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Panic-Agoraphobic Spectrum Symptoms in Complicated Grief

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Abstract

Little is known about the presence and role of subclinical anxiety symptoms and traits in complicated grief (CG). Data from adults with CG (n=28) suggest they experience more panic-spectrum symptoms (PSS) than bereaved controls (n=44), and that the presence of greater PSS is independently associated with poorer quality of life.

Keywords

panic disorder; bereavement; quality of life

1. Introduction

Complicated Grief (CG) is a debilitating syndrome consisting of persistent intense grief-related symptoms that interfere with daily life and occur at least 6 months after the loss of a loved one. CG is associated with high rates of comorbid anxiety disorders (Simon et al., 2007; Shear and Skritskaya, 2012), and includes some symptom overlap with posttraumatic stress disorder (Shear et al., 2011; Simon, 2012). There is some evidence that pre-existing anxiety may increase risk for CG following loss (Shear and Skritskaya, 2012), perhaps by promoting experiential avoidance or other maladaptive coping strategies. More research is needed to understand the presence and impact of a range of anxiety symptoms and traits on the presentation of CG.

Panic spectrum symptoms (PSS) are an array of lifetime clinical features associated with DSM-IV panic disorder. PSS are assessed along 8 domains that include separation sensitivity, panic-like symptoms, stress sensitivity, medication and substance sensitivity,

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anxious expectation, agoraphobia, illness phobia and hypochondriasis, and reassurance orientation; Shear et al., 2002). PSS are associated with poorer quality of life and functioning in mood disorders (Benvenuti et al., 2010). However limited data are available on panic spectrum symptoms in CG.

To address this gap in the literature, we examined PSS in a sample of bereaved individuals with and without CG. We hypothesized that PSS would be significantly greater in those with CG compared to bereaved controls, and PSS would be associated with poorer quality of life among all participants.

2. Methods

2.1 Participants

Participants were 72 adults enrolled in an ongoing ancillary study of baseline patient characteristics and predictors of treatment response at the Center for Anxiety and Traumatic Stress Disorders and Complicated Grief Program at the Massachusetts General Hospital. As part of the present study, they did not receive any treatment. Bereaved controls ($n = 44$) were participants without any lifetime DSM-IV disorder who reported the loss of a loved one and had an Inventory of Complicated Grief (ICG; Prigerson et al., 1995) score < 25 . CG participants ($n = 28$) were individuals with an ICG score ≥ 30 (Bui et al., 2013) who reported grief as their primary problem and sought treatment for CG more than 6 months after the loss (see Table 1 for participant characteristics).

2.3 Measures

CG symptoms were assessed using the 19-item self-report Inventory of Complicated Grief (ICG; Prigerson et al., 1995); the 8 domains of panic-spectrum symptoms were measured using the 114-item self-report lifetime Panic-Agoraphobic Spectrum-Self-Rated (PAS-SR; Shear et al., 2002); and quality of life over the past week was assessed using the 16-item self-report Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q; Endicott et al., 1993). All participants completed a diagnostic interview with a trained clinical interviewer using the structured clinical interview for DSM-IV (First et al., 2002).

2.4 Data Analysis

Differences between CG participants and bereaved controls were first examined univariately. Multiple regressions adjusting for potential confounders further assessed whether CG was independently associated with PSS. Correlates of quality of life were examined with Pearson's correlations and multiple regressions. All data analyses were performed using STATA version 11.1 (College Station, Texas) with an alpha level set at 0.05 (two-sided).

3. Results

PAS-SR domains were moderately correlated (r s ranging from 0.53 – 0.76) and were therefore considered independent. Compared to bereaved controls, participants with CG reported significantly higher PSS on all subscales, and poorer quality of life (see Table 1). Logistic regression examining the relationship between CG status and PAS-SR, adjusting

for variables that differed significantly by group (i.e., age, sex) among those without Panic Disorder (PD) diagnosis, revealed that CG status remained significantly associated with PAS-SR score, including all subscales except illness phobia/hypochondriasis and Reassurance Orientation.

To examine the independent association of subthreshold PSS beyond that attributable to DSM-IV PD with quality of life, a 2-block multiple regression was conducted, with age, CG and PD diagnoses entered in a first block. PSS were hypothesized to contribute to quality of life variance beyond CG and PD diagnoses and was therefore entered in a second block. The first model was significant ($R^2 = 0.31$, $F(3, 68) = 12.27$, $p < 0.001$), and CG diagnosis was significantly associated with poorer quality of life ($B(SE) = -11.30(2.47)$, $p < 0.001$). The second model was also significant ($R^2 = 0.45$, $F(4, 67) = 13.53$, $p < 0.001$) and explained significantly more variance (difference in $R^2 = 0.14$, $p < 0.01$). Examination of regression coefficients showed that CG status and PSS were each independently associated with poorer quality of life ($B(SE) = -7.42(2.57)$, $p < 0.01$, and $B(SE) = -0.20(0.06)$, $p < 0.01$, respectively).

4. Discussion

Greater lifetime PSS were present in individuals with CG compared to bereaved controls, and PSS appears to be independently associated with poorer quality of life in both CG and bereaved individuals in general. Our results with the PSS separation anxiety subscale are in line with prior research reporting an association of CG with separation anxiety (Dell'osso et al., 2011). Our findings, however, also highlight a significant relationship between CG and panic-like symptoms, stress sensitivity, medication and substance sensitivity, anxious expectation, agoraphobia, and reassurance orientation.

In line with prior depression research (Benvenuti et al., 2010), the independent association between PSS and poorer quality of life suggests that lifetime panic symptoms and characteristics even amongst individuals without a full diagnosis of panic disorder should be assessed in those presenting with CG. Although it is well established that comorbid psychiatric conditions result in poorer quality of life and functioning (Rapaport et al., 2005), our results support that anxiety symptom constructs may also be considered on a spectrum, in line with what has been recently proposed by the National Institute of Mental Health (Simpson, 2012).

Limitations of this study include the cross-sectional design, the lack of assessment of other death-related variables (e.g. time since death), as well as a small sample size. Additionally, patients with CG and bereaved controls were not matched demographically or with respect to other potential confounding variables. Patients with CG in this study may thus not be entirely representative of patients with CG in the general population, as they may be less likely to seek treatment.

Our data, although cross-sectional, is preliminary evidence that individuals with pre-existing panic-spectrum symptoms might be at higher risk for CG. Future longitudinal research examining symptom onset is needed to understand whether PSS are a core feature of CG or may be a risk factor for the development of CG in response to loss, and whether they may

predict treatment response in CG as they have been reported to result in greater treatment resistance in mood disorders (Frank et al., 2000).

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Table 1
Sociodemographic and Clinical Characteristics of a Group of Bereaved Individuals With Complicated Grief and a Group of Bereaved Controls

	Complicated Grief (N = 28)		Bereaved Controls (N = 44)		Fisher's Exact Test p value
	% (n)	Mean (SD)	% (n)	Mean (SD)	
Female Gender	75% (21)		54.6% (24)		ns
Race (White)	100% (28)		68.2% (30)		<0.001
Ethnicity (Non-Hispanic)	100% (21)		98% (43)		ns
Current Panic Disorder	25% (7)		0% (0)		0.001
Current Diagnosis of at Least one Anxiety Disorder	85.7%(24)		0% (0)		<0.001

	Student's t-test		Logistic Regression	
	Mean (SD)	t(73)	p-value	B (SE) ^a
Age, Years	50.9 (12.3)		0.001	
ICG score, range 0 – 76	41.46 (7.48)	-19.45	<0.001	
PAS-SR total score, 0–114	33.00 (21.21)	-5.37	<0.001	0.061 (0.20)
Separation Sensitivity, range 0–15	6.00 (3.24)	-7.18	<0.001	1.001 (0.309)
Panic-Like Symptoms, range 0–27	10.18 (7.60)	-4.84	<0.001	0.132 (0.050)
Stress Sensitivity, range 0–2	1.12 (0.88)	-5.02	<0.001	1.354 (0.444)
Medication And Substance Sensitivity, range 0–9	2.36 (2.21)	-3.27	0.002	0.442 (0.185)
Anxious Expectation, range 0–5	2.00 (1.85)	-5.46	<0.001	0.791 (0.299)
Agoraphobia, range 0–25	5.75 (4.63)	-3.95	<0.001	0.221 (0.85)
Illness Phobia And Hypochondriasis, range 0–5	1.46 (1.59)	-2.16	0.034	0.355 (0.218)
Reassurance Orientation, range 0–26	4.14 (3.84)	-2.77	0.007	0.156 (0.82)
Q-LES-Q score, range 16 – 80	44.25 (7.99)	5.99	<0.001	

Notes: ICG: Inventory of Complicated Grief; PAS-SR: Panic-Agoraphobic Spectrum-Self-Rated; Q-LES-Q: Quality of Life Enjoyment and Satisfaction Questionnaire

^a Coefficient is for PAS-SR total and sub-scores in logistic regression analyses predicting complicated grief status when adjusting for age and gender among individuals without current panic disorder diagnosis.