

# The relationship between separation anxiety and impairment

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## Abstract

The goal of this study was to characterize the contemporaneous and prognostic relationship between symptoms of separation anxiety disorder (SAD) and associated functional impairment. The sample comprised  $n = 2067$  8–16-year-old twins from a community-based registry. Juvenile subjects and their parents completed a personal interview on two occasions, separated by an average follow-up period of 18 months, about the subject's current history of SAD and associated functional impairment. Results showed that SAD symptoms typically caused very little impairment but demonstrated significant continuity over time. Older youth had significantly more persistent symptoms than younger children. Prior symptom level independently predicted future symptom level and diagnostic symptom threshold, with and without impairment. Neither diagnostic threshold nor severity of impairment independently predicted outcomes after taking account of prior symptom levels. The results indicate that impairment may index current treatment need but symptom levels provide the best information about severity and prognosis.

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## 1. Introduction

Clinically significant impairment or distress was added to the diagnostic criteria for many psychiatric disorders in the DSM-IV (American Psychiatric Association, 1994). This criterion was introduced to help “establish the threshold for the diagnosis of a disorder in those situations in which the symptomatic presentation by itself (particularly in its milder forms) is not inherently pathological and may be encountered in individuals for whom a diagnosis of “mental disorder”

would be inappropriate” (American Psychiatric Association, 1994, p. 7 Use of the Manual).

Despite the widespread adoption of these criteria, especially the impairment criterion, rather little is known about the relationship between impairment and juvenile anxiety disorders in community settings. There is a substantial reduction in the estimated rate of individual or aggregate juvenile anxiety disorders when impairment is required for a diagnosis (Canino et al., 2004; Costello, Egger, & Angold, 2004; Essau, Conradt, & Peterman, 2000; Romano, Tremblay, Viaro, Zoccolillo, & Pagani, 2001; Simonoff et al., 1997), consistent with expectations (Wakefield & Spitzer, 2002). The utility of diagnostic thresholds for identifying impaired youth in need of services cannot, however, be inferred from these data. Youth with sub-threshold symptoms or

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NOS disorders may also be significantly impaired (Angold, Costello, Farmer, Burns, & Erkanli, 1999).

The severity of impairing childhood emotional disorder (anxiety or depression) was prognostic for adolescent disorder (Costello, Angold, & Keeler, 1999) but does not clarify whether impairment ratings capture prognostic information independent of symptom or syndrome severity or if there is any heterogeneity in the symptom-impairment relationship within the emotional disorders. Pickles et al. (2001) found that juvenile depression and oppositional-defiant disorder symptoms were highly impairing whereas conduct disorder symptoms were not. Impairment related to conduct and oppositional symptoms predicted future symptoms and impairment independent of symptom load but impairment related to depression did not. This led to the suggestion (Pickles et al., 2001) that impairment may be an epiphenomenon of depression symptoms. Do results for juvenile depression generalize to all juvenile emotional disorders or do anxiety disorders have a distinct symptom-impairment relationship?

The aim of this study was to characterize the relationship between a common juvenile anxiety disorder, separation anxiety disorder, and associated functional impairment in a large community based sample of youth aged between 8 and 16 years. We report the temporal and prognostic relationship between separation anxiety disorder symptom levels, diagnostic symptom threshold, and functional impairment, by age and sex.

## 2. Method

Subjects were participants in The Virginia Twin Study for Adolescent Behavioral Development (VTSABD) (Eaves et al., 1997; Hewitt et al., 1997; Simonoff et al., 1997), a longitudinal community-based family study of Caucasian twins born between 1974 and 1983. Twins were recruited through the public and private school systems in the state of Virginia and through state-wide publicity. From a target population of 1892 families, 1412 families (75%) agreed to participate in the study at time 1 (Meyer, Silberg, Simonoff, Kendler, & Hewitt, 1996). The eligible sample for this report completed an interview about their history of separation anxiety disorder at entry to the study when they were aged between 8 and 16 years ( $N = 2652$  individual twins;  $N = 1231$  boys,  $N = 1421$  girls). Of these,  $N = 1924$  children were also interviewed 18.6 months (S.D. = 4.7) later at time 2.

Trained field workers interviewed subjects and their parents about the subject's current (past 3 months)

history of separation anxiety disorder at time 1 and time 2 using the Child and Adolescent Psychiatric Assessment (CAPA) (Angold et al., 1995; Angold & Costello, 2000). The protocol for the VTSABD was implemented prior to the release of the DSM-IV and symptoms of separation anxiety disorder and the diagnostic symptom threshold were therefore assessed following the DSM-III-R (American Psychiatric Association, 1987). The symptomatic threshold for separation anxiety disorder was defined by 3/9 symptoms in the DSM-III-R and 3/8 symptoms in the DSM-IV. Recurrent excessive distress about anticipated or actual separation was collapsed into one symptom in DSM-IV but in all other respects the symptom criteria were unchanged.

The CAPA included a detailed assessment of impairment associated with each symptom area (Angold et al., 1995; Ezpeleta, Keeler, Erkanli, Costello, & Angold, 2001). Disability was rated in reference to parent relationships, sibling relationships, self-care, homework and chores, leaving the house, school performance, school suspension, teacher relationships, school peer relationships, spare time activities, non-school adult relationships, non-school peer relationships, employment, treatment and placement. Each area of disability was rated on a three point scale, for no, partial or severe impairment. A total score of 2 or higher was used to define the presence of clinically significant impairment (Pickles et al., 2001; Simonoff et al., 1997). A symptom or symptom-related impairment was rated as present if it was endorsed at either the child or parent interview (Bird, Gould, & Staghezza, 1992).

Symptom related impairment was assessed for all children with 2 or more symptoms of separation anxiety and was, by definition, 0 for children without symptoms. Children with just one symptom of separation anxiety were therefore coded as missing for impairment in the data analyses described below. For cross-sectional analyses, there were  $n = 4811$  CAPA assessments of separation anxiety symptoms across time 1 and time 2 of which  $n = 4380$  had an associated impairment rating. The pattern of missing data was not a problem for analyses that included the number of time 1 symptoms because the missing impairment data was then covariate dependent (Little, 1993). Missing data biases would, however, be expected for statistics that are not calculated conditional on symptom score, such as prevalence of impairment among sub-threshold separation anxiety disorder cases. For longitudinal analyses, there were  $n = 2067$  CAPA assessments of separation anxiety symptoms at *both* time 1 and time 2 and of these impairment scores were known for  $n = 1864$  at time 1 and  $n = 1715$  at time 1 and time 2.

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