



Research report

The prevalence, clinical correlates and structure of phobic fears in Han Chinese women with recurrent major depression



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ABSTRACT

Background: Phobic fears are common in the general population and among individuals with major depression (MD). We know little about the prevalence, clinical correlates, and structure of phobic fears in Chinese women with MD.

Methods: We assessed 22 phobic fears in 6017 Han Chinese women with MD. We used exploratory factor analysis to examine the structure of these phobic fears. We examined the relationship between individual phobic fears and the severity of MD, neuroticism, comorbid panic disorder, generalized anxiety disorder and dysthymia using logistic regression models.

Results: The frequency of phobic fears ranged from 3.0% (eating in public) to 36.0% (snakes). Phobic fears were significantly associated with more severe MD, high neuroticism, and co-morbid panic disorder, generalized anxiety disorder and dysthymia. Our factor analysis suggested four underlying subgroups of phobic fears which differed in their clinical correlates, severity and patterns of comorbidity.

Limitations: Data were collected retrospectively through interview and recall bias may have affected the results.

Conclusions: Phobic fears are correlated with comorbid MD and more severe MD. These phobic fears clearly subdivide into four subgroups that differ meaningfully from each other.

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1. Introduction

Normal, or reasonable, fear is an evolutionary legacy that leads an organism to avoid threats and has obvious survival value (Isaac, 1987). Unreasonable, phobic fears can interfere with an individual's everyday life, impair their social function and develop into a clinically diagnosed phobia. Previous studies show variations in the prevalence rates of a variety of phobic fears from 2.7% to 52.9% (Agras et al., 1969; Benjet et al., 2012; Choy et al., 2007; Oosterink et al., 2009; Sigstrom et al., 2011). The prevalence rates of phobic fears differ between age groups (Benjet et al., 2012; Zijlstra et al., 2007), gender (Fredrikson et al., 1996; Park et al., 2013) and countries (Bella and Omigbodun, 2009; Depla et al., 2008; Gren-Landell et al., 2009).

Phobia and phobic fears are highly comorbid with major depression (MD) (Choy et al., 2007). The prevalence of phobia was as high as 19.5% in MD patients versus 4.4% in the general population (Ohayon and Schatzberg, 2010). Among MD patients, the co-occurrence of phobia and phobic fears were associated with an earlier age at onset (AAO) of MD, a greater number of depressive episodes, a greater number of comorbid Axis I diagnoses, and a higher prevalence of attempted suicide (Alpert et al., 1997; Goes et al., 2012). Besides comorbidity with MD, different phobic fears tend to cluster together and certain types of phobic

fears are associated with each other, for example, social phobia is highly associated with agoraphobia (Angst, 1993).

To our knowledge, few studies have examined the prevalence, clinical correlates, co-morbidity patterns and the structure of phobic fears in people with MD. What is the prevalence of phobic fears in MD? How many factors do you need to identify the various common phobic fears? Do these various phobic fears differ in terms of AAO, anxiety and interference in daily activity levels? Do the clinical features of MD predict different comorbid phobic fears?

We evaluate the prevalence, clinical correlates and structure of phobic fears in a large sample of Han Chinese women with recurrent MD. We set out to examine whether comorbid phobic fears in Chinese MD women were similar to those observed elsewhere in the world. To our knowledge, no one has previously asked these questions.

2. Methods

2.1. Subjects

CONVERGE is a study on the genetics of MD aiming to identify specific risk genes for MD in Han Chinese women. We specifically chose women since the heritability of MD is significantly higher in women than in men (Kendler et al., 2001a). The data in this study comes from the China, Oxford and Virginia Experimental Research on Genetic Epidemiology (CONVERGE) study of MD. The analyses

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