



Incremental validity of anxiety sensitivity in relation to Marijuana withdrawal symptoms[☆]

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Abstract

The present investigation examined the relation between anxiety sensitivity (AS) and marijuana withdrawal severity among 84 (47 female) young adult marijuana smokers. As expected, after covarying for the theoretically-relevant variables of frequency of past 30-day marijuana use, number of cigarettes smoked per day, volume of alcohol consumed, and anxious arousal as well as anhedonic depressive symptoms, both the global AS factor and the AS-mental incapacitation concerns factor were significantly related to the severity of retrospectively reported marijuana withdrawal symptoms. Results are discussed in relation to better understanding cognitive-emotional variables related to the marijuana withdrawal.

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Marijuana is the most commonly used recreational drug in the world (Patton et al., 2002) and increased rates of problematic use (i.e., abuse and dependence) have been observed among young adults (Compton, Grant, Colliver, Glantz, & Stinson, 2004). Recent studies have indicated that marijuana discontinuation among regular users produces a withdrawal pattern (Budney, Hughes, Moore, &

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Vandrey, 2004). Indeed, studies ranging from case reports to controlled field evaluations to laboratory tests suggest that (current) regular marijuana users who abstain from marijuana use (ranging from 12 h to 30 or more days) report increases in anxiety, irritability, physical tension, and other related types of symptoms (Budney, Hughes, Moore, & Novy, 2001; Budney, Moore, Vandrey, & Hughes, 2003; Duffy & Milin, 1996; Haney, Ward, Comer, Foltin, & Fischman, 1999; Kouri & Pope, 2000); the peak effects of marijuana withdrawal appear to be within 2–4 days post discontinuation (Budney et al., 2004). The clinical significance of such withdrawal symptoms is evident from a number of different perspectives. For example, the majority of regular marijuana users experience such symptoms (Budney et al., 2004), often report that withdrawal symptoms motivate them to relapse (Kouri & Pope, 2000), and experience such symptoms as problematic to life functioning (Budney et al., 2001). These data may suggest, like that of many other drugs (Robinson & Berridge, 1993), marijuana withdrawal symptoms should be a focus of clinical intervention.

There has been little empirical investigation of what factors relate to the severity of marijuana withdrawal symptoms. Understanding correlates and predictors of withdrawal severity may have important theoretical and clinical implications relevant for better understanding individual differences in the marijuana withdrawal syndrome, marijuana use maintenance, and relapse. Of available work, some studies suggest that both psychiatric symptoms as well as heavier marijuana use are related to greater severity of reported withdrawal symptoms (Budney, Novy, & Hughes, 1999; Crowley, MacDonald, Whitmore, & Mikulich, 1998). Although this work indicates individuals with psychological disturbances or vulnerabilities and more frequent patterns of use may be more likely to experience marijuana withdrawal symptoms during a period of abstinence (e.g., not using marijuana due to testing for use at the workplace) or a designated quit attempt, other individual difference characteristics may serve a similar type of role. One theoretically promising variable to explore in this regard is anxiety sensitivity (AS; McNally, 2002). Anxiety sensitivity is the fear of anxiety-related bodily sensations, which arise from beliefs that the sensations have harmful personal consequences (McNally, 2002; Reiss & McNally, 1985). The AS construct is hierarchical in structure, with three first-order factors titled AS-physical concerns, AS-mental incapacitation concerns, and AS-social concerns and a single, higher order general factor (Zinbarg, Barlow, & Brown, 1997). To illustrate, people high in AS may be frightened of harmless heart palpitations because they believe the sensations will lead to cardiac arrest, whereas people low in AS do not fear these sensations because they believe them to be harmless. To the extent a marijuana user is high in AS, this person should theoretically be more emotionally sensitive to withdrawal symptoms that occur during discontinuation. For example, a high compared to low AS person may be more apt to catastrophically interpret withdrawal sensations as personally threatening or dangerous (e.g., “I am losing control” or “I am going crazy”), promoting a more severe withdrawal symptom experience. Though no studies have addressed an AS-marijuana withdrawal symptom linkage, indirect support for this type of model has been found for tobacco, whereby high AS cigarette smokers report nicotine-based withdrawal symptoms as more severe (Zvolensky, Baker et al., 2004).

The purpose of the present investigation was to provide an initial empirical evaluation of an AS-marijuana withdrawal severity association among community-recruited (current) marijuana-using adults. Young adults were studied, as opposed to other age groups, as marijuana use and its disorders represent a common and growing problem among this population (Compton et al., 2004). It was hypothesized that AS would predict the severity of marijuana withdrawal symptoms over and above the variance accounted for by the theoretically-relevant factors of level of marijuana use, cigarettes smoked per day, alcohol consumption, and anxiety as well as depressive symptoms; these factors are conceptually expected to be

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