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Anxiety sensitivity and drug or alcohol use in individuals with anxiety and substance use disorders

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Abstract

Anxiety sensitivity (AS) has been linked to both pathological anxiety and substance use problems. We evaluated relations between AS and substance use situations among individuals with substance use disorders (SUDs) and concurrent DSM-IV anxiety disorders. We predicted that AS would be most strongly associated with substance use in situations involving negative emotions and interpersonal conflict in substance abusers with anxiety disorders. This group was compared to substance abusers with concurrent mood disorders and substance abusers without other disorders ($N=88$). AS was positively related to negative emotion situations substance use for substance abusers with anxiety disorders and for substance abusers without other disorders. Contrary to predictions, significant differences between these groups were not found. The relationship between AS and negative emotion situations substance use remained after controlling trait anxiety in a combined group (anxiety disorders and substance abuse only groups). AS did not predict substance use for participants with concurrent mood disorders. Identification of factors that place anxious patients at risk for substance use problems will have implications for treatment and for the prevention of this form of maladaptive coping. © 2001 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Substance use disorders (SUDs) frequently occur with anxiety disorders (e.g., Cox, Endler, Norton, & Swinson, 1991; Kushner, Sher, & Beitman, 1990), although the cause of the co-occurrence of these conditions (comorbidity) is not well understood. Individuals with anxiety disorders were 50% more likely to be diagnosed with an alcohol use disorder in the Epidemiologic Catchment Area survey (Regier et al., 1990); and comorbidity rates for specific anxiety disorders have been particularly high. The lifetime prevalence rates for SUDs are 300% greater for individuals with generalized anxiety disorder and 200% greater for panic disorder patients compared to the general population (Kessler et al., 1997). Although estimates have varied across studies (41–85%), combat veterans with posttraumatic stress disorder experience extremely high rates of concurrent alcohol dependence (Stewart, 1996).

Although rates of comorbidity between anxiety and SUDs are substantial, still many individuals with anxiety conditions do not adopt a “self-medication” strategy. Kushner, Abrams, Thuras, and Hanson (2000) argued that although the risk for developing alcohol problems is increased when anxiety patients use alcohol to cope with anxiety symptoms, the view that all anxiety patients “self-medicate” may be too broad. Self-medication strategies may explain problematic substance use in only a subgroup of anxiety-disordered patients and attempts have been made to identify factors that would place individuals at risk for the development of a self-medicating style of drinking or drug use. Kushner et al. (2000) evaluated several psychological variables as risk factors for drinking to reduce anxiety symptoms in nonproblematic drinkers with panic disorder. A positive association was found between anxiety sensitivity (AS) and drinking for anxiety management. Kushner et al. concluded that panic-disordered patients with higher AS scores were more likely to use alcohol to cope with panic and anxiety.

AS is a relatively stable trait that has now been repeatedly associated with the development of anxiety symptoms and disorders (see Taylor, 1999), and in recent investigations, AS has been related to problematic substance use (see Stewart, Samoluk, & MacDonald, 1999, for a review). In a series of investigations by Stewart and colleagues, the AS score positively correlated with the use of alcohol to reduce or cope with negative emotions (Stewart, Karp, Pihl, & Peterson, 1997; Samoluk & Stewart, 1996; Stewart & Zeitlin, 1995). Samoluk and Stewart (1998) found that AS scores were positively correlated with reports of drinking in negative situations (e.g., in response to negative emotions) but not related to positive situation drinking. High AS nonclinical samples have reported more drinking-related problems (Conrod, Pihl, & Vassileva, 1998). The results of alcohol administration studies suggest that individuals with elevated AS may experience greater negative affect dampening from alcohol consumption (MacDonald, Baker, Stewart, & Skinner, 2000; Stewart & Pihl, 1994).

Given findings of a strong relation between AS and problematic substance use, and because of debate regarding how distinct AS is from trait anxiety (e.g., Lilienfeld, 1996; McNally, 1996), DeHaas, Calamari, and Bair (2001) tested the incremental validity of AS in the prediction of specific types of substance use in clinical substance abusers with concurrent anxiety or mood disorders. Participants were screened with the Structured Clinical Interview for the DSM-IV (SCID; *Diagnostic and Statistical Manual of the American Psychiatric*

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