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Panic attacks in schizophrenia

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Abstract

Objective: To determine the association between panic attacks and comorbid mental disorders, psychiatric symptomotology, service utilization, and suicidality among individuals with schizophrenia in the community. *Method*: Data were drawn from the Epidemiologic Catchment Area (ECA) Study (n=20, 291). Differences in comorbid mental disorders, symptomotology, service use, and suicidality were determined between individuals with schizophrenia, with and without panic attacks. *Results*: Panic attacks (lifetime) were common among almost half (45%) of those with schizophrenia. Individuals with schizophrenia and panic attacks had significantly elevated rates of co-occurring mental disorders, psychotic symptoms, suicidality, and mental health service utilization compared with individuals with schizophrenia who did not suffer from panic attacks. *Conclusions*: Panic attacks are common among individuals with schizophrenia in the community and are associated with higher rates of other co-occurring mental disorders, service utilization and suicidality. These results suggest that concurrent treatment for both panic and schizophrenia may be indicated for optimal outcomes. Future research is needed to determine the direct and indirect cost benefit in providing mental health treatment for panic among individuals with schizophrenia in the community.

Keywords: Schizophrenia; Psychosis; Epidemiology; Panic; Comorbidity; Anxiety

Despite recent advances in psychopharmacologic treatment of a wide range of mental disorders, psychiatric treatment continues to be effective to varying degrees among persons with schizophrenia in community-based care (Jablensky, 2000; Radomsky et al., 1999). There is an ongoing debate about the predictors of treatment response and outcomes for individuals with schizophrenia (Zarate et al., 2000; Robinson et al., 1999). The factors associated with poor treatment response, medication intolerance, frequent psychiatric decompensation, and suicide risk remain difficult to determine (Harkavy-Friedman et al., 1999; Koreen et al., 1993).

Psychiatric comorbidity has been shown to thwart treatment effectiveness in several recent studies focusing on a range of depressive and anxiety disorders (Feske et al., 1998, 2000), though this association has been given less attention among those with psychotic symptoms and disorders (Bermanzohn et al., 2000). One possible exception to this is the well-documented relationship between comorbid alcohol and substance

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use disorders among individuals with schizophrenia, which are reported to co-exist in up to 50% of individuals with severe mental illness (Swofford et al., 2000). Comorbid alcohol and substance use disorders are associated with poorer psychopharmacologic and psychotherapeutic treatment response, higher rates of inpatient and outpatient service utilization, social and work disability, and treatment drop-out/non-compliance among individuals with schizophrenia (Mueser et al., 2000). Given these associations, corroborative/integrative services that combine the treatment of schizophrenia with substance abuse treatment have been developed, evaluated, implemented and are recommended practice when comorbid substance use disorders are diagnosed among individuals with psychotic disorders (Penk et al., 2000).

More recently, a small number of clinical studies have shown that panic attacks increase the risk of poor response to psychotherapeutic treatment intervention, poorer quality of life, worse rehabilitation outcomes, and risk of alcohol and substance use disorders among individuals with severe mental illness (i.e., schizophrenia, schizoaffective disorder, bipolar disorder) (Cutler and Siris, 1991; Culter, 1994; Arlow et al., 1997; McCrone et al., 2000). However, in contrast to available data on substance use comorbidity, little is known about the relationship between panic attacks and the risk of comorbid psychopathology and treatment outcomes among individuals with schizophrenia in the community. To date, available data on the comorbidity of psychotic and anxiety disorders have primarily been drawn from small clinical samples, which are influenced by selection into treatment bias. Moreover, these data have provided little detail on the clinical correlates of this association (Cosoff and Hafner, 1998; Turnbull and Bebbington, 2001; Hofmann, 1999) and limited information on the extent to which panic affects morbidity, service utilization, and outcomes in schizophrenia.

The goals of this study are three-fold. The first goal is to determine the relationship between panic attacks and comorbid psychiatric disorders and psychotic symptomotology among individuals with schizophrenia. The second goal is to investigate the relationship between panic attacks and service utilization among individuals with schizophrenia. The third goal is to determine differences in suicidality among those with schizophrenia, with and without panic attacks. Given the results of associations between panic attacks and schizophrenia, the frequency of this co-occurrence in the community, and the suggestive findings from clinical samples, it may be hypothesized that the relationship between panic and increased morbidity extends beyond clinical settings. While previous epidemiologic studies have investigated the comorbidity of panic disorder and schizophrenia, previous data have not illuminated the prevalence and comorbidity of other mental disorders associated with the co-occurrence of panic attacks and schizophrenia among adults in the community. Therefore, without epidemiologic data to specifically address this issue, the association between panic attack, psychiatric comorbidity, service utilization, and outcomes in the community remains unknown. Based on previous clinical findings, we hypothesized that panic attacks would be associated with increased rates of psychiatric morbidity and service utilization among individuals with schizophrenia in the community. We also predicted that individuals with schizophrenia and panic attacks would have significantly higher rates of suicidal ideation and suicide attempt compared with those with either but not both.

1. Methods

1.1. Sample

Data were drawn from the Epidemiologic Catchment Area (ECA) Study (n=20, 291), a household population-based sample representative of the adult (age 18 and older) United States population (Eaton et al., 1984; Robins and Regier, 1991). Written, informed consent was obtained from each participant after the study procedures had been fully explained. Detailed information about the design, methods, and sampling techniques have been published elsewhere (Regier et al., 1984, 1993).

1.2. Diagnostic assessment

For the purposes of these analyses, schizophrenia includes those who met the DSM-III criteria for schizophrenia or schizophreniform disorder diagnosed by lay interviewers with the DIS (code 3 (subthreshold) or 5 (threshold)) (Robins et al., 1981, 1984). This diagnostic grouping may more accurately be