



Pergamon

Anxiety Disorders
16 (2002) 83–96

JOURNAL
OF
**Anxiety
Disorders**

Anxiety sensitivity and panic attack symptomatology among low-income African–American adolescents

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Received 14 February 2000; received in revised form 15 June 2000; accepted 24 July 2000

Abstract

This study examined the concurrent and prospective relation between anxiety sensitivity (AS) and panic attack symptomatology among a community sample of African–American adolescents ($N = 107$; mean age 15.6 years) from predominantly low-income, single-parent households. On two occasions, 6 months apart, youth completed self-report measures of AS, measured by the Childhood Anxiety Sensitivity Index (CASI), and panic symptomatology, measured by the Panic Attack Questionnaire (PAQ) and/or the Panic subscale of the Screen for Child Anxiety-Related Emotional Disorders (SCARED-P). Results indicated that adolescents with high levels of AS reported higher concurrent levels of panic symptomatology, compared to their less anxious peers. Earlier levels of AS were correlated with panic symptoms 6 months later but did not predict later panic symptoms once initial levels of panic were controlled. Panickers, compared to non-panickers, also reported significantly higher levels of AS at Time 2. Overall, these findings are consistent with research on AS and panic in adult and Caucasian populations and support the hypothesis that elevated levels of AS may be one of several risk factors implicated in the development of panic attack symptomatology. © 2002 Elsevier Science Inc. All rights reserved.

Keywords: Anxiety sensitivity; Adolescents; Panic

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1. Introduction

Between 16 and 63% of community samples of adolescents report having suffered at least one panic attack during their lifetime and up to 6% meet diagnostic criteria for panic disorder (e.g., King, Gullone, Tonge, & Ollendick, 1993; King, Ollendick, Mattis, Yang, & Tonge, 1996; Lau, Calamari, & Waraczynski, 1996; Macaulay & Kleinknecht, 1989; Warren & Zgourides, 1988; also see Ollendick, 1998 for review). Studies examining the phenomenology of panic attacks in adolescents indicate that the most common symptoms are somatic in nature and include accelerated heart rate, trembling, dizziness/feeling faint, sweating, dyspnea, and hot and cold flashes (King et al., 1996; Macaulay & Kleinknecht, 1989; Warren & Zgourides, 1988). Persistent symptoms of panic in youth are associated with a significant degree of impairment in functioning and are often co-morbid with symptoms of anxiety, depression, school refusal, and familial stress (Bradley & Hood, 1993; Hayward et al., 1995, 1997; King et al., 1996; Macaulay & Kleinknecht, 1989). In light of the high prevalence rates and associated impairment of panic symptoms among adolescents, as well as retrospective reports from adults with panic disorder indicating that symptom onset often began during childhood (Thyer, Parrish, Curtis, Nesse, & Cameron, 1985; Von Korff, Eaton, & Keyl, 1985), research efforts have turned toward understanding the etiology of panic and identifying potential risk factors.

Theoretical models, as well as empirical evidence from adult studies, indicate that anxiety sensitivity (AS) may be an important construct for understanding the development and/or maintenance of panic attacks and symptoms (see Taylor & Fedoroff, 1999, for review). AS, conceptualized as a stable trait, is the tendency to believe that anxiety and fear-related symptoms lead to negative or harmful somatic, social, or psychological consequences. Reiss and coworkers (Reiss, 1991; Reiss & McNally, 1985), as part of their expectancy theory of anxiety, hypothesized that when a person with high AS experiences somatic symptoms of anxiety (e.g., feeling dizzy or light headed), she or he is likely to fear that the symptoms will be devastating (e.g., she/he will go crazy/lose control). This expectation increases anxiety levels, exacerbates the somatic symptoms, and leads to the vicious cycle that results in a panic attack.

Numerous empirical studies, using adult samples and cross-sectional methodologies, support the proposed relation between AS and panic symptoms in clinical (e.g., Bruce, Spiegel, Gregg, & Nuzzarello, 1995; Cox, Borger, & Enns, 1999; Taylor, Koch, & McNally, 1992) and non-clinical samples (e.g., Asmundson & Norton, 1993; Cox, Endler, Norton, & Swinson, 1991; Donnell & McNally, 1990). A limited number of prospective studies have examined the directional relationship between AS and panic in adults—that is, whether AS is a precursor or consequence of panic symptomatology (Maller & Reiss, 1992; Ehlers, 1995; Harrington, Schmidt, & Telch, 1996; Schmidt, Lerew, & Jackson, 1997). Findings from the majority of these prospective studies support Reiss and colleagues'

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