

Behaviour Research and Therapy 41 (2003) 949-957

BEHAVIOUR RESEARCH AND THERAPY

www.elsevier.com/locate/brat

Anxiety sensitivity in first-degree relatives of patients with panic disorder

N. van Beek, E. Griez *

Maastricht University, Department of Psychiatry, P.O. Box 616, 6200 AB Maastricht, The Netherlands

Accepted 10 July 2002

Abstract

Anxiety sensitivity (AS) has been proposed as a risk factor for the development of panic disorder. Strong familial-genetic influences in panic disorder (PD) have been reported. AS may be familial too. The current study therefore examined whether first-degree relatives of PD patients are more anxiety-sensitive than normals. Twenty-three first-degree relatives of PD patients, 38 PD patients and 30 normals were given the Anxiety Sensitive Index and the Body Sensations Questionnaire. It was found that the first-degree relatives were, indeed, more anxiety-sensitive than the normals, but less so than the PD patients, suggesting that AS runs in families.

© 2003 Elsevier Science Ltd. All rights reserved.

Keywords: Anxiety sensitivity; Panic disorder; Body Sensations Questionnaire; First-degree relatives

1. Introduction

Anxiety sensitivity (AS) refers to individual differences in the fear of bodily sensations associated with anxiety and the expectation that such sensations can have harmful consequences (Reiss, 1997; Reiss & McNally, 1985). For example, some individuals are prone to associate palpitations with a life-threatening event, while others experience a rapidly beating heart as merely unpleasant. Equivalent levels of anxiety should be more salient for individuals who are highly anxiety-sensitive than for those who are not (Reiss & McNally, 1985). The importance of AS as a subject specific characteristic is related to its putative role in the development of various anxiety conditions (Maller & Reiss, 1992; Schmidt, Lerew, & Jackson, 1997, 1998).

AS has been proposed as a risk factor for the development of panic disorder (PD) (Reiss, 1991).

^{*} Corresponding author. Tel: +31-43-3685332; fax: +31-43-3685331. *E-mail address*: e.griez@pn.unimaas.nl (E. Griez).

AS is elevated in PD (Taylor, Koch, & McNally, 1992) and decreases with remission of PD symptomatology (Telch et al., 1993). High levels of AS have been found in subjects who later develop panic attacks (Schmidt, Lerew, & Joiner, 1998). In a 3-year follow-up study using a nonclinical sample of 48 college students, the Anxiety Sensitivity Index (ASI) was administered. The ASI is one of the most widely used measures of the construct of anxiety sensitivity. Scores on the ASI were predictive of the number, frequency, and intensity of panic attacks during the follow-up period, regardless of a diagnosis of PD. In addition, high anxiety-sensitive subjects were five times more likely to develop an anxiety disorder during the 3-year follow-up than low anxiety-sensitive subjects (Maller & Reiss, 1992). Furthermore, a large nonclinical sample of young adults was followed over a 5-week basic military training. AS and the ASI first-order factor 'mental concerns' predicted spontaneous panic attacks after controlling for trait anxiety and a history of panic (Schmidt, Lerew, & Jackson, 1999).

On the other hand, familial-genetic influences are believed to play an important role in the development of PD. It is known that PD runs in families (Goldstein, Wickramaratne, Horwath, & Weissmann, 1997; Hettema, Neale, & Kendler, 2001). First-degree relatives of PD patients have been shown to share a high vulnerability to CO₂ challenges, suggesting that CO₂ hypersensitivity may be a marker of the vulnerability to PD that runs in families (Coryell, 1997; Perna, Bertani, Caldirola, & Bellodi, 1996; Perna, Cocchi, Bertani, Arancio, & Bellodi, 1995; Van Beek & Griez, 2000).

Interestingly, a recent study by Stein and colleagues examined the heritability of AS in a group of 179 monozygotic and 158 dizygotic twin pairs. This study suggests that AS has a strong hereditary component (Stein, Jang, & Livesey, 1999). If AS, does, in fact, have a hereditary component and is linked to the vulnerability to PD, one may hypothesize that first-degree relatives of PD patients are more anxiety-sensitive than normals. As far as we know, no study has been conducted to examine the AS in first-degree relatives of PD patients. In the study reported here, we examined whether first-degree relatives of PD patients are more anxiety-sensitive than normals.

One must bear in mind that AS is a complex concept. AS not only refers to fear of anxiety-related symptoms as a potential predisposition to panic, which is allegedly a cognitive feature, but it also includes fear of anxiety-related symptoms as a consequence of frequent panic attacks (Asmundson, Norton, Lanthier, & Cox, 1996). Consequently, we used two different instruments to assess fear of anxiety-related symptoms. The ASI is assumed to measure both of the above mentioned dimensions. The Body Sensations Questionnaire (BSQ) (Chambless, Caputo, Bright, & Gallagher, 1984), in contrast, is believed to focus on the second aspect only. Therefore, we hypothesized that significant differences would be found on the ASI. To the extent that the BSQ measures a slightly different concept, we questioned whether the same difference would be found on the BSQ.

2. Method

2.1. Subjects

Twenty-three healthy first-degree relatives of PD patients were included in the present study (6 men and 17 women; mean age 50.0 yr; SD = 15.5; range 21-75 yr) as were 30 healthy control

دريافت فورى ب متن كامل مقاله

ISIArticles مرجع مقالات تخصصی ایران

- ✔ امكان دانلود نسخه تمام متن مقالات انگليسي
 - ✓ امكان دانلود نسخه ترجمه شده مقالات
 - ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
 - ✓ امكان دانلود رايگان 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