Background

- Social Phobia (SP) is highly prevalent, early emerging with first onsets in late childhood, and confers risk for secondary mental disorders.
- Familial risk factors such as parental psychopathology and unfavourable family environment significantly contribute to the onset and course of SP - independently as well as in combination.
- Reliable detection of populations at risk, however, requires demonstration of risk factor specificity.

Sampling and assessment

Early Developmental Stages of Psychopathology-Study (EDSP) (Wittchen et al. 1999; Lieb et al. 2000)

Community sample of N = 1,395 adolescents and young adults (14-17 years at baseline) with 2.4 and 10 years follow-up

Assessments of mental disorders: DIA-X-M-CIDI (Wittchen & Pfister, 1997)

Parental psychopathology: Consensus diagnoses from direct interviews at T3, T1 + family history reports from offspring at T3, T2 and T0 (priority hierarchy)

Recalled parental rearing: Questionnaire of Recalled Parental Rearing Behavior at T1 (in offspring; Schumacher et al. 1999)

Persistence

Persistence – proportion of years in which a subject was affected by symptoms, given the total number of years observed since the first onset of SP

Score-range: from 0: no symptoms to 1: in all years observed

Persistence-Index:

- Full disorder (all criteria met): weighted with 1
- Subthreshold (1 criterion missing): weighted with 2/3
- Symptomatic (at least core symptoms): weighted with 1/3

Results

1. Base rates of offspring anxiety disorder by parental psychopathology

<table>
<thead>
<tr>
<th>Offspring anxiety disorder</th>
<th>Total</th>
<th>no anxiety disorder</th>
<th>pure SP</th>
<th>comorbid SP</th>
<th>anxiety disorders excl. SP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological in other parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male no SP</td>
<td>10.0</td>
<td>9.2</td>
<td>0.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male other anxiety disorders</td>
<td>13.0</td>
<td>11.5</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male depressive disorder</td>
<td>2.0</td>
<td>1.8</td>
<td>0.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male alcohol use disorder</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female no SP</td>
<td>13.0</td>
<td>11.9</td>
<td>1.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female other anxiety disorders</td>
<td>14.0</td>
<td>12.7</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female depressive disorder</td>
<td>3.0</td>
<td>2.8</td>
<td>0.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female alcohol use disorder</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Modest specificity found between parental psychopathology and offspring anxiety disorders

- Cum. lifetime incidence for offspring SP but also for other offspring anxiety disorders was elevated when parents had an anxiety (HR range 1.4-2.4), depressive (HR range 1.4-2.2), or alcohol use disorder (HR range 1.5-2.8) (p<.05; HR adjusted for offspring age and gender).

3. Familial risk factors for lifetime incidence differ from those for persistence

- Parental psychopathology was widely associated with cum. lifetime incidence, but not with persistence of the disorder
- Maternal and paternal rearing were associated with both onset and persistence
- Pattern of associations was similar for pure/comorbid SP, but varied for other anxiety disorders in offspring

Statistical Analyses: STATA 11.0, multinomial logistic regressions providing Odds Ratios (ORs), and with linear regressions (Beta) for persistence of offspring anxiety

Discussion

- Given the high incidence of anxiety disorders early in life, the associated burden, and an increased risk for the development of secondary disorders, early recognition and targeted intervention are needed.
- Results support previous findings favouring familial features such as parental psychopathology and parental rearing to identify individuals at risk for onset and an adverse long-term outcome of SP.
- Specificity was found at least for a pattern of unfavourable rearing in mothers and fathers; hence, assessment of both maternal and paternal rearing, along with an a-priori defined diagnostic threshold may be advisable when the assessment of parental rearing is considered as a tool for identification of populations at risk.
- Albeit findings were stable after adjustment for offspring comorbid depressive disorder (results not shown), consideration of other offspring disorders such as substance abuse or externalizing behaviors is warranted for further delineation of diagnostic specificity of familial risk factors. Because associations are correlational, they do not allow for any causal or temporal interpretation.