Analyzing the relationship of panic and agoraphobia: Do we need to rethink the diagnostic concept?

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Background:
The diagnostic status of panic disorder (PD) and agoraphobia (AG) continues to be a matter of debate in psychopathology research. DSM-IV criteria are based on the symptom progression model that agoraphobia is a conditioned response to a sudden onset of unexplained panic attacks (PA), and that it is the recurrence of panic attacks the agoraphobic patient is afraid of. Alternative views contend that the mere presence of panic predicts less about the nature of the clinical syndrome than the type of situation that cues the panic, because panic attacks are an unspecific phenomenon which can be found in many other conditions and a rather unspecific diagnostic predictor. This view also sees agoraphobia as a diagnostic category in its own right, independent of panic attacks or panic-like features (fearful spells FS).

Aims:
We aim to prospectively investigate 1) the natural development of panic and agoraphobia in the community without taking into account DSM-IV’s hierarchical rules, 2) to describe the patterns of incidence agoraphobia and panic disorder, 3) to examine their natural course and reciprocal transitions with each other and 4) to examine the degree to which they differ with regard to selected clinical correlates.

Methods:
A representative community sample of N=3021 adolescents and young adults aged 14-24 years at baseline was followed up over a period of 10 years in up to 4 waves. DSM-IV symptoms and syndromes were assessed face-to-face via standardized interview (M-CIDI) with and without using the DSM-IV hierarchy rules for panic and agoraphobia.

Results:

Discussion:
Based on the substantial differences in their incidence curves, syndrome progression and outcome, and syndrome stability over time in an unselected epidemiological sample, we conclude that AG and PD exist as separate disorders. The majority of agoraphobics in this community sample never experienced PA calling into question the current pathogenetic assumptions underlying the classification of AG as merely a consequence of panic. Findings signal the need to rethink diagnostic concepts and changes in the DSM diagnostic algorithms.

Reference:

No potential conflict of interest.