

The Relevance of Age of Onset to the Psychopathology of Generalized Anxiety Disorder

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The present study sought to clarify the relevance of age of onset to the psychopathology of generalized anxiety disorder (GAD) using a large clinical sample of 154 patients with DSM-IV GAD. Most patients reported onset of GAD by early adulthood, although a smaller proportion of cases emerged in middle adulthood. Structural equation and regression models tested predictions that earlier onset GAD would be characterized by different levels of stress at disorder onset, disorder severity, lifetime comorbidity, and traits that predispose individuals to emotional disorders. Results showed that cases of GAD that emerged without any precipitating stressors were more likely to be of earlier onset. However, another sizable group of patients with earlier-onset GAD identified severely stressful early environments that they linked to the emergence of GAD symptoms. In contrast, cases of GAD that began in adulthood were most likely to emerge in the context of mild to moderate stress. Further analyses revealed that earlier-onset GAD was associated with higher levels of disorder severity, comorbidity, and temperamental vulnerability to emotional disorders. These results are discussed in regard to their clinical and conceptual implications for anxiety disorders.

Many patients with generalized anxiety disorder (GAD) report lifelong problems with excessive worry and tension (Brown, Barlow, & Liebowitz, 1994). The relatively early onset of GAD symptoms, along with their chronicity and pervasiveness, has led some authors to characterize GAD to be closer to personality disorders than Axis I conditions (Akiskal, 1985; Sander-son & Wetzler, 1991). Indeed, many patients claim that they “have always been a worrier,” suggesting that worrying is a fundamental part of their identity or personality. Although GAD often begins before adulthood, a significant proportion of patients also report later onset of symptoms. It has been noted that these later-onset cases of GAD tend to emerge in the context of

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life stressors (Blazer, Hughes, & George, 1987; Hoehn-Saric, Hazlett, & McLeod, 1993).

The purpose of the current study was to investigate the relevance of age of onset to the symptoms and impairment associated with GAD. At least two previous studies have directly examined the age-of-onset variable (Beck, Stanley, & Zebb, 1996; Hoehn-Saric et al., 1993). Hoehn-Saric et al. reviewed records of 103 patients with GAD who had been diagnosed according to *DSM-III-R* criteria. They classified individuals with GAD as "early onset" if subclinical symptoms had emerged during the first two decades of life. The "late onset" group was characterized by onset of anxious symptoms in the third decade of life or later.

Comparisons between these two groups revealed that the early-onset group was more likely to develop GAD independently of any precipitating stressors. The early-onset group also endorsed more disturbed environments in childhood and more current marital distress. Patients in the early-onset group scored higher on measures of neuroticism, trait anxiety, depression, and obsessional features. However, they did not score higher on self-report measures of current symptom severity, and their levels of autonomic arousal were not distinguishable from the late-onset group.

Beck et al. (1996) examined the age of onset of GAD symptoms as part of a broader investigation of GAD in older adults. Their sample, which consisted of older adults with *DSM-III-R* GAD, was divided into two groups. The early-onset group consisted of patients who reported excessive worry before age 15 ($n = 16$), whereas the late-onset group consisted of patients who reported problems with worry only after age 39 ($n = 17$). The early-onset group received higher clinician ratings of GAD severity, and obtained higher scores on measures of trait anxiety and depression. However, Beck et al. summarized their findings by stating, "examination of age of onset in the GAD sample suggested few differences between those who reported worry onset during childhood or adolescence vs. adulthood" (p. 232).

The present study attempted to extend our understanding of the role of age of onset in the psychopathology of GAD by addressing some of the limitations of previous studies. First, in both of the studies reviewed above, age of onset was treated as a categorical variable, with patients divided into early-onset and late-onset groups on the basis of arbitrary cutoff points. In order to retain more information about the variable of interest, age of onset was treated as a continuous variable for the analyses in this study. Secondly, previous studies failed to directly examine the potentially confounding variable of duration of GAD. Duration of GAD is strongly associated with age of onset of GAD, and might better account for any differences observed between early- and late-onset groups.

In addition, the generalizability of the results from previous studies may be limited to patients who have relatively little comorbidity. Beck et al. (1996) excluded patients who had other principal or coprincipal Axis I disorders, which means that individuals with GAD who had more acutely interfering

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