A population-based study on phobic fears and DSM-IV specific phobia in 70-year olds

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ABSTRACT

This population-based study reports on the prevalence and characteristics of specific phobia (SP) and phobic fears in an elderly population. A representative population sample of Swedish 70-year-olds without dementia (N = 558) was examined using semi-structured interviews. Phobic fears included fear of animals, natural environment, specific situations, blood-injection-injury and ‘other’. Mental disorders, including SP, were diagnosed according to DSM-IV. Phobic fears (71.0% vs. 37.9%) and SP (13.8% vs. 4.5%) were more common in women than in men. Among those with phobic fears, more than 80% reported onsets before age 21. Of those with SP, 35.7% had another DSM-IV diagnosis compared to 8.5% of those reporting no fear. Fear of specific situations and ‘other’ fears were related to SP and other anxiety disorders. SP was related to lower global functioning. We conclude that specific phobia in the elderly should receive attention from health professionals as it is common and associated with a decrease in global functioning.

1. Introduction

Specific phobia (SP) is common, with prevalence estimates ranging from 1% to 20% (Becker et al., 2007; Depla, ten Have, van Balkom, & de Graaf, 2008; Faravelli et al., 2004; Shen et al., 2006; Stinson et al., 2007). Phobic fears, including also those not fulfilling diagnostic criteria for SP, are considerably more common with prevalence of 11–74% (Costello, 1982; Curtis, Magee, Eaton, Wittchen, & Kessler, 1998; Depla et al., 2008; Iancu et al., 2007; Lindsey, Briggs, & Murphy, 1989). Prevalence of SP (Kessler, Berglund et al., 2005; Stinson et al., 2007) and phobic fears (Liddell, Locker, & Burman, 1991) is reported to decrease with age, and onset seems to be rare in late life (Lindsey, 1991). Among studies focusing on the elderly (≥65 years), prevalence estimates vary from 2.1% to 11.5% (Beekman et al., 1998; Chou, 2009; Kirmizioglu, Dogan, Kugu, & Akyuz, 2009; Lindsey et al., 1989; Manela, Katona, & Livingston, 1996; Ritchie et al., 2004). Large variation in reported prevalence between studies may be explained by differences in prevalence period, methodology and demographic factors.

Phobic fears and SP are generally more common in women than in men (Fredrikson, Annas, Fischer, & Wik, 1996). SP is often comor-

bid with anxiety, mood and personality disorders (Stinson et al., 2007). SP had the lowest disability level of all mental disorders studied in the WHO Mental Health Survey (Ormel et al., 2008), but some population studies report that disability is on par with other anxiety disorders (Alonso et al., 2004; Stinson et al., 2007).

We aimed to study prevalence of SP and phobic fears, and their subtypes, in an elderly population sample in relation to psychiatric comorbidity and global functioning. The rationale was that the amount of information available regarding fears and phobias of older adults is limited. Furthermore, there are few population-based studies on prevalence and characteristics of SP and types of phobic fears in the elderly.

2. Methods

2.1. Sample

The study sample was derived from the Prospective Population Study of Women (PPSW) and from the H70 Birth Cohort Study in Gothenburg, Sweden (Bengtsson et al., 1997; Bengtsson et al., 1973; Hellström, 1973; Skoog, 2004). Both samples were obtained from the Swedish Population Register, based on birth date, and included both persons living in private households and in institutions. In 2000, PPSW and H70 merged to become one study, with the recruitment of a new 70-year-old cohort born in 1930. All 70-year-olds born in 1930 on pre-specified dates and living in Gothenburg, Sweden on September 1, 2000 according to the Swedish population register (N = 875) were invited to a health examination. Five
Individuals were also asked at which age they had their first fear severe. Inter-rater reliability for this rating was \( \kappa = 0.86 \) (\( p < 0.001 \)). Individuals were also asked at which age they had their first fear (information missing for nine individuals).

A diagnosis of specific phobia (SP) according to the *DSM-IV* (American Psychiatric Association, 1994) was made when the fear was strong (rating 4–6) with at least some social or other consequences. In *DSM-IV*, a diagnosis of SP can be made in the presence of other mental disorders. SP without psychiatric comorbidity was labelled ‘pure’ SP. Phobic fears that did not meet the *DSM-IV* criteria for SP were labelled Non-diagnostic phobic fear.

Social phobia, panic attacks, obsessive compulsive disorder (OCD) and depression (major depressive disorder, dysthymia or depression not otherwise specified) were diagnosed according to the *DSM-IV* in the following way. First, all symptoms used for *DSM-IV* diagnoses were defined as present or absent according to the MINI and the CPRS on the basis of the results of the psychiatric examinations. After that, computer algorithms were written to make diagnoses based on the symptom descriptions in *DSM-IV*.

Dementia was diagnosed according to the *DSM-III-R* (American Psychiatric Association, 1987) based on information from the psychiatric examination and a key informant interview, as described previously (Skog, Nilsson, Palmertz, Andreasson, & Svanborg, 1993).

### 3. Results

Individuals with missing information on phobic fears (\( N = 5 \)) and those with dementia (\( N = 16 \)) were excluded. Thus, the final sample included 558 persons (334 women and 224 men).
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