

Gastrointestinal-focused panic attacks among Cambodian refugees: Associated psychopathology, flashbacks, and catastrophic cognitions

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Abstract

Among Cambodian refugees attending a psychiatric clinic, we assessed psychopathology associated with gastrointestinal panic (GIP), and investigated possible causal mechanisms, including “fear of fear” and GIP-associated flashbacks and catastrophic cognitions. GIP ($n = 46$) patients had greater psychopathology (Clinician-Administered PTSD Scale [CAPS] and Symptom Checklist-90-R [SCL]) and “fear of fear” (Anxiety Sensitivity Index [ASI]) than did non-GIP patients ($n = 84$). Logistic regression revealed that general psychopathology (SCL; odds ratio = 4.1) and fear of anxiety-related sensations (ASI; odds ratio = 2.4) predicted the presence of GIP. Among GIP patients, a hierarchical regression revealed that GIP-associated trauma recall and catastrophic cognitions explained variance in GIP severity beyond a measure of general psychopathology (SCL). A mediational analysis indicated that SCL’s effect on GIP severity was mediated by GIP-associated flashbacks and catastrophic cognitions.

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1. Introduction

1.1. Background: the Cambodian genocide

During Khmer Rouge rule (1975–1979), 1–3 million of Cambodia's 7 million people died (Kiernan, 1996). Cambodians were subjected to violence, slave labor, and the constant threat of death by illness, execution, or starvation (Mollica, McInness, Poole, & Tor, 1998). Upon leaving the country, they endured prolonged detention in chaotic and dangerous refugee camps in Thailand (Chung, 2001). By 1998, approximately 130,000 Cambodian refugees had resettled in the United States (Pfeiffer, 2000). Lacking knowledge of the American culture and English language, they wound up residing in poor, violence-ridden urban localities. As a result of these traumas, Cambodian refugees have high rates of posttraumatic stress disorder (PTSD), panic disorder (PD), and culturally specific panic attacks (PAs; Hinton, Ba, Peou, & Um, 2000; Hinton et al., 2006a; Hinton, Pollack, Pich, Fama, & Barlow, 2005).

1.2. Subtyping PAs

Researchers have suggested the need to subtype panic by the symptom of most salience and concern (Aikens, Zvolensky, & Eifert, 2001; Chambless, Beck, Gracely, & Grisham, 2000; Eifert, 1992; Schmidt, 1999). Panickers with trauma histories may experience PAs shaped by the nature of their traumas; for example, near-suffocation leads to PAs characterized by intense dyspnea (Bouwer & Stein, 1997, 1999; see too, Mongeluzi, Rosellini, Ley, Caldarone, & Stock, 2003); and a person's catastrophic cognitions may focus on certain symptoms (Aikens et al., 2001; Chambless et al., 2000; Eifert, 1992; Schmidt, 1999). Anxiety sensitivity, a measure of "fear of fear," appears to contain important subdomains centering on particular types of somatic fears (Taylor & Cox, 1998). During challenge procedures, the patient's specific somatic sensitivities greatly influence which agents will elicit panic; for example, an agent inducing gastrointestinal (GI) distress will cause a different set of patients to panic than one primarily producing palpitations or shortness of breath (Lelliot & Bass, 1990; McNally & Eke, 1996; Schmidt, 1999).

1.3. GI-focused concern: evidence from ASI studies

A GI factor emerged in the factor analysis of the Anxiety Sensitivity Index (in an English-speaking population: Wardle, Ahmad, & Hayward, 1990; in a Cambodian population: Hinton, Pich, Safren, Pollack, & McNally, in 2006b), the Anxiety Sensitivity Profile (in an English-speaking population: Taylor & Cox, 1998; in a Turkish population: Belgin & Tutarel-Kislak, 2004), and the Body Sensations and Agoraphobia Cognitions Questionnaire (in an English-speaking population: Chambless et al., 2000). Research by our group suggests the importance of GI symptoms among Cambodian refugee psychiatric patients. In a factor analytic study of a Cambodian version of the ASI, which included an addendum for Cambodian-specific symptoms, a GI factor emerged, and a GI item was among the five best predictors of PD and PTSD status (Hinton, Pich, Safren, Pollack, & McNally, in press-a).

1.4. The generation of GI PAs among Cambodian refugees: the multiplex model

Initial GI sensations may be triggered by multiple causes – eating, hunger, a worry episode – and then increased by attention-mediated amplification. GI symptoms may activate four types of

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