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Lifetime trauma history and panic disorder: findings from the National Comorbidity Survey

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Abstract

Objective: The purpose of this article is to examine prevalence of lifetime traumatic experiences in a community sample of panic disorder patients. **Method:** We examined trauma rates in a cohort of panic disorder patients. Also, we statistically disaggregated comorbid PTSD from individuals diagnosed with panic disorder in the National Comorbidity Survey. **Findings:** Panic disorder patients suffer lifetime traumatic experiences at high rates. We found that 24.2% of females and 5% of males with panic disorder reported previous history of being sexually molested. **Conclusions:** These results suggest that trauma may act as a risk factor for panic disorder, as well as comorbid panic disorder and PTSD. Published by Elsevier Science Inc.

Keywords: Panic disorder; Trauma; PTSD; Rape

1. Introduction

Many studies document a strong relationship between certain traumatic experiences, such as sexual and physical assault, and the development of anxiety disorders, such as post-traumatic stress disorder (PTSD) and panic disorder (Leskin, Kaloupek, & Keane, 1998). Whereas the presence of a traumatic experience is a prerequisite to make a diagnosis of PTSD, this requirement is unnecessary for panic disorder. However, high prevalence rates of traumatic events

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have been consistently reported in clinical samples of panic disorder patients (Fierman et al., 1993; Sheikh, Swales, Kravitz, Vail, & Taylor, 1994; Stein et al., 1996). For example, Stein et al. (1996) discovered that 23% of 122 patients with anxiety disorders (33.3% of women and 15.5% of men) reported childhood physical abuse, compared to 8.1% of 124 comparison subjects without psychiatric diagnosis. Furthermore, the rate of childhood sexual abuse in women was even higher. Significantly, sexually abused women were more frequently diagnosed with panic disorder (60%) than any other type of anxiety disorders. Sheikh et al. (1994) noted high prevalence rates for childhood sexual abuse (41%) and physical abuse (59%) in a group of older females with panic disorder. Together, these studies seem to provide preliminary evidence for childhood traumatic events contributing as possible risk factors for the development of panic disorder.

This article describes the prevalence of childhood sexual and physical abuse, adult physical assault and rape, and other life threatening events in a large representative community sample of individuals with panic disorder from the National Comorbidity Survey (NCS; Kessler et al., 1994; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The NCS found that some traumatic events occur with relative frequency in the community: for females, rape (9.2%), childhood molestation (4.8%) and physical abuse (12.3%); for males, life-threatening accident (25%), witness injury or death (35.6%) and being in a natural disaster (18.9%). Further, for both females and males, experiencing rape, childhood sexual molestation or physical abuse substantially increased one's probability for developing PTSD. The NCS, however, did not report on a possible relationship of traumata in panic disorder. And, to our knowledge, no published report investigating differential rates of trauma among panic disorder patients with or without co-occurring PTSD exists. The purpose of the present analyses were: (1) to replicate the previously mentioned findings in a large sample of panic disorder patients from nonclinical settings; (2) to extend the study of traumatic events among panic disorder patients by including such events from both childhood and adult life; (3) to examine trauma rates for panic disorder patients with or without co-morbid PTSD.

2. Method

The data for this study were obtained from the National Comorbidity Survey. The original field study completed a stratified, multiple stage probability sample of individuals between ages 15–54 throughout mainland United States. Data was collected between September 1990 and February 1992. More information about sampling methods and characteristics of the larger sample is available from other sources (Kessler et al., 1994). The method for inquiring about traumatic stressors is illustrated elsewhere (Kessler et al., 1995).

Of the 8098 original subjects in the NCS, we selected a sub-sample consisting of 274 (3.4% of the total sample) individuals who met fill criteria for lifetime

panic disorder. Of this sample, 194 (70.2%) were female and 80 (29.2%) were male. The mean age of all participants was approximately 34 years (range 15–54), with a standard deviation of 10.16. The majority of individuals were Caucasian (85%) followed by African-American (6%), Hispanic (5%), and other (4%). Marital status included never married (50%), married (45%), and separated/widowed/divorced (5%). We completed a series of cross-tabulations in order to compute chi-square statistics and odd ratios. Chi-square and odds ratios were determined for each trauma type according to diagnostic group (panic disorder, panic disorder without PTSD, comorbid panic and PTSD).

3. Results

As Table 1 illustrates, traumatic experiences occur frequently for the fully sample and separately for each gender. Consistent with previous studies, there were high rates of sexual trauma and violent events in the lives of individuals with panic disorder. When compared to the published NCS rates of traumatic events for

Table 1
A comparison of lifetime prevalence rates for traumatic experiences

	Lifetime panic disorder		No comorbid PTSD		Panic/PTSD	
	n (%)	OR (95% CI)	*n* (%)	OR (95% CI)	*n* (%)	OR (95% CI)
Life threatening accident	68 (24.8)	.57 (.32–1.0)	36 (18.1*)	.33 (.15–.69)	32 (42.7)	1.0 (.36–3.2)
Male	26 (32.5)		19 (30.2)		7 (41.2)	
Female	42 (21.6)		17 (12.5)		25 (43.1)	
Saw injury/killing	80 (29.2*)	.53 (.3–.9)	46 (23.1**)	.31 (.15–.62)	34 (45.3)	1.2 (.65–1.3)
Male	31 (38.8)		24 (38.1)		7 (41.2)	
Female	49 (25.3)		22 (16.2)		27 (46.6)	
Raped	47 (17.2**)	11.7 (2.7–49.8)	15 (7.5)	3.2 (.7–14.7)	32 (42.7**)	
Male	2 (2.5)		2 (3.2)		0 (00.0)	
Female	45 (23.2)		13 (9.6)		32 (55.2)	
Sexually molested	51 (18.6**)	6.0 (2.1–17.5)	24 (12.1*)	5.9 (1.3–25.9)	27 (36.0*)	5.6 (1.1–27.1)
Male	4 (5.0)		2 (3.2)		2 (11.8)	
Female	47 (24.2)		22 (16.2)		25 (43.1)	
Physically attacked	48 (17.5)	79 (.7–1.2)	25 (12.6)	.5 (.2–1.2)	23 (30.7)	1.0 (.3–3.5)
Male	16 (20.0)		11 (17.5)		5 (29.4)	
Female	32 (16.5)		14 (10.3)		18 (31.0)	
Childhood physical abuse	39 (14.2)	1.0 (49–2.2)	13 (6.5)	6.0 (.7–47.2)	26 (347*)	.27 (.1–.8)
Male	11 (13.8)		1 (1.6)		10 (58.8)	
Female	28 (14.4)		12 (8.8)		16 (26.6)	

Note: Values reflect significant differences between panic patient with and without comorbid PTSD. Chi-square test with $df = 1$. Lifetime panic disorder ($n = 274$); no comorbid PTSD ($n = 199$; comorbid PTSD = 75).

* $P < .05$.

** $P < .001$.

individuals with PTSD, the rates for the panic group are still high. For example, 24.2% of females and 5% of males with panic disorder reported being sexually molested, compared to 19.1 and 1.8% for females and males with PTSD noted by Kessler et al. (1995). Similar findings emerge for history of physical abuse as a child. For women, 14.4% endorsed a history of physical abuse in the panic group compared to 8.2% for the PTSD group. Odds rations (OR) suggest that, in the absence of comorbid PTSD, female panic patient may be at six times the risk for having previous exposure to childhood physical abuse arid sexual molestation.In the NCS, Eaton, Kessler, Wittchen, and Magee (1994) determined that the comorbidity rate for panic disorder among PTSD patients was 7.3% (S.E. = 2.3) for males and 12.6% (S.E. = 2.3) for females. Among the panic disorder patients from the NCS about 27% could be diagnosed with lifetime PTSD. When the rates of traumatic events were compared between the comorbid panic/PTSD group with the panic only group, we found that trauma rates were consistently and significantly higher for the comorbid panic/PTSD group. Approximately 43% of the comorbid PTSD group had endorsed surviving rape, compared with 7.5% of the panic only group [$\chi^2 = 16.4$, $df = 1$, $P < .0001$]. In addition, 36% of the panic/PTSD group reported sexual molestation compared to 12.1% of the panic only group [$\chi^2 = 21.1$, $df = 2$, $P < .0001$].

4. Discussion

Our expectation that individuals diagnosed with panic disorder would report high prevalence of lifetime trauma was upheld in this study. Furthermore, traumatic experiences appear to occur at high rates during early childhood as well as adulthood.

The most striking finding, however, was that the rate of sexual molestation and childhood physical assault were actually higher in the panic disorder group than the rates described by Kessler et al. (1995) for PTSD. Additional analysis revealed that the group with the highest number of specific traumatic events was for those individuals with both panic disorder and PTSD. Individuals diagnosed with both panic disorder and PTSD should thus be considered a group with a high probability for trauma history. For example, the finding that 55.2% of women with both panic disorder and PTSD have experienced a rape should alert clinicians to conduct a thorough trauma history when working with patients with this clinical profile.

Given these high rates of childhood and adult trauma among panic disorder and PTSD patients, these events may be considered risk factors for subsequent development of both these clinical syndromes. For example, these adverse events may lead to chronic states of hyperarousal and anxiety which progress to diagnosable clinical disorders in the presence of other genetic and environmental risk factors. Systematic and in depth investigations are needed to further elucidate any causative role of these risk factors.

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