Anxiety Sensitivity in PTSD and Partial PTSD in a Non-Clinical Sample



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Introduction

- It has been argued that the current decision rule for full PTSD may be too restrictive as many trauma victims do not meet full DSM criteria although they suffer from a number of disturbing and disabling symptoms (Mylle & Maes, 2004)
- However, the expansion of PTSD to include subsyndromal or partial PTSD has come under criticism, which centers on the concern that liberalizing the diagnostic criteria threatens to dissolve the border between disease and normative stress reactions (McNally, 2003)
- Lifetime prevalence of partial PTSD is estimated to be between 6.6% (Davidson et al., 1991) and 15% (Helzer, Robins, & McEvoy, 1987)
- Elevated levels of anxiety sensitivity (AS; i.e., the fear of anxiety symptoms) has been considered a vulnerability factor for the development of PTSD (Taylor, 2005) and linked to greater PTSD symptom severity (Lang, Kennedy, & Stein, 2002); however, it has not been investigated within the context of partial PTSD
- The purpose of the current study was to investigate AS in participants with PTSD, partial PTSD and no PTSD

Method

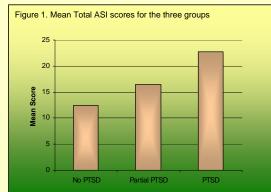
- Participants were a healthy sample of 234 individuals
- 186 women (*Mean age* = 20.7 years; *SD* = 4.8)
- 48 men (*Mean age* = 20.4 years; *SD* = 2.8)
- All participants completed a self-report battery including:
- Anxiety Sensitivity Index (ASI; Peterson & Reiss, 1993)
- PTSD Checklist, Civilian Version (PCL-C; Weathers et al., 1993)
- Partial PTSD was defined using the PCL-C with the following criteria:
- Full criteria for Criterion A (Traumatic Experience)
- Full criteria for Criterion B (Reexperiencing)
- Full criteria for either Criterion C or D, but not both (Avoidance & Numbing, and Hyperarousal)
- To meet full criteria participants had to score at least a 3 out of 5 on the PCL-C scale
- Participants were divided into the following groups:
- Probable PTSD (n = 86)
- Probable partial PTSD (n = 25)
- No PTSD (n = 124)

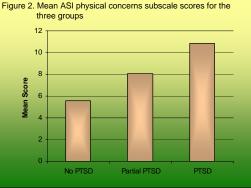
Results

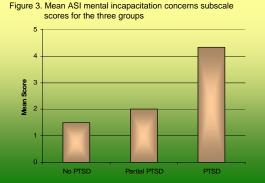
- No significant differences were found based on age, sex, or education
- 86.4% of the sample reported some type of traumatic event
- The most frequently reported traumatic events were:
- Unexpected death of a loved one 29.6%
- Motor vehicle accident 23.2%
- Serious illness (e.g., cancer, AIDS) 15.8%
- Results indicated that AS was significantly higher in participants with probable PTSD, F (2, 223) = 27.46, p
 .01, relative those with probable partial PTSD and no PTSD (see Figure 1)
- For the ASI subscales (see Figures 2-4):
- Physical Concerns
- The probable PTSD group scored higher than those in the no PTSD group, *F*(2, 226) = 18.19, *p* <. 01
- Mental Incapacitation Concerns
- The probable PTSD group scored higher than those in the probable partial PTSD and no PTSD groups, F(2, 229) = 26.26, p <. 01
- Social Concerns
- The probable PTSD group scored higher than those in the probable partial PTSD and no PTSD groups, F(2, 228) = 15.21, p <, 01

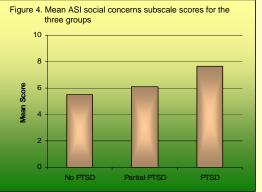
Discussion

- Results from the current study indicate that those with probable PTSD and partial PTSD do differ in their levels of AS
- However, the results did show that those with partial PTSD tended to have higher AS scores than those without PTSD, indicating a possible direct link between level of AS and severity of PTSD symptoms as previously indicated by Fedoroff et al. (2000) and Lang et al. (2002)
- Increasing levels of AS may be a distinguishing factor between those who develop full PTSD and those who do not, possibly on an interactive continuum
- The only indicator on which PTSD and partial PTSD participants scored similarly was the Physical Concerns subscale of the ASI
- Future research is needed to investigate the link between the physical concerns aspect of AS, chronic pain, and partial PTSD
- Further research is also needed with clinical and atrisk populations to examine whether these findings are generalizable across these groups









*For a copy of this poster please visit www.uregina.ca/anxietylab