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Anxiety sensitivity among children of parents with anxiety disorders: a controlled high-risk study

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Abstract

We investigated whether parental anxiety was related to anxiety sensitivity (AS) in offspring. Subjects were 261 offspring (aged 6–17 years) of parents with lifetime DSM-IV anxiety and/or mood disorders, and 79 offspring of parents with no lifetime anxiety, mood, or psychotic disorder. Parents and offspring were interviewed by blind clinicians. Children were administered the Child Anxiety Sensitivity Index (CASI). There were no significant differences between CASI scores of the offspring of parents with anxiety and/or mood disorders, and offspring of comparison parents. We conclude that parental anxiety or mood disorder does not predispose offspring to high anxiety sensitivity. © 2002 Elsevier Science Inc. All rights reserved.

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1. Introduction

Anxiety sensitivity (AS) refers to the extent to which a person fears that anxiety-related sensations will result in harmful physical, psychological, or social consequences (Reiss & McNally, 1985). Whereas most individuals regard anxiety-related sensations as unpleasant yet harmless, persons high in AS, e.g., might interpret palpitations as a sign of an impending heart attack, or might become concerned that their depersonalization was an indicator of a mental disorder, or might worry that trembling would result in embarrassment and rejection. Therefore, individuals high in AS are not simply anxious, but are viewed as having a “fear of anxiety” (Reiss, Peterson, & Gursky, 1988, p. 341).

The distinction between trait anxiety, a tendency to react fearfully to a wide variety of experiences, and AS has been debated (Lilienfeld, 1996; Lilienfeld, Turner, & Jacob, 1996, 1998; McNally, 1989; Reiss, 1997; Taylor, 1995b, 1996). However, even among forceful critics of AS, it is now agreed that as measured by the Anxiety Sensitivity Index (ASI: Reiss, Peterson, Gursky, & McNally, 1986), AS “has demonstrated incremental validity above and beyond trait anxiety indices for a number of clinically relevant phenomena” (Lilienfeld et al., 1998, pp. 74–75).

Numerous studies of adults have shown that AS is associated with anxiety, particularly, panic disorder/panic attacks. These studies have included clinical and non-clinical samples with high and low ASI scores, challenge studies, and follow-up studies. Several investigators have reported that patients with panic disorder have higher ASI scores than normals (see Taylor, 1995a). Among patients with anxiety disorders, except for simple phobia, all groups show significantly higher ASI scores than normals, with panic disorder patients showing significantly higher scores than other anxiety groups (Taylor, Koch, & McNally, 1992). Several non-clinical studies (reviewed by Taylor, 1995a) found that a history of panic attacks is significantly more frequent in college students with high ASI scores than in those with low scores. Challenge studies have shown that among individuals with no panic history, high ASI scores predicted fearfulness or panic attacks in response to caffeine, carbon dioxide, and hyperventilation (Asmundson, Norton, Wilson, & Sandler, 1994; Donnell & McNally, 1990; Harrington, Schmidt, & Telch, 1996; Holloway & McNally, 1987; Rapee & Medoro, 1994; Telch, Silverman, & Schmidt, 1996).

Maller and Reiss (1992) conducted a 3-year follow-up of college students with high and low ASI scores. The ASI predicted occurrence of anxiety disorders and panic attacks, as well as frequency and intensity of panic attacks, during the follow-up interval. Unfortunately, symptom and diagnostic assessments were not conducted at the initial evaluation, so that preexisting differences in psychopathology could account for different rates of anxiety at follow-up. Schmidt, Lerew, and Jackson (1997) conducted a 5-week follow-up of 1401 military personnel in basic training. ASI scores at Week 1 predicted development of spontaneous panic attacks and other anxiety symptoms during the follow-up

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