



Panic attacks, depression and anxiety symptoms, and substance use behaviors during late adolescence

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Abstract

This study examines panic attacks and substance use in a sample of incoming college freshman ($n = 399$) using questionnaires. Panickers ($n = 47$) were significantly more likely than nonpanickers ($n = 290$) to report having ever used sedatives, stimulants, opioids, and other drugs, but not tobacco, alcohol, cocaine, or hallucinogens. Gender and race did not substantially moderate the associations between substance use and panic attacks. Sedative, stimulant, opioid, and other drug use was not associated with panic attack frequency or the occurrence of unexpected attacks. The relationships of anxiety and depression with substance use were larger for panickers than nonpanickers. These results are consistent with the idea that self-medication and symptom exacerbation play a role in the development of co-occurring substance use disorders and mood and anxiety disorders. © 2004 Elsevier Inc. All rights reserved.

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There is a surprisingly high rate of dual diagnosis of substance use disorders with anxiety and mood disorders, particularly panic disorder (Regier, Rae, Narrow, Kaelber, & Schatzberg, 1998). Explanations for this dual diagnosis often emphasize that many individuals may use psychoactive substances, particularly

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sedatives and alcohol, to reduce negative emotions, such as panic attacks, depression, and anxiety (e.g., Kushner, Sher, & Beitman, 1990). Some explanations for the high dual diagnosis rates also recognize that some substances can precipitate panic attacks or other negative emotions. For example, Breslau and Klein (1999) reported that tobacco use contributes to the subsequent development of panic disorder, presumably through the chronic withdrawal symptoms typically associated with chronic cigarette smoking. Early explanations of dual diagnosis sometimes treated anxiety and mood disorders as primary and substance use disorder as secondary (e.g., Quitkin, Rifkin, Kaplan, & Klein, 1972), or substance use disorders as primary and anxiety or mood disorders as secondary (e.g., Aronson & Craig, 1986). Contemporary theorists (e.g., Blume, Schmalting, & Marlatt, 2000; Kushner, Abrams, & Borchardt, 2000) now view dual diagnosis as related to a mutual influence and interplay between substance use behaviors and psychological symptoms.

The idea that the behaviors and symptoms underlying substance use disorders and anxiety and mood disorders contribute to each other has implications for understanding the development of these disorders. The anxiety and mood disorders most closely associated with substance use disorders are social phobia, panic disorder, and major depressive disorder (Kushner et al., 2000). Social phobia typically begins in adolescence (Regier et al., 1998). Panic disorder often begins in early adulthood (Regier et al., 1998) and many adolescents report having experienced a panic attack (Norton, Cox, & Malan, 1992). Major depressive disorder usually appears to begin in early to middle adulthood (Regier et al., 1998; Sandanger, Nygard, Ingebrigtsen, Sorensen, & Dalgard, 1999), but often begins earlier (Lewinsohn, Gotlib, & Seeley, 1995). Similarly, substance use disorders typically begin in adulthood (Himle & Hill, 1991), but experimentation with different substances typically begins in adolescence and full-blown substance use disorders are prevalent during adolescence (Lewinsohn et al., 1995). Studies of the relationships between substance use behaviors and negative emotions during adolescence (e.g., Wills, Sandy, Shinar, & Yaeger, 1999) are needed to understand the mutual influence between the premorbid and early onset problems with substance use and emotion. These types of studies may help us to better understand the development of the constellation of co-occurring substance use and mood and anxiety disorders.

Given that both substance use disorders and panic disorders often begin after adolescence, it is not surprising that most research on the dual diagnosis of substance use and panic disorders has focused on adult clinical populations (e.g., Page & Andrews, 1996). There is, however, some evidence that substance use behaviors and panic symptoms co-occur during late adolescence (Deacon & Valentiner, 2000). In that prior study of panic attacks and substance use behaviors during late adolescence and early adulthood (Deacon & Valentiner, 2000), we found that individuals who reported having experienced a panic attack were more likely to report having used sedatives, but not other drugs. Although this finding is consistent with expectations based on research with

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