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Panic disorder and subthreshold panic in the light of comorbidity: a follow-up study

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Abstract

Especially in the presence of agoraphobia and comorbid conditions, panic disorder causes significant impairment in life quality. Although there are several studies about epidemiology and clinical features, subthreshold symptoms and courses of comorbidity have not been studied sufficiently in panic disorder. The current study assessed the courses of panic disorder and subthreshold panic symptoms in consideration of the major and subthreshold comorbid conditions. Patients with *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*-diagnosed panic disorder were assessed using the panic disorder follow-up questionnaire, Panic and Agoraphobia Scale, Hamilton Depression Rating Scale, and State-Trait Anxiety Inventory. Structured Clinical Interview for *Diagnostic and Statistical Manual of Mental Disorders* was used to determine comorbidity, and all participants were received to 1-year follow-up. Comorbidity assessment showed that the threshold comorbidity decreased, while the subthreshold comorbidity increased at 1-year follow-up. Panic disorder symptom severity was decreased, but subthreshold panic symptoms continued to be present within the course of the illness. Presence of agoraphobia and duration of disease were significantly related with higher Panic and Agoraphobia Scale scores in the second assessment, and these relationships were independent from the treatment process. Even if the comorbidity and the severity of panic decrease with treatment, subthreshold panic and comorbid symptoms may still resist in panic disorder.

1. Introduction

Panic disorder (PD) is an important psychiatric condition that can cause significant impairment. Its lifetime and 1-year prevalence are approximately 4.7% and 2.7%, respectively, according to Kessler's National Comorbidity Survey [1-3]. In this disorder, several physical, cognitive, and emotional symptoms are seen together [4,5]. Tachycardia and palpitations are among the most frequent symptoms [6]. Demographically, almost half of the patients with PD experience separation anxiety or psychical or sexual trauma. Great part of these events appears to be early experiences [7-9]. Panic disorder is generally seen together with various mental conditions such as major depression (MD), drug and alcohol abuse, and generalized anxiety disorder. Various studies show that patients who have PD diagnosis experience at least one major depressive episode in their lifetime. In the light of comorbidity perspective, there is an increased incidence of PD and agoraphobia, respectively, 19 times and 17 times in patients with MD [10-12]. Comorbid condition can cause worse clinical outcome in PD [13-16]. Especially in the presence of agoraphobia and comorbid conditions, PD causes significant impairment in life quality [17,18]. Besides comorbidity, symptom severity also varies within the disorder. This is to say that although one patient diagnosed with PD according to *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) may have 52 points on the Panic Agoraphobia Scale (PAS), another patient may get a score of 4 on the same instrument. Clinical heterogeneity and comorbidity can create a difficulty arriving at a suitable diagnosis and treatment in patients with especially subthreshold panic symptoms. This brings to mind if there is any relationship between panic severity and comorbidity and if this is a continuing process. In this study, we assessed the comorbidity, clinical features, and related factors in PD at the baseline and 1-year follow-up for understanding

Conflict of interest: None of the authors has any conflict of interest to declare.

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