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Social anxiety disorder in veterans affairs primary care clinics

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Abstract

To examine the prevalence and correlates of social anxiety disorder (SAD) in veterans, 733 veterans from four VA primary care clinics were evaluated using self-report questionnaires, telephone interviews, and a 12-month retrospective review of primary care charts. We also tested the concordance between primary care providers' detection of anxiety problems and diagnoses of SAD from psychiatric interviews. For the multi-site sample, 3.6% met criteria for SAD. A greater rate of SAD was found in veterans with than without post-traumatic stress disorder (PTSD) (22.0% vs. 1.1%), and primary care providers detected anxiety problems in only 58% of veterans with SAD. The elevated rate of comorbid psychiatric diagnoses and suicidal risk associated with SAD was not attributable to PTSD symptom severity. Moreover, even after controlling for the presence of major depressive disorder, SAD retained unique, adverse effects on PTSD diagnoses and severity, the presence of other psychiatric conditions, and suicidal risk. These results attest to strong relations between SAD and PTSD, the inadequate recognition of SAD in primary care settings, and the significant distress and impairment associated with SAD in veterans.

Keywords: Social anxiety disorder; Post-traumatic stress disorder; Veterans; Comorbidity; Suicidality; Specificity

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Introduction

Social anxiety disorder (SAD) is the third most prevalent psychiatric condition in the United States with epidemiological studies estimating a lifetime prevalence rate of 13.3%, and a 1-year prevalence rate of 7.9% in community samples (Kessler et al., 1994). Rates apparently have increased over the past few generations (Heimberg, Stein, Hiripi, & Kessler, 2000). Left untreated, SAD is a persistent and disabling condition that involves the often paralyzing fear of interacting or doing things in front of other people because of social evaluative concerns. Individuals with SAD experience high levels of functional impairment at work and school (Schneier et al., 1994; Wittchen, Fuetsch, Sonntag, Mueller, & Liebowitz, 2000). As for interpersonal functioning, SAD is associated with smaller social networks, less social support and acceptance, a high probability of being single or divorced, a low probability of being in a romantic relationship, and less sexual satisfaction (Davidson, Hughes, George, & Blazer, 1994; Schneier et al., 1994; Wittchen et al., 2000). Over 70% of individuals with SAD meet criteria for comorbid anxiety, mood, and alcohol abuse disorders (e.g., Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996; Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992), and these individuals are at high risk for suicidality (Schneier et al., 1992). The present study was interested in expanding the study of SAD to trauma-exposed veterans with and without post-traumatic stress disorder (PTSD).

Several studies have shown that PTSD is associated with significant social functioning difficulties and impaired social relations (e.g., Frueh, Turner, Beidel, & Cahill, 2001; Jordan et al., 1992; Riggs, Byrne, Weathers, & Litz, 1998). In particular, the presence of PTSD is associated with social skills problems, less satisfaction in intimate relationships (e.g., romantic, parent–child), and social interactions and relationships that tend to be characterized by more conflict and hostility, poorer communication, and less emotional expressiveness, intimacy, and positive sharing. Despite increased attention to SAD and its role in psychological functioning, the study of SAD in trauma-exposed veterans (or any trauma survivors) is in its infancy. For the few published examinations of SAD in veterans, samples have ranged from 41–47 veterans (Crowson, Frueh, Beidel, & Turner, 1998; Hofmann, Litz, & Weathers, 2003; Orsillo, Heimberg, Juster, & Garrett, 1996); the exception ($n = 304$) narrowly focused on rates of SAD in veterans with and without PTSD (Orsillo, Weathers, Litz, Steinberg, Huska, & Keane, 1996). For those studies using diagnostic interviews, 15% (Hofmann et al., 2003; Orsillo et al., 1996) and 72% (Orsillo et al., 1996) of veterans with PTSD met criteria for a diagnosis of SAD compared to 5% (Hofmann et al., 2003), 7% (Orsillo et al., 1996), and 22% (Orsillo et al., 1996) of veterans without PTSD. Although Orsillo et al. (1996) reported very high rates of SAD in veterans, only 41 veterans were examined and interviewers were not blind to hypotheses. Overall, existing data support a significant, albeit neglected, relation between these psychiatric conditions.

Only one published study has examined the correlates of SAD in veterans (Orsillo et al., 1996), finding post-war social anxiety to be positively associated with war-related shame and adverse homecoming experiences. Although Orsillo's seminal work on SAD and PTSD was published almost a decade ago, only three additional studies have been conducted on the topic with each narrowly focusing on relations among PTSD, SAD and depressive symptoms. Moreover, the sample sizes of these studies were small and the recruitment process tended to lack generalizability, relying on advertisements (Hofmann et al., 2003) and outpatients from mental health specialty clinics (Crowson et al., 1998; Orsillo et al., 1996).