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The incidence and influence of early traumatic life events in patients with panic disorder: A comparison with other psychiatric outpatients[☆]

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Abstract

Early traumatic life events, including childhood physical and sexual abuse, has been associated with increased risk for panic disorder in adulthood. We examined the incidence and influence of early traumatic life events in outpatients with panic disorder ($n = 101$), compared to outpatients with other anxiety disorders ($n = 58$), major depression ($n = 19$), or chronic schizophrenia ($n = 22$). Data were obtained by means of Structured Clinical Interviews and self-report questionnaires. The incidence of childhood physical abuse ranged from 16 to 40% and for childhood sexual abuse from 13 to 43% with no significant differences among the four diagnostic groups. Across all outpatient groups a history of childhood physical or sexual abuse was positively correlated to clinical severity. Patients with panic disorder who reported childhood physical abuse were more likely to be diagnosed with comorbid depression, to have more comorbid Axis I disorders, to score higher on symptom checklists as well as reporting a greater history of suicide attempts in the past year (5% vs. 0%); or lifetime (36% vs. 15%). Similar findings were noted, but not as robustly, for patients with panic disorder who reported childhood sexual abuse. There is a high rate of adverse early childhood events across diagnostic groups in psychiatric outpatients and these events are likely to influence the severity of the disorder but are

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unlikely to be a unique risk factor for any one type of disorder. © 2002 Published by Elsevier Science Inc.

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A number of studies have suggested that psychiatric morbidity in adulthood is associated with a variety of developmental traumas such as sexual and physical abuse. In particular, childhood abuse has been found to be a possible risk factor for anxiety disorders such as panic disorder (PD), in both epidemiological (Brown & Harris, 1993a; Brown, Harris, & Eales, 1993b; Burnam et al., 1988; Kessler, Davis, & Kendler, 1997) and clinical studies (Brier, Charney, & Heninger, 1986; Faravelli, Webb, Ambonetti, Fonnesu, & Sessarego, 1985; Mancini, Van Ameringen, & Macmillan, 1995; Raskin et al., 1989; Stein et al., 1996). In addition, a history of developmental traumas, such as early losses and separations, childhood illnesses, and chaotic family environments have also been implicated as possible factors affecting the course and treatment response of patients with PD (Alnaes & Torgersen, 1988; Brier et al., 1986; David, Giron, & Mellman, 1995; Fierman et al., 1993; Gerlsma, Emmelkamp, & Arrindell, 1990; Laraia, Stuart, Frye, Lydiard, & Ballenger, 1994; Mancini et al., 1995; Noyes et al., 1993; Servant & Parquet, 1994; Wade, Monroe, & Michelson, 1993). The purpose of the present study was to examine the incidence and possible influence of early traumatic life events in patients with PD. Previous studies have been hampered by a number of methodological limitations; among them are insufficient psychiatric comparison groups or the lack of standardized questions regarding traumatic events. The present study benefited from the use of standardized structured interviews, self-report questionnaires, and use of comparison groups which covered a wide range of outpatient diagnostic groups.

Studies that have looked at the frequency of childhood sexual and physical abuse in patients with panic disorder have found rates ranging from 13 to 54% (Mancini et al., 1995; Stein et al., 1996). Similarly the range reported for childhood sexual or physical abuse is quite high in patients with other anxiety disorders such as generalized anxiety disorder (GAD) with a reported incidence of childhood sexual abuse range from 7 to 35%, and for physical abuse 5–45% (Mancini et al., 1995; Stein et al., 1996). At the same time studies have found that the rate of childhood sexual or physical abuse is elevated for affective disorders (35% for sexual or physical abuse) and schizophrenia (sexual abuse as high as 60% and physical abuse 44–60%) (Bryer, Nelson, Miller, & Krol, 1987; Davres-Bornoz, Lemperiere, Degiovanni, & Gaillard, 1995; Friedman & Harrison, 1984; Giese, Thomas, Dubovsky, & Hilty, 1998; Jacobson & Herald, 1990; Jacobson & Richardson, 1987; Mullen, Martin, Anderson, Romans, & Herbison, 1993; Read, 1997; Sansomnet-Hayden, Haley, Marriage, & Fine, 1987; Surrey, Swett, Michaels, & Levin, 1990; Swett, Surrey, & Cohen, 1990).

In psychiatric inpatient settings, reviews of the literature have found that incidence of childhood physical and/or sexual abuse in patients, of mixed

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