



Quality of life impairment in generalized anxiety disorder, social phobia, and panic disorder

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ARTICLE INFO

Article history:

Received 2 February 2009

Received in revised form 6 July 2009

Accepted 6 July 2009

Keywords:

Anxiety
Generalized anxiety disorder
Social phobia
Panic disorder
Quality of life
Depression

ABSTRACT

Interest in the assessment of quality of life in the anxiety disorders is growing. The present study examined quality of life impairments in individuals with generalized anxiety disorder (GAD), social phobia, and panic disorder. Results showed that individuals with these disorders reported less satisfaction with their quality of life than non-anxious adults in the community. However, the degree of quality of life impairment is similar across these three disorders. Additionally, comorbid depression, but not anxiety, was found to negatively impact quality of life in these individuals. Finally, diagnostic symptom severity was not found to influence quality of life, indicating that subjective measures of quality of life offer unique information on the effects of anxiety disorders.

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1. Quality of life in anxiety disorders

Recently there has been a growing interest in the research literature to assess quality of life impairment in many psychological disorders. Attention is shifting away from a sole focus on symptom severity to include the broader impact of psychological disorders on individuals' lives, especially individuals' perceptions of their quality of life (Katschnig, 1997). The importance of including quality of life assessments in evaluations of both the influence of psychological disorders and their treatment is widely recognized (Bourland et al., 2000; Frisch, 1994; Katschnig, 1997; National Institute of Mental Health, 1998).

Disagreement exists as to the operational definition of quality of life (Bourland et al., 2000; Gill & Feinstein, 1994), with some researchers choosing to assess quality of life in relation to functional impairment (Lochner et al., 2003) and others measuring individuals' subjective perception of their lives (Eng, Coles, Heimberg, & Safren, 2005). However, the general consensus is that the focus should be on the subjective experience of quality of life rather than objective factors, since objective factors do not capture the importance an individual places on various life domains (Frisch, 1994; Mendlowicz & Stein, 2000). Measuring quality of life in terms of functional impairment provides little more than a health status rating (Gill & Feinstein, 1994). Quality of life is set apart from other indicators of mental health precisely because it takes into account an individual's

perception of their own well being, rather than solely relying on an objective assessment. Subjective measures of quality of life offer a rich alternative to traditional mental health assessments by allowing individuals to express their own insights and values regarding their lives.

Research addressing impairment of quality of life in the anxiety disorders has been slower to progress than assessments of quality of life in other disorders (Mogotsi, Kaminer, & Stein, 2000); however, interest in this area is progressing. Panic disorder has been shown to be related to impairments in both physical and social arenas (Simon et al., 2002), including areas such as work and social functioning, home responsibilities (Telch, Schmidt, Jaimez, Jacquin, & Harrington, 1995), and "vision in terms of ability to do work/hobbies" (Rapaport, Clary, Faysad, & Endicott, 2005). Safren, Heimberg, Brown, and Holle (1997) found that individuals with social phobia reported poorer quality of life than a normative control group, and that quality of life was negatively correlated with functional impairment and depression. Norberg, Calamari, et al. (2008) and Norberg, Diefenbach, et al. (2008) reported low quality of life among patients with obsessive-compulsive disorder (OCD), particularly in the areas of self-esteem and work. Similarly, posttraumatic stress disorder (PTSD) has been linked to poor quality of life, with social relationships and self-esteem being especially affected (Lunney & Schnurr, 2007). Generalized anxiety disorder (GAD) has also been associated with diminished quality of life (Bourland et al., 2000), with substantial impairment in work and social roles (Henning, Turk, Mennin, Fresco, & Heimberg, 2007).

While quality of life impairment is evident in each of the individual anxiety disorders, there is very little research focused on

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comparing quality of life impairments among the major anxiety disorders. A recent meta-analysis (Olatunji, Cisler, & Tolin, 2007) endeavored to compile the current research and quantify the differences in quality of life between the major anxiety disorders. While the authors found that there were no significant differences in overall quality of life impairment, patients with PTSD, GAD, panic disorder, and mixed anxiety diagnoses reported particularly low quality of life in the mental health domain. Conversely, patients with social phobia were not significantly impaired in the areas of work and physical health. Due to the nature of meta-analysis, however; this study included both functional and subjective measures of quality of life, making comparisons across studies problematic as these two constructs are meaningfully dissimilar.

Though the information gained through meta-analysis can be illuminating, it is also important to look at the results of individual studies. Lochner et al. (2003) conducted a study comparing quality of life in OCD, social phobia, and panic disorder and found a similar degree of overall impairment across groups, with differences emerging in several domains. The OCD sample had poorer quality of life in the areas of family and activities of daily living, while the social phobia sample was more impaired in social and leisure areas. Patients with panic disorder reported impairment in leisure activities and difficulty refraining from the use of nonprescribed medications. Although this study used the same quality of life measures for all participants, the measures assessed functional impairment and not subjective perception of quality of life. As stated previously, a sole focus on functioning may omit pertinent information regarding the domains valued by each individual.

Rapaport et al. (2005) assessed subjective quality of life in individuals with a variety of anxiety and depressive disorders and found all were associated with poorer quality of life than the normative community sample. Patients with OCD, social phobia, and panic disorder reported substantial impairment in the areas of social and family relationships, leisure, and ability to function, and were less impaired in the areas of physical health, work, sex, and ability to get around. Curiously though, the authors did not statistically analyze these differences and instead reported mean quality of life scores and percentages of individuals with quality of life impairment in each group. While these are important descriptions of the samples, statistical analysis is necessary to determine whether the group differences are significant.

Additional areas of interest in the study of quality of life impairment in the anxiety disorders are the roles of symptom severity and comorbidity in quality of life impairment. Several studies have shown that comorbid depression is related to poorer quality of life in individuals with GAD (Bourland et al., 2000), OCD, social phobia, and panic disorder (Lochner et al., 2003), and recently Norberg, Calamari, et al. (2008) and Norberg, Diefenbach, et al. (2008) found that comorbid anxiety did not significantly impact quality of life in patients with a primary anxiety disorder. To date, results for the relationship between symptom severity of the primary anxiety diagnosis and quality of life are mixed with some studies showing an inverse relationship (Lochner et al., 2003; Rapaport et al., 2005) and others reporting no relationship (Bourland et al., 2000).

Although interest in the impact of anxiety disorders on quality of life is growing, many questions remained unanswered. While existence of quality of life impairment in the anxiety disorders has been established, the relative degree of impairment across the anxiety disorders is still in question. Also undetermined are the roles of symptom severity and comorbid diagnoses in relation to quality of life impairment in the anxiety disorders. More research is needed to elucidate these issues. The aims of the current study are three-fold: First, this study examines degree of overall and domain-specific quality of life impairment in individuals with panic disorder, social phobia, and GAD using a subjective measure

of quality of life. It is hypothesized that the current sample will report greater quality of life impairment than a published non-psychiatric sample, and that the impairment will be similar to other samples of individuals with anxiety disorders. Neither overall nor domain-specific quality of life impairment in this sample is expected to differ across diagnoses. Second, the authors examine the relationship between symptom severity and quality of life impairment. Symptom severity is not expected to affect quality of life impairment across diagnoses. Finally, impact of comorbid anxiety and depression on quality of life is assessed. Based on the findings of previous studies (Bourland et al., 2000; Lochner et al., 2003) comorbid depression is expected to negatively impact quality of life while comorbid anxiety is not expected to significantly affect quality of life (Norberg, Calamari, et al., 2008; Norberg, Diefenbach, et al., 2008).

2. Method

2.1. Participants

The sample consisted of 67 individuals presenting for treatment at the University of Houston Anxiety Disorder Clinic. All participants were given a primary diagnosis of GAD ($N = 17$), panic disorder with or without agoraphobia ($N = 23$), or social phobia ($N = 27$). The majority of the sample (65%) had comorbid anxiety (51%) or depression (33%).

Exclusion criteria were: (a) presence of dementia or another neurocognitive condition, (b) acute suicidality and (c) serious substance abuse. Four of the 67 participants were diagnosed with a comorbid substance abuse disorder, but were not excluded from the study as the severity of the substance abuse was in the low to moderate range. Recruitment for the study occurred via advertisements in local newspapers, referrals from health and mental health professions, as well as public service radio announcements.

The sample was composed of 25 men and 42 women between the ages of 16 and 58 ($M = 33.83$, $SD = 10.02$) and was moderately racially diverse (61.2% Caucasian, 13.4% Hispanic, 4.5% Asian American, 3.0% African American, 4.5% Other or Mixed, 1.5% Native American, and 11.9% unreported). Most participants were either single (41.8%) or married (41.8%), and were fairly well educated (35.6% some undergraduate, 35.6% Bachelors degree or equivalent, 6.0% some professional/graduate school, 10.4% graduate/professional degree). On average, participants reported consuming 2 drinks of alcohol per week.

2.2. Measures

All participants received a semi-structured interview, the Anxiety Disorders Interview Schedule for DSM-IV (ADIS-IV; Brown, Di Nardo, & Barlow, 1994) including the Clinician Severity Ratings (CSR) for each diagnosis. As part of a larger self-report assessment battery, participants also completed one self-report measure, the Quality of Life Inventory (QOLI; Frisch, 1994).

2.2.1. Anxiety Disorders Interview Schedule for DSM-IV

The Anxiety Disorders Interview Schedule for DSM-IV (ADIS-IV; Brown et al., 1994) is a semi-structured diagnostic interview designed to assess the presence of anxiety disorders and to aid in differential diagnosis of the anxiety disorders according to DSM-IV criteria. The ADIS-IV also assesses current mood disorders, somatoform disorders, and substance abuse/dependence, and provides a screen for conversion and psychotic symptoms. In the current study advanced doctoral students served as the ADIS-IV interviewers after undergoing training supervised by the second author. They first observed an interview conducted by an experienced ADIS-IV interviewer and generated diagnoses and

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