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Distinguishing generalized anxiety disorder, panic disorder, and mixed anxiety states in older treatment-seeking adults

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Abstract

Eighty treatment-seeking adults age 60 or over with panic disorder, generalized anxiety disorder, and mixed anxiety states (generalized anxiety with panic attacks, panic disorder with secondary generalized anxiety) completed a clinical assessment and battery of self report measures. Several hypotheses were tested from the domains of distinguishing symptoms, associated features, and rates of comorbidity with other disorders. Greater between- than within-group variance was found on a subset of measures suggesting that the distinction between GAD and PD is generally valid in the older adult population. Higher scores on measures of sympathetic arousal, agoraphobic avoidance, and rates of comorbid somatization disorder and alcohol dependence distinguished those with PD from those with GAD. Higher scores on measures of depression and hostility, but not trait anxiety or worry, distinguished the GAD group. Results indicate that distinguishing features of GAD and PD in older treatment-seeking adults may be fewer and slightly different from those of younger adults.

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1. Introduction

Despite the ongoing refinement of diagnostic criteria in DSM-III-R (American Psychiatric Association: APA, 1987) and DSM-IV (APA, 1994), disagreement persists on the diagnostic validity of generalized anxiety disorder (GAD) and panic disorder (PD) (e.g., Rickels & Rynn, 2001). Some have argued that GAD is better conceptualized as a mild, prodromal, or residual state of PD, based on the frequent co-occurrence and clinical similarity of the two disorders (e.g., Breier, Charney, & Heninger, 1986; Garvey, Cook, & Noyes, 1988; Garvey, Noyes, Woodman, & Laukes, 1993; Katon, Vitaliano, Anderson, Jones, & Russo, 1987; Noyes, 1988; Sheehan, 1986; Shores et al., 1992). Others assert distinct categorical differences based on the presence of hallmark symptoms and associated features (e.g., Anderson, Noyes, & Crowe, 1984; Hoehn-Saric & MacLeod, 1985, 1990; Ladouceur et al., 1999; Nisita et al., 1990; Rapee, 1985; Weissman, 1990).

Distinguishing between GAD and PD may be even more difficult in geriatric samples, given the increased frequency and severity of nonspecific symptoms (e.g., negative affect, fatigue) and the relative decrease of the more unique aspects of anxiety disorders such as panic attacks (Alexopoulos, 1991) and other symptoms of sympathetic nervous system arousal (McNeilly & Anderson, 1997; Whitbourne, 1985). If emotion states of older adults involve consistently decreased autonomic arousal and bodily activity (Lawton, 2001) then the typical symptoms or syndromes differentiating GAD from PD in younger adults may not be applicable in later life. On the other hand, those older individuals who are higher-functioning and seeking treatment may actually be more similar to middle-aged adults than to lower-functioning groups or the ‘oldest old.’ It is also possible that although symptoms themselves may be less intense in older samples, overall patterns of distinguishing features may be similar to those found among younger adults.

The goal of this investigation was to compare pure and mixed anxiety states in a relatively high-functioning sample of older treatment-seeking adults. This study also sought to replicate and extend prior investigations examining distinguishing features and symptoms of GAD and PD. Three different comparisons were made. First, a simple two-group comparison between those with principal GAD ($n = 55$) and principal PD ($n = 25$), regardless of comorbid conditions, was performed. Additionally, a four-group comparison with pure GAD ($n = 36$) or pure PD ($n = 14$) versus groups with overlapping symptoms of GAD and PD; GAD/PA ($n = 19$) met criteria for principal GAD with occasional panic attacks but not full blown PD; PD/GAD ($n = 11$) met criteria for principal PD with secondary GAD. Lastly, two two-group comparisons based on the presence or absence of GAD and panic were performed—PD (‘GAD Absent’) versus GAD, GAD/PA, and PD/GAD (‘GAD Present’); GAD (‘Panic Absent’) versus GAD/PA, PD/GAD, and PD (‘Panic Present’).

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