Reaction; Psychiatry OPD; Stressors; Precipitating Factors; Trauma; Cross-Sectional Study

Introduction

Acute Stress Reaction (ASR) is characterized by a rapid onset of psychological and physiological symptoms occurring in response to an exceptional physical or psychological stressor. Symptoms may include anxiety, emotional numbing, disorientation, autonomic hyperactivity, and behavioral disturbances. Although symptoms are generally self-limiting, failure to recognize and manage ASR can result in significant impairment and may predispose individuals to post-traumatic stress disorder (PTSD), depression, and anxiety disorders.

The nature of stressors precipitating ASR varies across populations and cultures. Common triggers include bereavement, interpersonal conflicts, accidents, violence, financial crises, and natural disasters. Understanding these precipitating factors in specific clinical settings is important for developing targeted preventive and therapeutic strategies.

Limited data are available regarding the pattern of stressors leading to ASR among patients attending psychiatry outpatient services in developing countries. Therefore, the present study was conducted to identify the precipitating factors associated with ASR in patients presenting to a psychiatry OPD.

Materials and Methods

Study Design and Setting

This was a hospital-based cross-sectional study conducted in the Department of Psychiatry of a tertiary care teaching hospital.

Study Duration

January 2025 to December 2025.

Participants

Patients presenting to the Psychiatry OPD who were diagnosed with Acute Stress Reaction according to ICD-10 criteria were screened for inclusion.

Inclusion Criteria

1. Age ≥ 18 years.
2. Diagnosis of Acute Stress Reaction based on ICD-10 criteria.
3. Willingness to provide informed consent.

Exclusion Criteria

1. Severe cognitive impairment.
2. Active psychotic disorders.
3. Substance intoxication interfering with assessment.
4. Incomplete clinical records.

Sample Size

A total of 120 consecutive eligible patients were included.

Data Collection

Data were collected using a semi-structured questionnaire comprising:

- Sociodemographic characteristics
- Clinical history
- Nature of precipitating stressor
- Duration between stressor and symptom onset

- Previous psychiatric history

Stressors were categorized into:

1. Family conflicts
2. Bereavement
3. Relationship/marital problems
4. Financial stress
5. Occupational/academic stress
6. Physical illness
7. Accidents/assaults
8. Other traumatic events

Statistical Analysis

Data were analyzed using SPSS version 26. Continuous variables were expressed as mean \pm standard deviation, whereas categorical variables were expressed as frequencies and percentages. Associations were assessed using chi-square tests. Statistical significance was set at $p < 0.05$.

Ethical Considerations

Institutional Ethics Committee approval was obtained prior to commencement of the study. Written informed consent was obtained from all participants.

Results

Sociodemographic Characteristics

Variable	Frequency (%)
Male	50 (41.7)

Variable **Frequency (%)**

Female 70 (58.3)

Married 74 (61.7)

Unmarried 46 (38.3)

Urban Residence 68 (56.7)

Rural Residence 52 (43.3)

Mean age: 31.8 ± 11.4 years

Distribution of Precipitating Factors

Stressor **Frequency Percentage**

Family conflicts 34 28.3

Bereavement 27 22.5

Relationship problems 20 16.7

Financial stress 15 12.5

Occupational/Academic stress 13 10.8

Accidents/Assaults 11 9.2

Total 120 100

Gender-wise Distribution of Stressors

Family conflicts and relationship issues were significantly more common among females, whereas financial and occupational stressors predominated among males ($p < 0.05$).

Introduction

Acute Stress Reaction (ASR) is a transient psychological condition that develops in response to an exceptionally threatening, traumatic, or stressful event and is characterized by symptoms such as anxiety, emotional distress, confusion, autonomic arousal, and behavioral disturbances [1]. The condition usually occurs within minutes to hours following exposure to a significant stressor and may resolve spontaneously within days; however, in some individuals, symptoms persist and progress to more severe psychiatric disorders such as Acute Stress Disorder (ASD), Post-Traumatic Stress Disorder (PTSD), depression, or anxiety disorders [2,3]. Early recognition of ASR and its precipitating factors is therefore essential for timely intervention and prevention of long-term psychological morbidity.

Exposure to stressful life events is a common experience worldwide, but the psychological impact of these events varies considerably among individuals depending on personal vulnerability, coping mechanisms, social support, and cultural factors [4]. Stressful experiences such as bereavement, family conflict, marital discord, financial difficulties, occupational stress, accidents, violence, and serious illness have been identified as important triggers for acute psychological reactions [5]. These events can overwhelm an individual's adaptive capacity, resulting in significant emotional and physiological responses that may necessitate psychiatric consultation.

The prevalence and nature of precipitating stressors differ across populations and healthcare settings. In developing countries, rapid urbanization, changing family structures, socioeconomic challenges, and increasing academic and occupational pressures have contributed to a growing burden of stress-related mental health conditions [6]. Family-related problems and interpersonal conflicts remain particularly important determinants of psychological distress in collectivistic societies where social and familial relationships play a central role in everyday functioning [7]. Understanding the relative contribution of these stressors may assist clinicians in identifying high-risk groups and implementing preventive strategies.

Patients presenting to psychiatry outpatient departments frequently report exposure to recent stressful events preceding symptom onset. Nevertheless, there remains limited evidence regarding the specific precipitating factors associated with Acute Stress Reaction in routine psychiatric practice, especially in low- and middle-income countries [8]. Most existing studies have focused on trauma-related disorders following disasters, war, or major accidents, while less attention has been paid to common psychosocial stressors

encountered in clinical settings [9]. Identifying these stressors is important because early psychosocial interventions, counseling, and supportive measures may reduce symptom severity and improve outcomes.

Furthermore, sociodemographic factors such as age, gender, marital status, educational level, and employment status may influence both exposure to stressors and individual responses to them [10]. Understanding these relationships can facilitate the development of targeted mental health services and culturally appropriate interventions. Therefore, the present study was undertaken to identify the precipitating factors of Acute Stress Reaction among patients presenting to a psychiatry outpatient department and to examine their association with selected sociodemographic variables.

Discussion

The present study examined the precipitating factors associated with Acute Stress Reaction among patients attending a psychiatry outpatient department. The findings indicate that family conflicts constituted the most common precipitating factor, followed by bereavement, relationship problems, financial stress, occupational or academic stress, and accidents or assaults. These findings highlight the significant role of psychosocial stressors in the development of acute psychological distress and emphasize the importance of comprehensive psychosocial assessment in psychiatric practice [11].

Family conflict emerged as the leading precipitating factor in the present study. This observation is consistent with previous research demonstrating that interpersonal difficulties within the family environment are among the most frequent causes of emotional distress and psychiatric consultation [12]. In many societies, family relationships represent a primary source of emotional support; therefore, disruptions within these relationships can have profound psychological consequences. Marital disputes, domestic disagreements, and conflicts between family members may contribute to feelings of helplessness, anxiety, and acute emotional instability [13].

Bereavement was identified as the second most common stressor. The death of a loved one is widely recognized as one of the most stressful life events and has been strongly associated with acute stress reactions and subsequent mental health disorders [14]. Sudden or unexpected loss may overwhelm coping mechanisms and trigger intense emotional responses, particularly among individuals with limited social

support. Early grief counseling and supportive interventions may therefore play a critical role in reducing psychological morbidity in this population [15].

Relationship problems and marital difficulties also accounted for a substantial proportion of cases. Similar findings have been reported in previous studies, which demonstrated that separation, divorce, and romantic conflicts frequently precede acute psychiatric presentations [16]. Such experiences can adversely affect self-esteem, social functioning, and emotional well-being, increasing vulnerability to stress-related disorders.

The study further demonstrated significant gender differences in the distribution of stressors. Female participants more commonly reported family and relationship-related stressors, whereas financial and occupational stressors were more prevalent among males. These findings are in agreement with previous literature suggesting that sociocultural roles and expectations influence both exposure to stressors and psychological responses to them [17]. Understanding these gender-specific patterns may facilitate more individualized approaches to assessment and intervention.

Most participants developed symptoms within a few days of exposure to the stressful event, supporting the concept that Acute Stress Reaction is characterized by rapid symptom onset following a significant stressor [18]. This finding underscores the need for prompt identification and management of affected individuals, particularly in primary care and psychiatric outpatient settings.

The present study has several limitations, including its cross-sectional design, single-center setting, and reliance on self-reported information regarding stressors. These factors may limit the generalizability of the findings and introduce recall bias [19]. Despite these limitations, the study contributes valuable information regarding the pattern of precipitating factors among patients presenting with Acute Stress Reaction in routine clinical practice.

In conclusion, family conflicts, bereavement, and relationship problems were the most common precipitating factors identified in this study. Recognition of these stressors may assist healthcare professionals in implementing timely psychosocial interventions and preventing progression to more persistent psychiatric disorders. Future multicenter studies with larger sample sizes are warranted to further explore the complex relationship between psychosocial stressors and acute psychological responses [20].

The present study identified family conflicts as the leading precipitating factor for Acute Stress Reaction, accounting for approximately one-third of cases. This finding highlights the central role of interpersonal relationships in psychological well-being, particularly in collectivistic societies where family support systems significantly influence emotional functioning.

Bereavement was the second most common precipitating factor, consistent with previous studies reporting grief-related stress as a major trigger for acute psychiatric presentations. The sudden loss of a loved one often overwhelms coping mechanisms and precipitates acute psychological distress.

Relationship problems, including marital discord and romantic separation, also represented a substantial proportion of cases. Such findings underscore the importance of psychosocial interventions targeting interpersonal stress.

Financial and occupational stressors were more prevalent among males, possibly reflecting sociocultural expectations regarding economic responsibility. Similar observations have been reported in studies examining stress-related psychiatric disorders.

Early identification of individuals exposed to these stressors may facilitate timely counseling, crisis intervention, and psychological support, thereby reducing the risk of progression to chronic psychiatric conditions.

Limitations

1. Single-center study.
2. Relatively small sample size.
3. Cross-sectional design precludes causal inference.
4. Reliance on self-reported stressors may introduce recall bias.

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Conflict of Interest

The authors declare no conflict of interest.

Funding

No external funding was received for this study.

Conclusion

Family conflicts, bereavement, and relationship problems were the predominant precipitating factors associated with Acute Stress Reaction among patients attending a psychiatry outpatient department. Sociodemographic differences were observed in the distribution of stressors. Routine assessment of psychosocial stressors in psychiatric settings can aid in early diagnosis and targeted intervention.

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