



Neck-focused panic attacks among Cambodian refugees; a logistic and linear regression analysis

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Abstract

Consecutive Cambodian refugees attending a psychiatric clinic were assessed for the presence and severity of current—i.e., at least one episode in the last month—neck-focused panic. Among the whole sample ($N = 130$), in a logistic regression analysis, the Anxiety Sensitivity Index (ASI; odds ratio = 3.70) and the Clinician-Administered PTSD Scale (CAPS; odds ratio = 2.61) significantly predicted the presence of current neck panic (NP). Among the neck panic patients ($N = 60$), in the linear regression analysis, NP severity was significantly predicted by NP-associated flashbacks ($\beta = .42$), NP-associated catastrophic cognitions ($\beta = .22$), and CAPS score ($\beta = .28$). Further analysis revealed the effect of the CAPS score to be significantly mediated (Sobel test [Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182]) by both NP-associated flashbacks and catastrophic cognitions. In the care of traumatized Cambodian refugees, NP severity, as well as NP-associated flashbacks and catastrophic cognitions, should be specifically assessed and treated.

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Keywords: Posttraumatic stress disorder; Panic attack; Flashbacks; Catastrophic cognitions; Cambodian refugees; Panic attack subtypes

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1. Introduction

During Khmer Rouge rule (1975–1979), 1–3 million of Cambodia's 7 million people died (Chung, 2001; Kiernan, 1996). Cambodians were subjected to slave labor, physical and sexual violence, and the constant threat of death by starvation, illness, or execution (Mollica, McInness, Poole, & Tor, 1998). Upon leaving the country, Cambodians passed through the hardship of a long stay in chaotic and dangerous refugee camps (Chung, 2001). By 1998, approximately 130,000 Cambodian refugees had resettled in the United States (Pfeiffer, 2000). In the United States, Cambodians, lacking knowledge of the local culture or language, had to adjust to urban localities of poverty and violence.

1.1. Rates of posttraumatic stress disorder and panic disorder in the Cambodian population

Surveys of Cambodian and Vietnamese refugees document very high rates of posttraumatic stress disorder (PTSD) (Carlson & Rosser-Hogan, 1991; Kinzie et al., 1990). In one study, 92% of the Cambodian patients attending an outpatient clinic were found to have either past or present PTSD (Kinzie et al., 1990). In psychiatric outpatient settings, high rates of panic disorder (PD) have also recently been described in Cambodian refugees (60%; Hinton, Ba, Peou, & Um, 2000), including culturally specific subtypes. In one survey, 29% of the Cambodian psychiatric patients had experienced a neck-focused panic episode in the last month (Hinton et al., 2000).

1.2. Neck-focused panic attacks

In a neck-focused panic attack (Hinton, Um, & Ba, 2001a), a Cambodian fears death from rupture of the neck vessels, with prominent symptoms including a sore neck (*rooy gâ*), head symptoms (e.g., headache, tinnitus, blurry vision, and dizziness), and general symptoms of autonomic arousal (e.g., cold extremities, palpitations, and shortness of breath). (Analogously, Eifert and his group, e.g., Eifert, 1992; Eifert et al., 2000, have demonstrated the importance of *heart-focused anxiety* in English- and German speaking populations. Cambodians have great *neck-focused anxiety*.) In a discriminant function analysis of the ASI that included an addendum, fear of neck sensations was one of the best predictor of both PTSD and PD status (Hinton, Pich, Safren, Pollack, & McNally, in press).

1.3. The generation of a neck-focused panic attack

Initial neck sensations may be triggered by multiple causes: a worry episode, chronic muscular tension, generalized anxiety disorder, or attention-mediated amplification. Initial neck symptoms may activate four types of fear networks: trauma associations (T), catastrophic cognitions (C), metaphoric resonances (M),

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