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Effects of a brief anxiety sensitivity reduction intervention on obsessive compulsive spectrum symptoms in a young adult sample

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ABSTRACT

Objective: Anxiety sensitivity (AS) has been identified as a transdiagnostic cognitive risk factor for a wide range of affective disorders, including conditions within the obsessive compulsive (OC) spectrum. A growing body of research has demonstrated that directly reducing AS leads to subsequent reductions of other psychiatric symptoms, including anxiety, worry, and mood. To date, no study has examined the efficacy of a brief AS intervention on reducing OC and hoarding symptoms.
Method: Non-treatment seeking young adults (N = 104; 83.7% female; 81.7% Caucasian) were selected for having elevated levels of AS, and were then randomized into a single-session, computer-assisted AS intervention or a control condition. OC and hoarding symptoms were assessed at post-treatment, as well as at one week and one month follow-ups.
Results: Results revealed that the intervention, but not the control condition, reduced OC symptoms across the post-intervention follow-up period. Mediation analysis demonstrated that changes in AS mediated changes in OC symptoms due to the intervention. In contrast, the intervention did not have a specific effect on reducing hoarding symptoms.
Conclusions: These findings have important ramifications for understanding the relationship between AS and OC spectrum symptoms, and raise interesting treatment and prevention implications.
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1. Introduction

Anxiety sensitivity (AS), or "fear of fear," is a trait-like characteristic reflecting a propensity to fear anxiety-related sensations (Reiss and McNally, 1985). Individuals with elevated levels of AS fear the experience of anxious arousal, as well as the potential physical, psychological, and social consequences of anxiety (Reiss et al., 1986). Unlike trait anxiety, which reflects a general predisposition to respond fearfully to a wide array of stressors, AS centers on a more specific tendency to respond fearfully to anxiety symptoms themselves (McNally, 2002; Taylor, 1999). For example, individuals high in AS may misconstrue benign bodily sensations – such as a racing heart – as being suggestive of heart problems, whereas individuals with low levels of AS will simply regard the sensations as unpleasant. Although AS was originally proposed as a unidimensional construct (Taylor et al., 1992), the latent structure of AS reflects a hierarchical model consisting of one higher order factor (i.e., general AS) and three lower order factors, including physical, cognitive, and social concerns (Zinbarg et al., 1997).

Much of the initial work on AS focused on its relationship to panic and agoraphobia (Schmidt et al., 1997). However, more recent research has demonstrated associations between AS and a wide range of psychopathology. Since AS intensifies anxious reactions and fear-related responding, which in turn, elicit greater tendencies toward avoidance behaviors and fear-conditioning (Reiss, 1991; Taylor et al., 1992), AS is thought to have particular relevance for disorders wherein avoidance plays a key role. In line with this hypothesis, AS has been associated in the development and maintenance of numerous anxiety-related conditions, including social anxiety disorder, generalized anxiety disorder, and post-traumatic stress disorder (Deacon and Abramowitz, 2006; Rodriguez et al., 2004). AS has also been linked with substance use disorders,

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eating disorders, and increased suicidality (Anestis et al., 2008; Capron et al., 2012; Schmidt et al., 2007a). These data suggest that AS may serve as a transdiagnostic risk factor for a wide range of psychiatric syndromes (Boswell et al., 2013).

A growing body of research has indicated that greater levels of AS are likewise associated with various conditions across the obsessive-compulsive (OC) spectrum, which includes conditions characterized by compulsivity and impulsivity (American Psychiatric Association, 2013). In particular, AS has been examined extensively in relation to Obsessive Compulsive Disorder (OCD). OCD is characterized by recurrent and intrusive cognitions and/or images (i.e., obsessions) that bring about distress, as well as persistent behaviors (i.e., compulsions) aimed at neutralizing or defusing the distress associated with the obsessions (American Psychiatric Association, 2013). Significant associations between AS and OCD have been established across a number of investigations with both nonclinical and clinical samples, as well as in studies using different measures of AS and OC symptoms (Robinson and Freeston, 2014). For example, Keough et al. (2010) examined the associations between AS and OC symptoms in a large (N = 418) sample of undergraduate students and found significant correlations among these symptoms, which remained significant after accounting for other relevant constructs. Similarly, a recent investigation (Raines et al., 2014) found that AS and OC symptoms were significantly associated in a sample of treatment-seeking patients with a primary OCD diagnosis, despite controlling for comorbid anxiety and depression diagnoses.

Hoarding Disorder, characterized by extreme difficulties with discarding one's possessions and accompanying debilitating clutter (American Psychiatric Association, 2013), is a second condition within the OC spectrum that has been associated with greater levels of AS. Hoarding was historically considered to reflect a symptom dimension of OCD; however, converging evidence from multiple lines of research have supported the current conceptualization of hoarding as a discrete, multifaceted syndrome, separate from OCD (Mataix-Cols et al., 2010). A number of investigations have demonstrated specific associations between AS and hoarding. For example, using a large, unselected nonclinical sample, Coles et al. (2003) found a strong relationship between AS and hoarding behaviors that was similar in strength to that between OCD and hoarding. Additionally, AS contributed significant, unique variance in predicting hoarding behaviors, even when specific hoarding cognitions were included in the model. A multi-study investigation (Timpano et al., 2009) found significant associations between AS and hoarding even after controlling for relevant covariates, including OC symptoms. Finally, a study with a large non-selected clinical sample (N = 210) found an association between AS and hoarding, even after covarying for general levels of depression (Medley et al., 2013).

Considered jointly, the literature reviewed above indicates that AS may serve as a risk factor for the development of both Hoarding Disorder and OCD. This possibility is particularly intriguing, given that AS has been identified as a malleable cognitive risk factor. Research has demonstrated that AS is responsive to change through certain cognitive behavioral interventions. Numerous investigations focused on the amelioration of panic disorder have demonstrated significant reductions in AS post-treatment (Schmidt et al., 2000; Westling and Öst, 1999). This research resulted in several investigations aimed at directly reducing AS among at-risk, nonclinical samples (Feldner et al., 2008; Gardenswartz and Craske, 2001). For instance, in the largest AS trial to date, Schmidt et al. (2007b) randomly assigned 404 participants with elevated levels of AS to either receive a brief Anxiety Sensitivity Amelioration Training (ASAT), or a health and nutrition control training. Results indicated that individuals in the ASAT condition, compared to individuals in the control condition, evidenced greater reductions in AS (30% vs. 17%, respectively). Furthermore, these reductions were specific to AS compared to relevant cognitive vulnerability factors for anxiety.

Despite the growing body of literature indicating that AS is a highly malleable construct, as well as studies that have examined the associations between AS and various OC spectrum disorders, no research to date has examined the efficacy of an AS intervention on reductions in OC or hoarding symptoms. The purpose of the current study was to examine whether a brief intervention developed to reduce levels of AS would also be effective in reducing symptoms for two OC spectrum conditions. Our first aim was to examine the impact of an AS intervention (Keough and Schmidt, 2012) on OC symptoms at post-treatment, as well as one-week and one-month follow-ups. We furthermore sought to examine whether reduction in AS would be a potential mechanism by which the intervention would exert an influence on OC symptom reduction. Our second aim was to examine these same effects in relation to hoarding symptoms. We hypothesized that the AS intervention would reduce both OC and hoarding symptoms, and that it would do so through reductions in levels of AS.

2. Method

2.1. Participants

The sample consisted of 104 (83.7% female) undergraduate students who were identified as having elevated levels of AS (score of 1.5 *SD* above the ASI mean). Because AS is considered a transdiagnostic vulnerability for a range of affective disorders (Boswell et al., 2013), this sampling technique ensured that we oversampled for individuals who may be at risk for anxiety and OC spectrum disorders. Sample size was determined prior to initiation of data collection via an *a priori* power analysis. Ages ranged from 18 to 28 (M = 18.9, SD = 1.42) and 83.7% of participants were female. The racial/ethnic composition of the sample was generally representative of the University population at large: African American (8.7%), Asian American (4.8%), Caucasian (81.7%), and other (4.8%); 11.5% of participants were Hispanic/Latino. Forty-five percent of participants met criteria for at least one psychiatric disorder. See Keough and Schmidt (2012) for more details regarding the sample characteristics, including the CONSORT chart detailing participant flow, assignment, and drop-out.

2.2. Self-report measures

2.2.1. Anxiety Sensitivity Index-3 (ASI-3)

The ASI-3 (Taylor et al., 2007) is an 18-item questionnaire that assesses AS. Participants rate each item about the potential negative consequences of anxiety symptoms on a 5-point Likert scale from 0 (very little) to 4 (very much). The ASI-3 has shown excellent internal consistency and good content, convergent and discriminant validity across both nonclinical and clinical samples (Taylor et al., 2007). In the current study, the ASI-3 demonstrated strong internal consistency across all assessment points (α's = 0.88-0.93).

2.2.2. Beck Depression Inventory (BDI)

The BDI (Beck et al., 1988) is a 21-item self-report measure of depressive symptoms. It has demonstrated excellent internal consistency and discriminant validity (Beck et al., 1988; Creamer et al., 1995). In the present study, the BDI demonstrated excellent internal consistency across all assessment points (α's = 0.92-0.95).

2.2.3. Obsessive Compulsive Inventory-Revised (OCIR)

The OCIR includes 18 self-report items that assess common OC

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