

Separation Anxiety Disorder in Childhood as a Risk Factor for Future Mental Illness

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ABSTRACT

Objective: To ascertain the extent to which childhood separation anxiety disorder (SAD) confers risk for the development of psychopathology during young adulthood (ages 19–30). **Method:** A subset of the participants of the Oregon Adolescent Depression Project ($n = 816$) was used. Subjects provided retrospective reports of lifetime mental illness (including SAD) and concurrent reports of current mental illness at age 16 and were then followed prospectively until age 30. Diagnostic assessments were conducted twice during adolescence and again at ages 24 and 30. Based on diagnosis during childhood/adolescence, the subjects were partitioned into four orthogonal groups: SAD ($n = 42$), other anxiety disorders ($n = 88$), a heterogeneous psychiatric disorders control group ($n = 389$), and a not mentally ill control group ($n = 297$). Adjusting for demographic variables that were significantly associated with group status and for comorbid disorders prior to age 19, the results were analyzed with hierarchical multiple logistic regression. **Results:** SAD was a strong (78.6%) risk factor for the development of mental disorders during young adulthood. The major vulnerabilities were for panic disorder and depression. **Conclusions:** Because SAD creates a major vulnerability for mental disorders during young adulthood, clinicians should be sensitive to the presence of SAD, and children and adolescents with SAD should be treated. Future research should evaluate whether successful treatment of SAD and/or the provision of a preventive intervention during childhood/adolescence reduce the risk for future psychopathology. *J. Am. Acad. Child Adolesc. Psychiatry*, 2008;47(5): 548–555. **Key Words:** separation anxiety, risk factor, psychopathology.

Separation anxiety disorder (SAD) has been recognized as a disorder of childhood since the *DSM-III*.¹ The central phenomenology of SAD focuses on a child's reluctance to be separated from major attachment figures because of his or her fear that something awful may happen to the attachment figure. Although there have been several recent reviews of SAD,^{2–5} relatively little is known about SAD's long-term course and its

potential to predispose individuals to future psychopathology (with the exception of panic disorder, reviewed later). It has been estimated that 33% to 40% of children with SAD develop at least one adult psychiatric disorder.^{6,7} The purpose of this study was to contribute to the understanding of the course of SAD and to identify specific subsequent mental illnesses associated with SAD. Such an understanding may help mental health professionals develop preventive programs for children and adolescents with SAD.

Childhood SAD Predicting Subsequent Anxiety Disorders

Multiple lines of evidence suggest that childhood SAD may confer an increased risk for developing subsequent anxiety disorders. For instance, retrospective reports indicate elevated rates of anxiety disorders⁸ such as social phobia, panic disorder (PD), and PD-agoraphobia (PD-Ag) among those with a childhood history of SAD,⁹ and prospective studies indicate increased rates of specific phobia, obsessive compulsive disorder, posttraumatic stress disorder, and acute stress

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disorder among individuals who had SAD during childhood.¹⁰ The findings of the Orvaschel et al.¹¹ prospective study suggest many disorders “breed true” (i.e., individuals who are diagnosed with two disorders at different points of time are more likely to be diagnosed with two disorders from the same general diagnostic category than diagnosed with two disorders from separate diagnostic categories). Thus, we hypothesized that an individual with SAD would be more likely subsequently to develop a second anxiety disorder.

Childhood SAD Predicting Subsequent Nonanxious Disorders

Several studies have examined the specific link between childhood SAD and subsequent major depressive disorder (MDD). Aschenbrand et al.¹⁰ and Hayward et al.¹² presented evidence from prospective studies suggesting that MDD often appears later in life among individuals who had SAD as a child, especially among those with persistent childhood SAD.² These findings are consistent with those reported by Orvaschel et al.¹¹ Therefore, we predicted an increased incidence of depression among individuals with a history of childhood SAD.

Few researchers have examined the link between childhood SAD and subsequent externalizing disorders or substance misuse. At least one research group¹³ reported that SAD retrospectively assessed at age 11 did not predict substance use or abuse prospectively assessed at age 14; however, others have linked childhood anxiety disorders in general to subsequent substance use problems in prospective studies.¹⁴ Based on the results reported by Orvaschel et al.¹¹ suggesting that that most disorders “breed true” and the results of King et al.,¹³ we predicted that compared to controls, the children and adolescents with SAD would not show an increased incidence of alcoholism and drug abuse.

Childhood SAD Predicting Subsequent Panic Disorder

Decades ago, Gittelman and Klein^{15–17} suggested the intriguing hypothesis that SAD in childhood may serve as a specific risk factor for adult panic disorder. Since that time, many researchers have observed a link between retrospectively reported childhood SAD and prospective adolescent panic attacks¹⁸ or retrospectively reported childhood SAD and adult PD/PD-Ag.^{19–24} The estimated percentages of adults with PD/PD-Ag who experienced juvenile SAD have ranged from 18%²⁵ to 50%.²⁶ Although many research groups have

detected a link between juvenile SAD and subsequent PD/PD-Ag, others have failed to replicate this relation in prospective studies.^{10,12,27} Still other researchers have detected a relation between childhood SAD and adult PD/PD-Ag in retrospective studies, but stress this relation is not unique.^{9,28}

Some researchers have suggested the mixed findings may be a result of the heterogeneity of symptom profiles among children with SAD. For instance, Manicavasagar et al.²⁹ demonstrated that adults who retrospectively reported high levels of childhood SAD symptoms were much more likely than those with low levels of SAD symptoms to develop PD/PD-Ag as adults. Other researchers have provided evidence that the SAD and PD/PD-Ag link may be stronger in females than in males.³⁰ Additional reasons for the equivocal nature of the link between childhood SAD and subsequent PD/PD-Ag include differential symptom assessment (i.e., participant versus parent report), study design (i.e., prospective versus retrospective), and the concurrent presence of other mental disorders. A recent review by Silove et al.²⁷ concludes the link between SAD and PD/PD-Ag is far from conclusive.

Effects of Comorbidity

Most previous researchers have examined whether childhood SAD confers an increased risk for subsequent mental illness without consideration for the potential impact of diagnoses that co-occur with childhood SAD. Given the high degree of comorbidity between anxiety disorders and between anxiety disorders and other mental disorders,^{31–34} it is plausible that links between childhood SAD and future psychopathology are attributable, completely or partially, to the presence of the comorbid condition(s).

Present Study

In this study, we examined the hypothesis that childhood SAD confers an increased risk for the development of internalizing disorders in young adulthood (anxiety but especially PD as well as depression) and a decreased risk for externalizing disorders (i.e., alcoholism and substance abuse) in a community sample. We also conducted exploratory analyses examining the potential links between age at SAD onset, SAD duration, and severity of SAD symptomatology and the likelihood of developing subsequent psychopathology.

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