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Rates and predictors of remission in young women with specific phobia: A prospective community study

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ABSTRACT

This prospective study reports rates and predictors of remission in young women with specific phobia. Data came from a prospective community study, in which German women (aged 18–25 years) completed an extended version of the Anxiety Disorders Interview Schedule (ADIS-IV-L) at two time points. Of the 137 women with specific phobia at baseline, 41.6% were partially remitted and an additional 19.0% were fully remitted at follow-up, defined as absence of any specific fears. A remitting course of specific phobia was predicted by residual protective factors at baseline, especially participants' positive mental health and life satisfaction. Baseline levels of stress, coping skills, cognitive factors, psychopathology, and specific phobia characteristics did not predict remission. Results show that specific phobia in young women rarely takes a stable course at the full diagnostic threshold. The factors that influence remission of specific phobia are different from those that predict the incidence.

1. Introduction

Specific phobia affects a very large number of people. Approximately 9.4% to 12.5% of the adult population will suffer from at least one specific phobia during their lifetime. Women are usually twice as likely to suffer from specific phobia as men (e.g., Kessler et al., 2005; Stinson et al., 2007). Despite extremely high prevalence, data on the natural course of specific phobia are sparse. Such lack of knowledge is remarkable because specific phobia is associated with high comorbidity as well as significant impairment and distress (Becker et al., 2007). Furthermore, specific phobia is a predictor of the subsequent onset of various other mental disorders (Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996).

Numerous clinical and epidemiological studies have documented that adults with specific phobia have usually suffered from these fears since childhood (e.g., Becker et al., 2007; Burke, Burke, Regier, & Rae, 1990; Kessler et al., 2005; Marks & Gelder, 1966; Öst, 1987; Stinson et al., 2007; Thyer, Parrish, Curtis, Nesse, & Cameron, 1985). Further evidence comes from prevalence studies demonstrating that prevalence rates do not change much over differing time frames (e.g., Becker et al., 2007; Stinson et al., 2007).

These findings from cross-sectional studies suggest that specific phobia is rather stable. However, cross-sectional studies based on retrospective information are less suitable to go beyond a fairly broad estimation about the course and outcome of specific phobia. Unfortunately, there are few studies that have prospectively studied the course of specific phobia in community samples using diagnostic interviews. In a study by Milne and colleagues (1995), in which phobic disorders in adolescents (seventh, eighth, and ninth graders) were assessed over a 3-year period, only 11% showed a stable course. Note that this study relied on a very small sample ($n = 12$) and included specific phobia, social phobia, and agoraphobia. The Early Developmental Stages of Psychopathology Study (EDSP; Wittchen, Lieb, Pfister, & Schuster, 2000) investigated the course of specific phobia in 14- to 17-year-old adolescents over a 19-month time interval. Taking participants with threshold and subthreshold specific phobia together, 30.1% of these cases showed a stable course, at least at the subthreshold level. Finally, Agras, Chapin, and Oliveau (1972) studied natural course of specific phobia in a small sample of 10 phobic children (under 20 years) and 20 phobic adults (over 20 years) over a 5-year period. Results showed that 100% of the children but only 43% of the adults remitted during the 5-year period. Thus, prospective findings indicate that children and adolescents with specific phobia have a relatively high likelihood of remission, suggesting that the disorder shows fluctuations at the full diagnostic threshold over time. Most prospective studies relied on relatively young samples. Though, the course in children and adolescents is not necessarily comparable to that in adults because younger samples usually show a more instable course with higher rates of spontaneous

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remission (Agras et al., 1972; Last, Perrin, Hersen, & Kazdin, 1996). Therefore, corroborating previous findings by examining the course of specific phobia in adults would be important.

Whereas research on predictors of the incidence of specific phobia has been expanding, predictors of a remitting versus stable course are relatively understudied. Identification of such predictors is relevant for prognosis and planning of intervention measures. Analyses from prospective studies found several salient predictors of remission from anxiety disorders in general: younger age, absence of comorbid mental disorders, and a low number of negative life events (Bruce et al., 2005; Essau, Conradt, & Petermann, 2002). With regard to specific anxiety disorders, the absence of comorbid generalized anxiety disorder and avoidant personality disorder predicted remission from social phobia (Massion et al., 2002). In female samples, remission from social phobia was predicted by: high Global Assessment of Functioning scores, absence of a history of suicide attempts (Yonkers, Dyck, & Keller, 2001) as well as being employed, absence of comorbid mental disorders, low anxiety sensitivity scores, few daily hassles, and high positive mental health scores (Vriends et al., 2007). Altogether, these studies suggest that in addition to disorder characteristics, comorbid psychopathology, cognitive factors, stress, and protective factors are predictive of the long-term natural course. As far as we know, there is only one prospective study that has examined predictors of the natural course of specific phobia. In this study, Agras and colleagues (1972) found that a lower number of fears comprising the phobia and lower general fearfulness predicted remission over a 5-year period, but that severity of specific phobia was not associated with course.

In summary, data on the natural course of specific phobia come primarily from cross-sectional, retrospective studies. The few prospective community studies available are hampered by reliance on small sample size and examination of a very limited number of predictors of remission. Knowledge about the course of specific phobia in older samples and information about a broad range of predictors is lacking. Given the high prevalence of specific phobia in women, investigating remission in this group is clearly important.

The current study determined remission rates of specific phobia in a community sample of German women, initially aged 18–25 years. Data came from a prospective study, in which participants were evaluated at two time points over a 17-month time interval. By also considering specific phobia subtypes, we examined remission rates separately for full and partial remission from specific phobia. Moreover, by using information about specific phobia and participants' vulnerability factors at initial assessment, we investigated a broad range of predictors of remission from specific phobia.

2. Method

2.1. Participants

Participants were 137 German women with specific phobia who participated in the Dresden Predictor Study (DPS; also referred to as Dresden Mental Health Study; Becker et al., 2000), a prospective study of mental disorders. On the basis of information gathered in a diagnostic interview, all participants fulfilled criteria for point prevalence of specific phobia (i.e., disorder was present in the last 7 days up to the interview) according to *DSM-IV* (American Psychiatric Association, 1994).

Participants were randomly drawn from the 1996 population registers of residents in Dresden, former East Germany. In Germany, registers usually include all residents because each and every person is obliged to register. All participants had to meet the selection criteria of being female and being aged 18–25 years at the time of initial assessment. A total of 5203 women were located and deemed eligible for the study. At the baseline assessment between July 1996 and September 1997, a total of 2068 women completed the diagnostic interview and 997 filled out questionnaires only, resulting in a response rate of 58.9%. Of the 2068 participants took part in the interview, 1881 also filled out questionnaires. Of these 1881 participants, 178 (9.5%) met *DSM-IV* criteria for point prevalence of specific phobia. At the follow-up assessment approximately 17 months later ($M = 16.9$ months, S.D. = 6.0, range = 7–30 months), 137 (77.0%) participants returned for readministration of the diagnostic interview and were included in the current study.

2.2. Diagnostic interview

The interviewer invited the participant for an individual face-to-face interview. The diagnostic assessment at baseline and follow-up was made using the "Diagnostisches Interview bei Psychischen Störungen – Forschungsversion" (F-DIPS; translation: Diagnostic Interview for Mental Disorders – Research Version; Margraf, Schneider, Soeder, Neumer, & Becker, 1996). The F-DIPS is an earlier version of the DIPS (Schneider & Margraf, 2006) and is based on a German translation and extension of the Anxiety Disorders Interview Schedule (ADIS-IV-L; Di Nardo, Brown, & Barlow, 1995). It is a structured interview for the assessment of Axis I mental disorders according to *DSM-IV*. Diagnoses are given for the past 7 days and lifetime.

The F-DIPS specific phobia section started with a stem question about the degree of fear and avoidance of 18 potentially phobic objects and situations. These referred to contents of the *DSM-IV* specific phobia subtypes, including: animals, natural environment (heights, storms, and water), blood-injection-injury on oneself or someone else (bleeding because of a cut, getting an injection, blood withdrawal), and situations (flying, elevators or closed spaces, driving a car). An additional question included physical phobias (medical or dental treatment, choking, vomiting, contagion) and phobias with fear of noise, costumes, or exams. Participants who endorsed the stem question were interviewed in detail to evaluate *DSM-IV* criteria.

Interviewers were psychologists, physicians, or psychology students in their last year of study. To ensure blinding, the interviewer who conducted the follow-up interview was unaware of the participant's assessment at baseline. All interviewers underwent 1 week of intensive training focusing especially on the content of the study and the use of the F-DIPS. Interviewers received biweekly supervision during fieldwork. Moreover, supervisors proofread every single completed interview protocol for formal consistency, appropriate recording, and coding. In cases where problems were detected, the interviewer was contacted and instructed for corrections. For reliability purposes, a second interviewer reviewed the audiotapes of 43 interviews and made diagnoses. The retest reliabilities for lifetime diagnoses were between .58 and 1.0 (Cohen's kappa; κ) and .64 and 1.0 (Yule's *Y*; γ).

The retest reliability of the F-DIPS was also tested in a sample of 191 psychosomatic patients (Keller, 2000). The patients underwent two independent administrations of the F-DIPS within a mean retest interval of 2 weeks (range = 1–4 weeks). The retest reliabilities for current diagnoses were between $\kappa = .64$ and $\kappa = .89$, and $\gamma = .65$ and $\gamma = .94$. For specific phobia, the retest reliability was fair ($\kappa = .56$, $\gamma = .73$). In the same study, the validity of the F-DIPS was examined with the help of self-report questionnaires and diagnoses made by therapists. Overall, the F-DIPS proved to be a valid instrument for the assessment of mental disorders (Keller, 2000).