

Anxiety Risk Factors

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WHO GETS ANXIETY DISORDERS?

Risk Factors for Anxiety in General

As many as 25% of all American adults experience intense anxiety at sometime in their lives. The prevalence of true anxiety disorders is much lower, although they are still the most common psychiatric conditions in the United States and affect more than 20 million Americans .

Gender. With the exception of obsessive-compulsive disorder (OCD) and possibly social anxiety, women have twice the risk for most anxiety disorders as men. A number of factors may increase the reported risk in women, including hormonal factors, cultural pressures to meet everyone else's needs except their own, and fewer self-restrictions oÃn reporting anxiety to physicians.

Family History. Anxiety disorders run in families. Although family dynamics and psychological influences are often at work, genetic factors may also play a role in some cases.

Socioeconomic Factors. A study of Mexican adults living in California reported that native-born Mexican-Americans were three times more likely to have anxiety disorders (and even more likely to be depressed) as those who had recently immigrated to the US. And the longer the immigrants lived in the US, the greater was their risk for psychiatric problems. Traditional Mexican cultural effects and social ties, then, appear to protect recently arrived immigrants from mental illness, even when they are poor. Eventually, however, the consequences of Americanization may lead to depression and anxiety, probably resulting from feelings of alienation and inferiority, not oÃnly in many Mexican Americans, but also in other impoverished minority groups.

General Risk Factors for Anxiety in Children and Adolescents. Studies suggest that between 3% to 5% of children and adolescents have some anxiety disorder. Indeed, this may be an underestimation, particularly since symptoms in children may differ from those in adults. In general, phobias, OCD and separation anxiety show up early in childhood, while social phobia and panic disorder are often diagnosed during the teen years.

Two 2000 studies reported a significant increase in anxiety levels in children and college students in the past two decades compared to children in the 1950s. In both studies, anxiety was associated with lack of social connections and a sense of a more threatening environment.

One study linked teenage smoking with anxiety disorders in adulthood. The common link may be depression, which is often a condition found in smokers and people with anxiety, particularly young people. oÃne study, in fact, reported that depression in adolescence was a strong predictor of generalized anxiety disorder in adulthood.

Studies have suggested that extremely shy children and those likely to be the target of bullies are at higher risk for developing anxiety disorders later in life. oÃne suggests that such children could be identified as early as two years of age and possibly treated to avoid later anxiety disorders.

Risk Factors for Generalized Anxiety (GAD)

GAD affects about 5% of Americans in the course of their lives and is more common in women than in men. GAD usually begins in childhood and often becomes a chronic ailment, particularly when left untreated. It is highly associated with depression. Some experts believe that it is underdiagnosed and more common than any other anxiety disorder. It is certainly the most common anxiety disorder among the elderly.

Risk Factors for Panic Disorder

Age and Panic Disorder. Studies indicate that the prevalence of panic disorder among adults is between 1.6% and 2% and is much higher in adolescence, 3.5% to 9%. In oÃne study, 18% of adult patients with panic disorder reported the oÃnset of the disorder before 10 years of age. In general, however, panic disorders tend to begin in late adolescence and peak at around 25 years of age.

Gender and Panic Disorder. Women have about twice the risk for panic disorder than men do. The effects of pregnancy oÃn panic disorder appear to be mixed; it seems to improve the condition in some women and worsen it in others.

Risk Factors for Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder occurs equally in men and women and affects about 2% to 3% of people over a lifespan. About 80% of people who develop OCD shows signs of the disorder in childhood, although the disorder usually develops

fully in adulthood.

Risk Factors for Social Phobias

Age and Phobias. The onset of social anxiety disorder usually occurs in adolescence, although most people with this disorder are not diagnosed and do not receive treatment until or unless they develop an accompanying anxiety disorder.

Gender and Phobias. Like other anxiety disorders, the rates of social phobia are higher in women. Unlike their response to other emotional disorders, however, men are more likely than women to seek treatment for this disorder, probably because social phobias can interfere strongly with many jobs in white-collar professions.

Risk Factors for Post-Traumatic Stress Disorder

Studies estimated a lifetime risk for PTSD of about 0.8% in men and 1.2% in women. Specific groups, such as combat troops, have a much higher incidence. Among adolescents, studies have found the prevalence of PTSD to be as high as 8.1%.

Simply experiencing a traumatic event, however, does not predict post-traumatic stress disorder. Studies estimated that between 6% to 30% or more of trauma survivors develop PTSD, with children being among those at the high end of the range. Researchers are trying to determine factors that might increase vulnerability to catastrophic events and put people at risk for develop PTSD. Some studies report the following may be risk factors:

- A psychiatric illness. One study reported that having a pre-existing emotional disorder, particularly depression, before the traumatic event most often predicted PTSD in women.

- Drug or alcohol abuse.

- A family history of anxiety.

- A history of abuse, particularly that which threatens family integrity, such as spousal or child abuse. Studies of individuals who had suffered physical or sexual abuse or neglect as children suggest that up to one-third develop PTSD.

- An early separation from parents.

- Having sleep-disordered breathing. In one study 91% of crime victims with PTSD had either sleep apnea or a lesser condition that partially blocked the airways during sleep. Sleep apnea occurs when tissues in the upper throat (or airway) collapse at intervals during sleep, thereby blocking the passage of air. Airway resistance may intensify symptoms of PTSD, including sleeplessness and nightmares. (Sleep apnea has also been associated with a risk for panic disorder.)