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Anxiety sensitivity: stability in prospective research

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Abstract

Several recent panic prevention studies suggest that anxiety sensitivity, as measured by the Anxiety Sensitivity Index (ASI), may not be stable under certain conditions. In two investigations [Behav. Ther. 32 (2001) 725; Disertation Abstr. Int. 62 (2001) 4226], wait-list or no-treatment conditions produced ASI scores at follow-up that were significantly reduced from baseline and comparable to those of the intervention groups. Although design characteristics could not rule out regression to the mean as the source of these changes, the authors suggested that these findings were most likely due to nonspecific factors such as reassurance, support, or the expectation of receiving subsequent treatment. The present study sought to replicate and extend these findings by analyzing the contribution of a detailed diagnostic assessment on ASI scores. Two cohorts of high-risk-for-panic participants scoring in the high range of the ASI were studied. Cohort 1 received a detailed diagnostic assessment and then either no-treatment or one of two anxiety sensitivity reduction interventions. Cohort 2 did not receive a detailed diagnostic assessment or an intervention. Both groups were followed up 2 weeks after baseline assessment. Results were consistent with the hypothesis that ASI total and subscale scores are unstable in the presence of structured interviews. Participants receiving a diagnostic assessment produced ASI scores that were significantly lower than at baseline with the average ASI score dropping from the high to the average range. ASI scores of participants not receiving a diagnostic assessment, however, were unchanged from baseline.

Keywords: Anxiety sensitivity; Panic disorder; Prospective research; Prevention

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Anxiety sensitivity refers to the predisposing fear that the sensations of anxiety may have dire social, somatic, or psychological consequences. For instance, people high in anxiety sensitivity might believe that a racing heart signals an impending heart attack, or that feelings of nervousness are a sign of severe mental illness. There is increasing evidence that anxiety sensitivity is a risk factor for anxiety and for panic disorder in particular. In prospective studies, high anxiety sensitivity has been shown to predict the occurrence of anxiety disorders and panic attacks (Maller & Reiss, 1992; Plehn & Peterson, 2002; Schmidt, Lerew, & Jackson, 1997, 1999; Weems, Hayward, Killen, & Taylor, 2002). Participants high in anxiety sensitivity have been found to be five times more likely to develop an anxiety disorder that those low in anxiety sensitivity (Maller & Reiss, 1992). Anxiety sensitivity has also been shown to predict anxious responding to biological challenge regardless of panic disorder diagnostic status (for a review, see McNally, 2002). Thus, anxiety sensitivity predicts anxious responding among participants with an anxiety disorder and also among participants who do not meet criteria for an anxiety disorder.

Anxiety sensitivity is most commonly measured with the Anxiety Sensitivity Index (ASI: Peterson & Reiss, 1992), a 16-item self-report measure assessing patients' fears of common anxiety sensations and cognitions. The ASI has been commonly used as an outcome measure across anxiety disorders and to select analogue populations and populations at high and low risk for panic disorder. In factor analytic studies, the ASI has been found to be hierarchically structured with one general factor and three group factors: Physical Concerns, Mental Concerns, and Social Concerns (Zinbarg, Barlow, & Brown, 1997).

Studies examining the contribution of ASI factors to the onset of panic or anxious responding have found significant associations between the Physical and Mental Concerns factors and subsequent anxious responding that differ according to paradigm. In a series of biological challenge studies, the Physical Concerns factor was found to be uniquely associated with anxious responding (Zinbarg, Brown, Barlow, & Rapee, 2001; Zvolensky, Feldner, Eifert, & Stewart, 2001). However, in a prospective study that controlled for previous panic history and trait anxiety, only the Mental Concerns factor was associated with the occurrence of panic attacks (Schmidt et al., 1999). Very few studies have examined the stability of the ASI and its factors over time. In adults and adolescents, populations with ASI scores that average in the moderate range appear to remain stable over follow-up periods varying from 2 weeks to 4 years (Weems et al., 2002; Zinbarg & Schmidt, 2002).

There is preliminary evidence, however, that populations with ASI scores in the high range may not manifest stable scores over time in some situations. For example, Gardenswartz and Craske (2001) followed high-risk-for-panic college students (ASI $>$ 15; at least one unexpected panic attack in the past year) over a 6-month period as part of a prospective panic prevention study. Participants in the wait-list condition exhibited a 10-point decrease in ASI scores over the 6-month study period. This change was significant and comparable to the 12-point decrease