Clinical Features in Panic Disorder with Agoraphobia: A Comparison of Men and Women

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Abstract—This study compared 96 women and 58 men suffering from panic disorder with agoraphobia. Participants completed questionnaires assessing various clinical features associated with panic disorder with agoraphobia (PDA), general adjustment, and drug/alcohol use. Results showed that PDA is a more severe condition in women. Women reported more severe agoraphobic avoidance when facing situations or places alone, more catastrophic thoughts, more body sensations, and higher scores on the Fear Survey Schedule. Also, women more often had a comorbid social phobia or posttraumatic stress disorder. The lower agoraphobic avoidance of men was associated with their alcohol use. However, there were no differences between genders in other dimensions, including depression, situational and trait anxiety, stressful life events, social self-esteem, marital adjustment, and drug use. © 1998 Elsevier Science Ltd

The essential features of panic disorder with agoraphobia are unpredictable and recurrent panic attacks, associated with anxiety about being in places or situations from which escape might be difficult or in which help may not be available in the face of a panic attack (American Psychiatric Association, 1994). Panic disorder with agoraphobia (PDA) is one of the most disturbing

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mental disorders because it is associated with a partial or a complete inability to go into public places and, in extreme cases, to leave the house. Also, PDA patients often have comorbid disorders, including other anxiety disorders, depression, substance-related disorder, or personality troubles (Marshall, 1996).

Epidemiological studies in various countries have shown that 2% of the general population will develop a panic disorder at one moment in their life, while 5% will suffer from agoraphobia (e.g., Wittchen & Essau, 1993). These studies also have revealed that agoraphobia is mainly a female syndrome. The lifetime prevalence of agoraphobia ranges from 1.8 to 23.3% in women and from 3 to 5.2% in men (e.g., Bourdon, Boyd, Rae, Burns, Thompson, & Locke, 1988; Hwu, Yeh, & Chang, 1989; Lee et al., 1990). This indicates that women represent approximately 75% of the agoraphobic population (Bourdon et al., 1988). These studies also revealed some gender differences in the symptomatology of PDA. For example, in the Epidemiological Community Area Survey (Bourdon et al., 1988), PDA women reported, as compared to men, being more afraid of leaving home alone or of staying home alone. Moreover, Dick, Bland, and Newman (1994) found that agoraphobic women reported significantly more body sensations than men.

These results suggest that PDA is not only more prevalent in women, but also more severe when present. This suggestion needs to be explored further, because it could have important clinical implications. Also, by studying gender differences in PDA, we should better understand the variables that are associated with development or maintenance of the disorder. To date, however, very few studies have compared men and women with PDA, which is surprising, considering the number of studies published in this field during the past several years.

In the first study addressing gender issues in PDA, Hafner (1981) compared 20 women and 20 men with this disorder on the Fear Survey Schedule (FSS; Wolpe & Lang, 1964). His results showed that women had higher scores of social anxiety. An analysis of the FSS items also revealed that women were more afraid of walking alone in the street and of crowded stores, whereas men were more afraid of having a heart attack or of physical illness. Mavissakalian (1985) compared 52 women and 10 men with PDA on sociodemographic characteristics, psychopathology, and personality. His results showed no differences between men and women before treatment. After treatment, however, men were found to have higher scores on agoraphobic avoidance, as compared to women, which suggests that they showed less therapeutic gains. Results from these two studies must be interpreted with caution however, because the samples of PDA men were small.

Three studies, completed with larger samples, also revealed some differences in the symptomatology of PDA in men and women. Chambless and Mason (1986) examined socioeconomic and clinical characteristics in 334 women
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