

Adult separation anxiety disorder in complicated grief: an exploratory study on frequency and correlates

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Abstract

Introduction: Complicated grief (CG) has been the subject of increasing attention in the past decades but its relationship with separation anxiety disorder (SEPAD) is still controversial. The aim of the current study was to explore the prevalence and clinical significance of adult SEPAD in a sample of help-seeking individuals with CG.

Methods: 151 adults with CG, enrolled in a randomized controlled trial comparing the effectiveness of (CG) treatment to that of interpersonal therapy, were assessed by means of the Inventory of Complicated Grief (ICG), the Structured Clinical Interview for DSM-IV, the Hamilton Rating Scale for Depression (HAM-D), the Work and Social Adjustment Scale (WSAS), the Adult Separation Anxiety Questionnaire (ASA-27), the Grief Related Avoidance Questionnaire (GRAQ), the Peritraumatic Dissociative Experiences Questionnaire (PDEQ), and the Impact of Events Scale (IES).

Results: 104 (68.9%) individuals with CG were considered to have SEPAD (ASA-27 score ≥ 22). Individuals with SEPAD were more likely to have reported a CG related to the loss of another close relative or friend (than a parent, spouse/partner or a child) ($p = .02$), as well as greater scores on the ICG ($p < .001$), PDEQ ($p = .004$), GRAQ ($p < .001$), intrusion ($p < .001$) and avoidance ($p < .001$) IES subscales, HAM-D ($p < .001$) and WSAS ($p = .006$). ASA-27 total scores correlated with ICG ($p < .0001$), PDEQ ($p < .001$) GRAQ ($p < .0001$) scores and both the IES intrusion ($p < .0001$) and IES avoidance ($p < .0001$) subscale scores. People with SEPAD had higher rates of lifetime post-traumatic stress disorder (PTSD) ($p = .04$) and panic disorder (PD) ($p = .01$).

Conclusions: SEPAD is highly prevalent among patients with CG and is associated with greater symptom severity and impairment and greater comorbidity with PTSD and PD. Further studies will help to confirm and generalize our results and to determine whether adult SEPAD responds to CG treatment and/or moderates CG treatment response.

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1. Introduction

Separation anxiety disorder (SEPAD) has been classically described as a childhood condition, occasionally persisting until adulthood. Patients with SEPAD report impairing anxiety about actual or imagined separations from significant others and family environment, worry that harm would come to loved ones and need to maintain proximity to them [1–4].

While in DSM-IV TR this condition was included in the section ‘Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence’, over the last decades, researches conducted on adults have shown SEPAD not only to be often present across the entire lifespan, but also to have sometimes onset in adulthood. In these studies, the diagnosis of SEPAD was reliably made either by means of childhood DSM-IV criteria adapted to adults or by using a threshold level of symptoms, as evaluated by the Adult Separation Anxiety Checklist (ASA-27) [5–14].

In particular, the former criterion was adopted in one of the few epidemiological studies available, the National Comorbidity Survey-Replication (NCS-R) [7], where a lifetime prevalence of SEPAD in the adult general population of 6.6% was reported. Adult SEPAD also showed

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to be highly comorbid with other psychiatric disorders, especially panic disorder (PD) [2,8,10,15], and associated with substantial impairment in functioning. Data from clinical samples explored by means of the same methodology corroborated these findings showing SEPAD rates in psychiatric populations ranging between 23% and 40%. Silove et al. [8], in fact, found 23% SEPAD rates among 520 adult patients with anxiety disorders, with an over-representation of females in the SEPAD group. Some of us [10] reported a SEPAD prevalence as high as 46% in 508 adult patients with mood and anxiety disorders. Similarly, by means of the ASA-27 scores, Manicavasagar and colleagues showed a 40% rate of SEPAD among 70 patients with panic disorder or generalized anxiety [5]. In the light of this growing literature, the wording of diagnostic criteria for SEPAD has been adapted to adults and the disorder has been included in the section of anxiety disorders in the recently released DSM-5 [16–18].

Also addressed for the first time in the DSM-5 is the increasing literature on bereavement-related mental disorders, including a loss-related syndrome variously referred to as “complicated grief” (CG), “prolonged grief disorder” or “traumatic grief”. This condition is now included as “Persistent Complex Bereavement-Related Disorder” in the Section III of “Conditions Requiring Further Research” [16,19–21]. Besides the death of someone with whom the person had a close relationship (criterion A), proposed criteria for Persistent Complex Bereavement-Related Disorder include that the subjects experienced persistent yearning/longing for the deceased, or intense sorrow and emotional pain, or preoccupation with the deceased or preoccupation with the circumstances of the death for at least 12 months (6 for bereaved children) (criterion B). Moreover, at least six symptoms indicating reactive distress to the death (marked difficulty accepting the death, disbelief or numbness over the loss, difficulty with positive reminiscing about the deceased, bitterness or anger, self-blame, avoidance of reminders of the loss) or social/identity disruption (desire to die in order to be reunited with the deceased, difficulty in trusting other people since the death, feeling that life is meaningless without the deceased, confusion about one’s role in life, difficulty in pursuing interests or plan for future since the loss) must be present (criterion C) [16]. Existing studies suggest that 10% to 20% of bereaved persons may develop CG [22–24] and that it has a negative impact on physical and mental health and global functioning [25–34].

The attachment theory offers insight into links between separation anxiety and grief [35,36]. A few studies have reported an association between insecure attachment styles and CG [37,38]. Separation anxiety is a symptom of anxious insecure attachment [39]. According to attachment theory, the loss of a loved one is a potent trigger of separation anxiety symptoms. The syndrome of complicated grief has been conceptualized as being composed of separation-related and trauma-related symptoms, and a recent study showed separation distress to be the more prominent across different types of relationships and losses [40]. However, it is unclear

whether and how bereaved individuals with or without CG might be more prone to adult SEPAD [1,8]. Available data examining the relationship between SEPAD and CG have shown mixed results. In one of the first studies, Vanderwerker and colleagues found that retrospective reports of childhood SEPAD were associated with an odds ratio of 3.2 for CG in adulthood and this relationship was mediated by adult SEPAD [41]. A more recent study found that CG was associated with adult but not childhood SEPAD in a sample of outpatients with mood and anxiety disorders [13]. The latter findings are consistent with our own unpublished data (Shear personal communication). However, in a sample of trauma-affected subjects, adult SEPAD was found to be associated with post-traumatic stress disorder (PTSD), but not with depression or CG [9]. We recently found higher SEPAD levels in patients with CG compared to healthy controls [42] and greater SEPAD among individuals with both CG and PTSD compared to those with either CG or PTSD alone [43]. However, subjects with CG either alone or with depression were shown to have lower SEPAD symptoms compared to subjects with major depression alone [44]. Mixed findings could be due to lack of standardization in the method of assessing both SEPAD and CG and raise questions about the prevalence and clinical significance of adult SEPAD among individuals with CG.

The aim of the current study was to explore this question in a sample of help-seeking individuals who participated in a randomized controlled study of CG treatment [45]. Our hypothesis is to find a high prevalence of SEPAD among CG subjects. Furthermore, based on previous literature, we hypothesize that SEPAD will be associated with PD and PTSD.

2. Methods

2.1. Participants

The study was conducted in a sample of treatment-seeking adults with CG enrolled in a randomized controlled trial [45] comparing the effectiveness of complicated grief treatment (CGT) to that of interpersonal therapy (IPT). The methodology of the parent randomized controlled trial has been reported in detail elsewhere [43]. Briefly, inclusion criteria required: the death of a loved one at least 6 months prior to enrollment, a score of at least 30 on the Inventory of Complicated Grief (ICG), and judgment that CG was the most important clinical problem by an independent evaluator. Exclusion criteria were: current substance abuse or dependence, history of psychotic disorder or bipolar I disorder, suicidality requiring hospitalization, pending lawsuit or disability claim related to the death, or concurrent psychotherapy. The study was approved by the University of Pittsburgh Institutional Review Board. Participants were enrolled between April 2001 and April 2004.

One hundred and fifty-one study participants who completed measures of both CG and separation anxiety pre-randomization were included in these cross-sectional analyses.

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