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Psychiatry Research 109 (2002) 71–79

PSYCHIATRY
RESEARCH

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The early-onset fearful panic attack as a predictor of severe psychopathology

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Received 10 April 2001; received in revised form 20 November 2001; accepted 27 November 2001

Abstract

The objective of this study was to replicate previous findings indicating that early-onset panic attack (≤ 20 years) with fear represents a possible prodrome of early-onset severe psychopathology. Data were drawn from the Epidemiologic Catchment Area Survey (ECA) ($n=20\ 291$), a household sample of adults aged 18 and older drawn from five cities in the United States. Multivariate logistic regression analyses were used to differentiate those with early-onset panic attacks with fear from those with other panic attacks (early-onset without fear, late-onset without fear, late-onset with fear) with regard to psychiatric comorbidity, age at onset of comorbid mental disorders, and suicidal ideation and suicide attempts. Results of statistical analyses revealed that early-onset fearful panic attack ($n=368$) was associated with increased likelihood of major affective and substance use disorders, significantly earlier onset of comorbid mental disorders, higher rates of suicidal ideation and suicide attempt, and higher rates of antisocial personality disorder compared with those with other subtypes of panic attacks. Multiple logistic regression analyses showed that early-onset fearful panic was independently associated with increased odds of major depression [OR=3.0 (2.6, 3.5)], bipolar disorder [OR=7.9 (5.7, 10.8)], antisocial personality disorder [OR=1.5 (1.3, 1.7)], agoraphobia [OR=1.2 (1.1, 1.4)], simple phobia [OR=1.6 (1.4, 1.8)], and alcohol dependence [OR=1.3 (1.2, 1.5)], compared with those with all other panic attacks. These findings are consistent with previous epidemiologic data and provide new evidence to suggest that early-onset fearful panic attack may be a marker of increased vulnerability to severe and persistent psychopathology and associated with high rates of suicidality. © 2002 Elsevier Science Ireland Ltd. All rights reserved.

Keywords: Comorbidity; Epidemiology; Depressive disorder; Suicide; Panic attack

1. Introduction

Findings from epidemiologic and clinical studies increasingly suggest that the signs, symptoms, and

prodromes of severe psychopathology begin early in life (Lewinsohn et al., 2000; Pine et al., 1999; Fergusson and Woodward, 2000). A substantial proportion of clinical and epidemiologic research studies in psychiatry attempt to identify factors that predict specific mental disorders, beginning with the disorder in question, and reporting retrospectively (Monroe et al., 1999; Lynskey et al.,

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1998; Rossi et al., 2000; Lewinsohn et al., 1999). Studies to date have largely failed to find specificity between early-onset symptoms and specific mental disorders (McGorry et al., 2000; McClellan et al., 1993; Smith and Tarrier, 1992). Moreover, relatively few studies have examined the relationship between specific patterns of early-onset symptoms in an attempt to find predictors of general risk of later-onset of severe psychopathology. Considering the high rates of comorbidity among adults with mental disorders in the community, the latter seems more feasible because few outcomes, as defined by a single mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders*, will occur in isolation.

Early-onset depressive and psychotic symptoms have been studied extensively as potential predictors of severe mental disorders. In contrast, relatively little attention has been paid to the relationship between early-onset anxiety symptoms and the risk of severe mental illness (e.g., bipolar disorder) (Kessler et al., 1998a,b; Andrade et al., 1996; Reed and Wittchen, 1998). Panic attacks, which are associated with increased odds of panic disorder, other anxiety disorders and major depression (Roy-Byrne et al., 2000; Starcevic et al., 1993), are also associated with increased rates of early disruptive behavior disorders and depression in school-aged children (Nagin and Tremblay, 1999; Andrade et al., 1996). In addition, previous data suggest that panic attacks commonly co-occur with schizophrenia and bipolar disorder among adults (Bermanzohn et al., 2000; Cosoff and Hafner, 1998).

In a previous report, we identified a subgroup of individuals in an epidemiologic sample with early-onset (≤ 20 years) panic attacks with fear of additional panic attacks at onset (E+F) (Goodwin and Hamilton, in press). This subtype comprised one-quarter of those with panic attacks in the adult population (Goodwin and Hamilton, in press). The group was selected in an effort to relate information from previous clinical studies, which suggested that age at onset could be a syndromal marker in disease etiology, to our hypothesis that experiencing both cognitive fear symptoms and physiological arousal symptoms (e.g., rapid heart beat) at an early age is associated with significantly

greater psychopathology. In this study, data from the National Comorbidity Survey (NCS) ($n=8098$) (Kessler et al., 1994, 1998a,b; Goodwin and Hamilton, in press), a probability sample of individuals aged 15–54 in the United States, was used to examine the sociodemographic, psychopathological, and familial correlates of early-onset fearful panic attacks. Composite International Diagnostic Interview (CIDI) diagnoses, determined by lay interviewers, were used. Results showed that early-onset fearful panic was associated with significantly increased odds of comorbid disorders, including bipolar disorder, psychosis, and major depression as well as increased suicidality, compared with odds rates in all other types of panic attacks. These data supported the hypothesis that this particular type of panic attack might be a predictor of severe psychopathology in adulthood. The objective of the current study is first to replicate our previous findings in a separate sample, and second to extend our finding that early-onset panic attack with a cognitive fear component of madness or dying is associated with a differential risk of psychopathology, compared with the risk in those with other panic attacks. In order to meet this objective, the study will first determine differences in sociodemographic characteristics and mental disorders between those with E+F panic attacks and those with other types of panic attacks (early-onset without fear, late-onset without fear, late-onset with fear). Second, we will determine differences in ages of onset of mental disorders and suicidality between those with early-onset panic (E+F) with fear and those with other panic attacks. Third, the study will determine psychosocial and psychopathological correlates of early-onset fearful (E+F) panic attacks, compared with all other panic attacks, among adults in the community. Drawing from our previous findings, we hypothesized that early-onset panic attacks would be associated with an increased likelihood of severe mental disorders compared with that among those with other panic attacks. We also predicted that early-onset panic attacks would be associated with earlier onset of comorbid psychopathology and increased suicidal behavior, compared with that among those with all other panic attacks.

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