

Accepted Manuscript

Anxious distress in depressed outpatients: Prevalence, comorbidity, and incremental validity

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PII: S0022-3956(18)30027-X

DOI: [10.1016/j.jpsychires.2018.05.006](https://doi.org/10.1016/j.jpsychires.2018.05.006)

Reference: PIAT 3370

To appear in: *Journal of Psychiatric Research*

Received Date: 13 January 2018

Revised Date: 10 April 2018

Accepted Date: 7 May 2018

Please cite this article as: Rosellini AJ, Bourgeois ML, Correa J, Tung ES, Goncharenko S, Brown TA, Anxious distress in depressed outpatients: Prevalence, comorbidity, and incremental validity, *Journal of Psychiatric Research* (2018), doi: 10.1016/j.jpsychires.2018.05.006.

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ABSTRACT

The goals of this study were to estimate the prevalence of the *DSM-5* anxious distress specifier (AD) among depressed outpatients, to examine associations of AD with comorbid diagnoses, and to test the incremental validity of AD over comorbidity in predicting functional impairment and severity of anxiety and depression symptoms. The sample was 237 outpatients diagnosed with major depressive disorder (MDD) or persistent depressive disorder (PDD), with and without AD, using the Anxiety and Related Disorders Interview Schedule for *DSM-5*. Outpatients also completed self-report questionnaires assessing functional impairment and anxiety, stress, and depression symptom severity. Two-by-two contingency tables were used to examine the associations of AD with comorbidity. Two-thirds (66.2%) of outpatients were assigned AD, with similar rates among those with MDD and PDD. Outpatients with AD were significantly more likely than those without AD to have a comorbid GAD diagnosis (OR = 2.47). Hierarchical multiple regressions were used to test the incremental validity of AD in predicting functional impairment and symptom outcomes beyond comorbid disorders. Controlling for comorbid disorders, AD was significantly associated with more severe functional impairment, autonomic arousal, stress, panic, generalized anxiety, and depression. The strongest incremental association were observed between AD and autonomic arousal ($f^2 = 0.12-0.18$) and generalized anxiety ($f^2 = 0.17$). These findings add to a growing literature that AD is common among outpatients and associated with important clinical outcomes, suggesting that AD should be routinely assessed in patients with mood disorders.

Keywords: anxious distress, *DSM-5*, major depression, persistent depression, comorbidity

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