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Clarifying Risk Factors in First-Degree Relatives of Persons with Panic Disorder: A Preliminary Test Via Self-Report Measures

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Summary

Research suggests responding fearfully to panic-like events escalates physiological activity and thereby increases the likelihood of full-blown panic (Barlow, 1988). Nonetheless, the factors that precipitate a fear response to internal somatic cues (i.e., rapid heart beat) have yet to be specified. Furthermore, it is unknown whether self-reports of cognitive events that characterize PD are associated with other PD risk factors such as family history and personal panic attack experience in healthy individuals. Fear of bodily sensations and a lack of control over negative life events are two variables that are believed to be associated with a heightened fear response to physiological arousal (Chambless, Caputo, Bright, & Gallagher, 1984) and full-blown panic (Sanderson, Rapee, & Barlow, 1989). The question remains, however, whether these variables are risk factors for PD development. In fact, investigations testing the potential of these characteristics as risk factors for internally focused fear responding are rare (for an exception see Zvolensky, Lejuez, & Eifert, 1997).

In a preliminary effort to gather data in this area, we tested the hypothesis that fear of bodily events associated with high arousal and reports of a lack of control over health behaviors are associated with (a) being a first-degree relative of a person with PD and (b) personal history of panic attacks. Our findings indicate reports of little control over physical health were associated with being a first-degree relative of a person with PD ($p < .001$). When parceled by risk factors, the results revealed persons with the specified risk factors were significantly different on the control measure compared to persons with only one or none of these risk factors ($p < .05$). A trend toward significance was noted for the Bodily Sensations Questionnaire (Chambless et al., 1984) between first-degree relatives of persons with PD and the comparison group ($p < .09$). Interestingly, no significant differences were noted for general emotional differences between groups. Despite small sample sizes, our findings provide preliminary evidence (a) that a sensitive psychological style may exist prior to PD development and (b) the specified self-reports are associated with a family history of PD and personal panic attack experience.

References

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