Evaluating the role of panic disorder in emotional sensitivity processes involved with smoking

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Abstract

The present study investigated the relationship between panic disorder and emotional sensitivity processes related to smoking. Participants were 170 young adult (mean age = 25.2 [8.4]) regular smokers (mean cigarettes per day = 15.6 [2.4]) with (n = 69) and without (n = 101) a primary diagnosis of panic disorder. Consistent with prediction, smokers with panic disorder showed greater motivation to smoke in order to reduce negative affect (but not other reasons for smoking), reported anxiety symptoms but not non-anxiety symptoms as problematic obstacles to quitting during past (lifetime) quit attempts, and reported lower levels of confidence in remaining abstinent when emotionally distressed. Results are discussed in relation to panic-relevant emotional sensitivity processes involved with smoking.

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1. Introduction

A positive association between cigarette smoking and a history of panic attacks and panic disorder is well-established (Amering et al., 1999; Hughes, Hatsukami, Mitchell, & Dalgren, 1986; Pohl, Yeragani, Balon, Lycaki, & McBride, 1992). Epidemiological studies, for instance, report that approximately 42–48% of individuals with panic disorder are current smokers and approximately 60–65% have a lifetime history of smoking (Breslau, Kilbey, & Andreski, 1991; Lasser et al., 2000). These rates are greater than those reported for both individuals with no psychiatric illness and individuals with certain types of anxiety disorders (e.g., specific phobia, social phobia, obsessive–compulsive disorder; Bejerot, & Humble, 1999; Lasser et al., 2000; McCabe et al., 2004). Although cigarette smoking is associated with an increased risk of panic-related problems (Breslau & Klein, 1999; Goodwin & Hamilton, 2002; Isensee, Wittchen, Stein, Hoffler, & Lied, 2003; Johnson et al., 2000; Zvolensky, Kotov, Antipova, & Schmidt, 2003; Zvolensky, Schmidt, & McCreaary, 2003), there has been little scientific attention directed at better understanding the extent to which panic vulnerability factors may relate to emotional sensitivity processes involved with smoking.

Zvolensky, Schmidt, and Stewart (2003) proposed a model of smoking and panic disorder to help understand the high co-occurrence and interplay between such problems. This model suggests that panic disorder may be related to a number of theoretically and clinically relevant emotional sensitivity processes associated with smoking. This conceptualization is based, in part, on the large empirical literature that documents persons with panic disorder are fearful of anxiety-related symptoms and bodily sensations (Taylor, Koch, & McNally, 1992), react with anxiety and fear when confronted with personally relevant interoceptive cues (Barlow, 2002, pp. 139–179), and cope with anxiety-related states by trying to escape or avoid them (Feldner, Zvolensky, & Leen-Feldner, 2004). These affective characteristics may undergrid an association with emotional sensitivity processes involved with smoking, including (1) specific types of motivation to smoke and (2) biases to report affective problems when abstaining from smoking (e.g., reporting more negative emotional symptoms as obstacles to quitting, reporting less confidence in remaining abstinent when emotionally distressed).

In regard to smoking motivational processes, there is a large empirical literature that documents smokers attribute their smoking, at least in part, to it mood-regulating functions and believe that smoking will reduce negative affect states (Parrott, 1999; Revel, Warburton, & Wesnes, 1985). Due to their affective vulnerability, smokers with panic disorder may be a subgroup of individuals that is highly motivated to smoke to temporarily escape from negative emotional distress elicited by acute nicotine withdrawal or non-withdrawal states (e.g., anticipatory anxiety). In particular, as persons with panic disorder generally believe negative affect-related cues (e.g., restlessness, bodily agitation, anxiety)
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