



# Emotionally triggered asthma and its relationship to panic disorder, *ataques de nervios*, and asthma-related death of a loved one in Latino adults



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## ABSTRACT

**Objective:** Research has demonstrated high comorbidity between asthma and panic disorder (PD). Less is known about the relationship between asthma and the Latino cultural idiom of distress of *ataques de nervios*, as well as the role that psychosocial stressors play. The current study tested the hypotheses that Latino asthma patients who experience PD, *ataques de nervios*, and/or asthma-related death of a loved one endorse greater psychological triggers of asthma, greater perceived impact of asthma triggers, and greater difficulty controlling such triggers than do those without these conditions.

**Methods:** Data originated from an interview conducted prior to a randomized controlled trial in which 292 Latino adults with self-reported asthma were recruited from outpatient clinics in the Bronx, NY. The PRIME-MD Patient Health Questionnaire (PHQ) was used to screen for PD symptoms, while the Structured Clinical Interview for DSM-IV (SCID-I) was used to confirm diagnosis of PD. Lifetime history of *ataques de nervios* and asthma-related death of a loved one were based upon self-report. Asthma triggers were examined using the Asthma Trigger Inventory (ATI).

**Results:** PD, *ataques de nervios*, and asthma-related death of a loved one each predicted a higher frequency of psychological asthma triggers, controlling for gender and comorbid medical conditions. Participants with PD also reported greater impact of asthma triggers than those without PD, while no significant differences in perceived control were observed.

**Conclusion:** Providers should screen for PD, *ataques de nervios*, and asthma-related death of a loved one in Latino asthma patients, given their observed association with emotionally triggered asthma.

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## 1. Introduction

Managing asthma symptoms requires comprehensive asthma treatment that attends to the interplay between physical and psychological components. Research has found that patients with asthma are more likely to exhibit psychological symptoms than those without asthma [1–3]. In particular, the estimated lifetime prevalence rate of anxiety disorders among adults with asthma is 34% [4]. Further, patients with asthma and comorbid psychological disorders have more impaired emotional and physical functioning than those with one of these conditions alone [1]. Comorbid psychiatric disorders predict poor asthma control and asthma-related quality of life [3,5]. This comorbidity

contributes to greater health care utilization [6], regardless of asthma severity [7].

Psychological asthma triggers are one area in which physiological and mental health factors may be strongly interrelated. Psychological triggers are typically more difficult to avoid than other subcategories of commonly perceived asthma triggers (e.g., animal allergens, pollen, general allergens, physical activity, air pollutants/irritants, and infections) and contribute to compromised asthma management [8]. Empirical evidence suggests that heightened emotional arousal due to increased levels of anxiety, particularly in the context of distressing situations, may alter the subjective interpretation of respiratory impairment and contribute to a learned response of dyspnea in asthma patients [9]. Thus, the current study examined the frequency of psychological asthma triggers, perceived impact of triggers, and perceived ability to control triggers in Latino asthma patients who experience PD, *ataques de nervios*, and/or asthma-related death of a loved one compared to those without these conditions.

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## 2. Prevalence rates of asthma

Several studies have shown that asthma is more common in Latinos than in other ethnic groups [10,11]. Among Latinos, Puerto Ricans have the highest prevalence of asthma [12,13]. In New York City, the lifetime prevalence rate of asthma among adults is 29% higher than the national rate [14]. Further, asthma prevalence, hospitalization, and mortality rates are higher in the Bronx, where the current study was conducted, than in any other NYC borough [14]. Physiologically based genetic differences and environmental factors may explain these higher rates among Puerto Ricans living in the Bronx, NY [15,16]. The combination of such cultural and geographic patterns in asthma prevalence highlights the importance of investigating this condition among the Bronx Latino population.

## 3. Psychological triggers of asthma

Ritz, Steptoe [8] found that 28% of asthma patients reported psychological asthma triggers (e.g., being angry, feeling alone, stress at home, feeling tense, depressed mood, arguments with people, being excited, intense worries, feeling unhappy, and feeling weak) as their most frequent triggers. Asthma triggers related to psychosocial stress exert greater negative influence on health-related outcomes such as asthma control and quality of life than do pollen, animal allergens, and other triggers of a pathophysiological nature [8]. Patients with near-fatal asthma attacks are especially likely to report psychological stress as an asthma trigger [17]. Identifying psychological conditions and other negative life events that are associated with psychological triggers of asthma in Latino adults may therefore improve strategies designed to help such patients manage their asthma symptoms.

## 4. Asthma and panic disorder

Research has repeatedly demonstrated high comorbidity rates of asthma and PD in the general population [18]. In the Bronx, rates of PD are particularly elevated among asthma patients of Puerto Rican descent (21%) [19]. PD significantly contributes to asthma morbidity, including increased use of health care resources and greater use of quick-relief medications for asthma [20]. Illness-specific panic fear, which is anxiety elicited during asthma attacks, has been shown to mediate the relationship between PD and poorer health-related quality of life [21]. When experiencing anxiety and other intense emotions, asthma patients with PD may be more prone to subjectively interpret the accompanying bodily sensations as threatening, potentially even misconstruing them as asthma symptoms. Additionally, stressful episodes may trigger bronchoconstriction via hyperventilation, airway inflammation via production of cytokines, and asthma exacerbations via parasympathetic rebound [22]. Thus, PD warrants examination as a potential predictor of perceived vulnerability to psychological triggers of asthma.

## 5. *Ataques de nervios*

Another factor that may be associated with psychological triggers of asthma in Latino patients is *ataques de nervios*, a cultural idiom of distress among Latinos that is characterized by intense emotional reactions of anxiety, anger, or grief [23]. *Ataques* include physical sensations such as trembling or heat in the chest rising into the head, behavioral responses such as screaming or crying, and cognitive-affective symptoms such as a general sense of losing complete control [23]. Displays of aggression and instances of dissociation may also occur, as do fainting episodes and suicidal gestures on occasion [23]. Among a clinical sample of Dominican and Puerto Rican patients seeking treatment for anxiety and/or depression at a mental health clinic in New York City, nearly 3/4 (72%) of Latinos reported a lifetime history of *ataques* [24]. The same study found that 36% of

such *ataques* met criteria for panic attacks and 17% for PD [24]. While such data highlight an overlap between *ataques de nervios* and PD, as well as the somewhat problematic potential for a given experience to receive different diagnostic and cultural labels, the two conditions are considered to be inherently distinct phenomena. For instance, patients who experience *ataques* commonly endorse panic symptoms such as shortness of breath, palpitations, and sweating, but *ataques* differentiate themselves from panic attacks in that they are typically experienced for longer durations of time and followed by more of a sense of relief than anticipatory fear [24]. *Ataques* are also frequently triggered by stressful life events pertaining to the family, such as the death of a close relative, conflicts with a spouse or child, or an accident involving a family member [23].

Puerto Ricans with a lifetime history of *ataques* are twice as likely to experience asthma and three times as likely in the Bronx [25], particularly in the context of greater exposure to violence and stress among inner-city populations [26]. The work of Hinton and colleagues [27,28] may offer additional insight into these findings. Noting a strong correlation between the frequency and severity of *ataques de nervios* in Puerto Rican psychiatric patients and the fear of arousal symptoms known as anxiety sensitivity, the authors theorized that those individuals who experience *ataques* may be more prone to catastrophically misinterpret their cognitive-affective states and bodily sensations during times of stress [27]. Hyperarousal may then lead to increased psychological and/or somatic symptoms such as difficulty breathing, thereby perpetuating a cycle of further arousal and fear [25]. Subsequent work supports the notion that *ataques* are associated with fear of negative affect and arousal symptoms, the degree of which is largely determined by the individual's perceived vulnerability to future episodes [28]. Hence, *ataques de nervios* may also be implicated in an increased susceptibility to psychological triggers of asthma in Latino adults.

## 6. Death of a loved one due to asthma

The association between asthma-specific negative life events, such as the death of a loved one due to asthma, and the perception of emotional triggers has received little investigation thus far. Potoczek [29] has noted that the experience of witnessing the suffering or death of a loved one due to a chronic medical condition correlated with the severity of PD symptoms in asthma patients, but did not explore the association with asthma-related deaths per se. Recent research suggests that such negative life events may significantly account for functional impairment in patients with asthma and comorbid psychiatric conditions [30]. In their review of the observed association between negative life events and increased risk of asthma exacerbations, Yii and Koh [31] maintain that psychosocial stressors engender cognitive distortions in asthma patients, including a heightened perception of dyspnea. They explain that such overestimation of perceived threat thereby contributes to increased levels of anxiety during acute attacks, as well as excessive use of bronchodilator medications and greater dependence on medical resources.

Such findings seem especially relevant for the inner-city Latino population, given its aforementioned elevated asthma mortality rates. Data also suggest that Puerto Ricans who live in large U.S. cities such as the Bronx, NY are more likely to suffer emotional distress in response to traumatic situations than those of other ethnic groups [32]. Stressful life events within the family context, such as death of a loved one, are most commonly reported as triggers of *ataques de nervios* [24]. One study among the Latino population found that patients who suffered from both *ataques de nervios* and PD reported the greatest asphyxia and fear of dying during their attacks [33]. Hence, illness-specific negative life events such as asthma-related death of a loved one may serve as yet another prognostic indicator of increased vulnerability to psychological triggers of asthma in Latinos.

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