



The emetophobia questionnaire (EmetQ-13): Psychometric validation of a measure of specific phobia of vomiting (emetophobia)



Mark J. Boschen^{a,b,c,*}, David Veale^c, Nell Ellison^c, Tamara Reddell^a

^a School of Applied Psychology, Griffith University, PMB 50 Gold Coast Mail Centre, Southport, QLD 9726, Australia

^b Griffith Health Institute, Griffith University, Brisbane, QLD, Australia

^c NIHR Specialist Biomedical Research Centre for Mental Health at the South London and Maudsley NHS Foundation Trust and The Institute of Psychiatry, King's College London, London, United Kingdom

ARTICLE INFO

Article history:

Received 4 June 2012

Received in revised form 8 August 2013

Accepted 19 August 2013

Keywords:

Emetophobia
Fear of vomiting
Specific phobia
Questionnaire

ABSTRACT

This study reports on the development and psychometric evaluation of a self-report assessment of the severity of symptoms of emetophobia. Using a sample of 95 individuals with emetophobia, and a matched sample of 90 control participants, a 13-items inventory was developed that showed a clear three-factor structure. The EmetQ-13 had good internal consistency ($\alpha = .82$ in the clinical sample, and $\alpha = .85$ in the control sample), and one-week test–retest reliability ($r_{xx} = .76$). The EmetQ-13 showed significant correlations with another measure of emetophobia symptoms, the Specific Phobia of Vomiting Inventory, and related constructs such as disgust sensitivity. The measure showed excellent ability to classify emetophobic and non-emetophobic individuals, with correct assignment in 96.2% of cases. The EmetQ-13 also correlated significantly with a behavioural approach test using a vomit-like stimulus. The initial evaluation of the EmetQ-13 suggests that it is a reliable and valid measure for the assessment of emetophobia.

Crown Copyright © 2013 Published by Elsevier Ltd. All rights reserved.

1. Introduction

Emetophobia (specific phobia of vomiting) is an anxiety disorder characterised by a preoccupation with fear that oneself or others may vomit (Boschen, 2007). Individuals may avoid people, places, foods or other stimuli that they associate with increased risk of nausea or vomiting. Specific data on prevalence is limited with clinical levels of specific phobia of vomiting having an estimated lifetime and 12 month prevalence of 0.2%, and a point prevalence of 0.1% (Becker et al., 2007). The condition is much more common in females (Veale & Lambrou, 2006). Limited available data suggests that emetophobia typically has an onset before adulthood, and a chronic course (Lipsitz, Fyer, Paterniti, & Klein, 2001). Emetophobia is also associated with considerable functional impairment (Veale and Lambrou, 2006) and interference in eating (Veale, Costa, Murphy, & Ellison, 2012c). There is some evidence for associative learning in emetophobia whereby vomiting becomes associated with an unrelated life event or an aversive consequence (Veale, Murphy, Ellison, Kanakam, & Costa, 2012b).

Previous authors have specified a range of theoretically-derived treatment techniques that may be useful in the treatment of emetophobia (e.g., Boschen, 2007; Veale, 2009). Despite this, however,

there remain no large studies, which assess the efficacy of these treatment methods. Most investigations of emetophobia treatment have been case studies (e.g., Hunter & Antony, 2009; Lesage & Lamontagne, 1985; McFadyen & Wyness, 1983), and the largest study to date has involved only seven patients (Philips, 1985).

While general measures exist to assess the broad range of specific phobias, there are no measures which provide an assessment of the specific symptoms of emetophobia. A precursor to conducting larger scale treatment outcome research is the existence of a reliable, valid measure of emetophobia. Previous case reports have assessed outcome using either behavioural methods, or other individualised outcomes such as progress through an exposure hierarchy. While these individualised measures of outcome are suitable for case studies, they are not a viable option for conducting treatment of groups of individuals. Furthermore, although they demonstrate good face validity, their psychometric properties are unknown.

One major impediment to the development of a psychometrically validated measure of emetophobia is the low prevalence of the condition. Full psychometric assessment of the reliability and validity of a new measure of emetophobia requires samples that are much larger than those used in all previous studies of the condition.

One previous scale has been developed to assess severity of emetophobia symptoms. The Specific Phobia of Vomiting Inventory (SPOVI; Veale et al., 2012a) was developed independently of

* Corresponding author. Tel.: +61 7 55528283; fax: +61 7 55528291.

E-mail address: m.boschen@griffith.edu.au (M.J. Boschen).

the measure presented in the current paper, with eventual collaboration between these two research groups after these scales were developed. Although there is overlap in some symptoms of emetophobia that are assessed by each of these scales, there is also divergence between the two scales in some areas of focus. For example, the SPOVI includes items related to monitoring of vomit-related threat, while the EmetQ differentiates between avoidance of situations/movement/travel and avoidance of others who may be at perceived increased risk of vomiting.

The current study aimed to conduct the preliminary psychometric investigation of a self-report measure of emetophobia symptoms. From an initial item pool, factor analysis was used to arrive at a brief measure with a sound factor structure. Following this, the psychometric properties of the scale were assessed.

2. Study one—Method

2.1. Participants

2.1.1. Emetophobic sample

We recruited participants with emetophobia ($N=95$) either from patients seeking treatment ($n=25$) or three internet support groups (Gut Reaction, International Emetophobia Society, and Anxiety UK; $n=70$). All participants had to fulfil DSM-IV criteria for emetophobia diagnosed with the Structured Clinical Interview for DSM-IV (SCID; First, Spitzer, Gibbon, & Williams, 1996) using a face-to-face interview or over the telephone. Interviewers using the SCID were either psychologists or psychiatrists experienced in its use, or a clinical research worker trained in the use of the SCID. Inter-rater reliability of these diagnoses was not assessed.

Although the SCID was not used to confirm the absence of an emetophobia diagnosis, we included individuals who self-reported fear of vomiting. Additionally, we planned to exclude participants with any condition that may increase the likelihood or frequency of vomiting (e.g., pregnancy, current prescription medication or illicit drugs, or other health/medical problems), however no participants were excluded on the basis of these criteria. A total of 95 individuals with emetophobia were recruited, with a mean age of 32.61 years ($SD=12.09$). As expected, the majority (89, 93.7%) were female. A total of 55.8% were married or cohabiting, with 38.9% being single. Demographic details including employment and marital status are presented in Table 1. A total of 63.4% of the emetophobic group had no comorbid diagnoses, while 21.1% had one comorbid diagnosis, and 15.5% had two or more comorbid diagnoses. Comorbid conditions in patients from the emetophobia sample were major depressive disorder ($n=8$, 11.3%), generalized anxiety disorder ($n=8$, 11.3%), obsessive–compulsive disorder ($n=6$, 8.5%), somatisation disorder ($n=5$, 7.0%), panic disorder without agoraphobia ($n=4$, 5.6%), social anxiety disorder ($n=4$, 5.6%), agoraphobia without a history of panic disorder ($n=2$, 2.8%), hypochondriasis ($n=1$, 1.4%), and other specific phobia ($n=1$, 1.4%).

2.1.2. Control sample

For comparison, a control sample was recruited using the Mind-Search database of the Institute of Psychiatry at King's College London, a database of over 3500 community volunteers who have previously registered to participate in research studies. Individuals were recruited with the aim of providing a sample which was similar in demographics to the emetophobic sample. Individuals with greater risk of vomiting (e.g., presence of eating disorder including vomiting behaviour, recent overdose with vomiting, regular binge drinking and vomiting, use of illicit drugs or prescription medication, presence of a medical disorder such as migraine, or current pregnancy) were excluded in order to match the frequency of vomiting to the emetophobia group. A total of 90 individuals completed

the questionnaire package through an online website. The Control group participants had a mean age of 32.47 years ($SD=11.00$), and the majority (86%, 95.6%) were female. Demographics for the Control sample are presented in Table 1.

2.1.3. Anxious control sample

To ensure the specificity of the EmetQ-13 to emetophobic individuals, a comparison sample of 20 anxious individuals with other (non-emetophobia) disorders were recruited. Basic demographic details are provided in Table 1. There were 12 participants with a primary diagnosis of obsessive–compulsive disorder, 4 with body dysmorphic disorder, 2 with panic disorder with agoraphobia, and 2 with social phobia. These participants were recruited from a specialist anxiety and body dysmorphic disorder treatment service. All were screened for the presence of emetophobia using a clinical interview. Other diagnoses in addition to the primary diagnosis were not recorded, except to rule out the presence of emetophobia.

2.2. Materials and procedure

Participants from all samples completed a collection of questionnaires, either online or in a pen-and-paper format. Measures were selected for the purpose of assessing the validity of the new scale, and measuring associated psychopathology and functioning. All responses were entered onto a computer for statistical analysis.

2.2.1. Emetophobia questionnaire (EmetQ-13)

The EmetQ-13 was derived as a brief self-report measure of symptoms associated with specific phobia of vomiting. An initial item pool of 21 items was generated based on case reviews of 8 individuals previously diagnosed with emetophobia. Each item was constructed in the form of a Likert-type scale in which the respondent read the item (e.g., “I avoid children who may be likely to vomit.”) by circling a number ranging from 1 (“Strongly Disagree”) to 5 (“Strongly Agree”). A total score was computed by summing scores for all 13 individual items.

2.2.2. Specific phobia of vomiting inventory (SPOVI)

The SPOVI (Veale et al., 2012a,b,c) is a 14-item self-report measure of symptoms associated with specific phobia of vomiting. It is the only other standardized measure of emetophobia, and has established sound reliability ($\alpha=.91$), and validity in the assessment of emetophobia symptoms.

The SPOVI was developed independently of the EmetQ, with subsequent collaboration after data collection between the two research groups. While the EmetQ and SPOVI overlap in assessment of some emetophobia symptoms, the SPOVI includes additional items related to threat-monitoring, while the EmetQ differentiates avoidance into avoidance of situations/movement/travel and avoidance other others who may be at risk of vomiting.

2.2.3. Disgust scale—Revised (DS-R)

The DS-R (Olatunji et al., 2007; van Overveld, de Jong, Peters, & Schouten, 2011) is a 25-item self-report measure of an individual's propensity to experience disgust. The DS-R asks the respondent to rate whether certain stimuli would be perceived as disgusting, as well as their level of disgust to a list of situations.

2.2.4. Obsessive–compulsive inventory (OCI)

The OCI (Foa, Kozak, Salkovskis, Coles, & Amir, 1998) is a 42-items self-report measure of symptoms of obsessive–compulsive disorder. The OCI covers a wide range of OCD symptoms, and has established reliability and validity in the assessment of OCD.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات