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Evoking analogue subtypes of panic attacks in a nonclinical population using carbon dioxide-enriched air[☆]

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Abstract

The increasing recognition that panic attacks are heterogeneous phenomena necessitates better and more objective criteria to define and examine what constitutes a panic attack. The central aim of the present study was to classify subtypes of panic attacks (i.e. prototypic, cognitive, and non-fearful) in a nonclinical sample ($N = 96$) based on the concordance/discordance between subjective and physiological responding to multiple inhalations of 20 and 13% CO₂-enriched air. Results show that a substantial proportion of this nonclinical sample (55.2%) responded to the CO₂ challenge in a manner consistent with clinical and research definitions of different subtypes of panic attacks. The implications of this dimensional approach for discriminating subtypes of panic in the laboratory are discussed as a means to better understand the phenomenology and nature of panic attacks. © 2000 Elsevier Science Ltd. All rights reserved.

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1. Introduction

Over the past decade, an increasing amount of effort has been devoted to describing the

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nature and phenomenology of panic attacks. Based on the recognition that panic attacks are heterogeneous phenomena with respect to symptom presentation (Whittal, Goetsch, & Eifert, 1996), the development of precise definitions of what constitutes a panic attack is important for research, diagnosis, and treatment purposes (Barlow, Vermilyea, Blanchard, Vermilyea, Di Nardo & Cerny, 1985; Barlow, Brown, & Craske, 1994; Cox, Swinson, Endler, & Norton, 1994). Yet, considerable disagreement exists in how best to classify and define panic attacks and particularly over what qualifies as a panic attack (Beitman, Basha, Flaker, De Rosear, Mukerji & Lamberti, 1987; Klein & Klein, 1989; Kushner & Beitman, 1990; Whittal, Goetsch & Eifert, 1996). This ambiguity has led to concerted efforts to define and qualify different subtypes of panic attacks based on the presence or absence of contextual stimuli associated with panic attacks (i.e. uncued, cued and situationally predisposed panic) and the concordance/discordance between psychological and physiological response domains (Barlow et al., 1994).

With regard to the actual experience of panic, at least three conceptually and topographically distinct subtypes of panic attack have been proposed: prototypic, cognitive, and non-fearful or nonclinical panic¹. Prototypic panic, also described as a Type I 'classic' or 'full-blown' panic attack (Ley, 1991, 1992), is the most stringently defined subtype of panic. According to Barlow et al. (1994), such panic attacks include (a) an intense subjective experience of fear, terror, or discomfort; (b) an objectively measured marked autonomic surge that occurs abruptly (rise time of five minutes or less) and (c) an urge to escape the situation in which the panic occurs. Though this definition of panic entails adequate precision and is useful for research purposes, its precision may come at the expense of scope or generality because it fails to include the full range of experience that may qualify as a panic attack. For example, what about the person who experiences excessive and marked fear or discomfort in the absence of a demonstrable and marked autonomic surge in arousal? To account for such individuals who report and experience panic psychologically but who otherwise experience low levels of autonomic arousal, cognitive theorists (e.g. Clark, 1988) and others (e.g. Ley, 1992) have proposed a cognitive subtype of panic attack: excessive subjective fear or distress in the absence of an objectively measurable and marked autonomic surge (Ley, 1992).

Finally, the non-fearful (Kushner & Beitman, 1990) or nonclinical (Norton, Cairns, Wozney & Malan, 1988) subtype of panic describes a topography of symptoms observed by individuals who experience a marked and abrupt autonomic surge in the absence of heightened subjective distress or fear. Although some have questioned whether persons who experience the autonomic symptoms of panic attacks without distress meet definitional criteria for panic attacks (e.g. Rapee, Ancis & Barlow, 1988), the non-fearful subtype seems to best capture the ubiquitous experience of sub-clinical levels of panic as seen in the general population (Norton, Cox & Malan, 1992) while also stressing the importance of cognitive factors in the psychological experience of panic (McNally, 1990). In view of the debate about the

¹ The terms 'non-fearful' and 'non-clinical' have been independently proposed as descriptors of a subtype of panic attack that is defined, in large part, by marked autonomic arousal and little or non-significant cognitive symptoms of panic (e.g. terror, fear, distress). The extant literature, however, is mixed as to whether both terms are synonymous with respect to the phenomena they describe. To avoid confusion that may arise when using the term 'non-clinical' to describe panic attacks in a non-clinical population, we use the term 'non-fearful' to refer to this particular topography of panic attack.

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