Environmental Factors Key in Anxiety Disorders

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ST. LOUIS — Anxiety disorders may be transmitted from one generation to the next by specific family environmental factors such as parental modeling, overcontrolling parental behavior, and family conflict, according to a study presented at the annual conference of the Anxiety Disorders Association of America.

The role of genetics in anxiety is not clear, though it's thought that heredity is a minor player, said Kelly L. Drake, Ph.D., who is among several investigators trying to find answers to this complicated disorder.

A key factor in this parent-to-child psychopathology is anxiety sensitivity (AS), which is based on the belief that internal symptoms of anxiety will have harmful consequences socially, physically, or mentally. "Basically, anxiety sensitivity is the fear of fear," said Dr. Drake in an interview.

Anxious parents may transmit, verbally or nonverbally, misinformation to their children that can put them at risk for becoming hypersensitive to symptoms of anxiety—racing heart, sweaty palms, and feeling faint—and ultimately for developing full-blown anxiety disorders, said Dr. Drake, senior research program coordinator in the department of psychiatry and behavioral sciences at Johns Hopkins University, Baltimore.

Child anxiety disorders occur in about 10% of youth and are associated with significant impairment in functioning, she explained.

"These children often are misdiagnosed and therefore undertreated, and they tend to overutilize medical services," Dr. Drake said.

Known risk factors for childhood anxiety disorders include parent psychopathology; increased rates of anxiety disorders and somatic symptoms in children of anxious or depressed parents;

a moderate genetic heritability; and parent anxiety sensitivity, Dr. Drake said.

Potential mediators of childhood anxiety include child anxiety sensitivity, which is predicted by parental anxiety sensitivity; and family environment, including threatening, hostile, or rejecting parenting styles, she said, adding that parents of anxious children often are described as anxious, controlling, overprotective, affectionless, and demanding.

Also, child anxiety is related to family environments with greater conflict, less cohesion, and poor communication.

Dr. Drake set out to test two hypotheses:

► Child anxiety will be influenced by parental AS and anxiety-based psychopathology, depending on the level of the child's AS.

► Child anxiety will be influenced by parental AS and anxiety-based psychopathology, depending on the levels of family expressiveness, conflict, independence, and control.

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DR. DRAKE

The study involved a multiethnic community sample of 157 youth-parent dyads. The youths ranged in age from 7 to 18 years and 60% were female. More than three-quarters of the parents were women. Mean family income was $53,000. Three-quarters of the study group were European American.

Child and parent measures were derived using the Child Anxiety Sensitivity Index, the Multidimensional Anxiety Scale for Children, the Anxiety Sensitivity Index, the Symptom Checklist-90-Revised, and the Family Environment Scale.

Participants were asked to complete questionnaires independently and return them to the investigators. The response rate was 10.2%.

The results suggested that child AS mediates the relationship between parent psychopathology and child anxiety but does not mediate the relation between parental AS and child anxiety. Second, family conflict and control mediate the relationship between parental psychopathology and child anxiety and also between parental AS and child anxiety, Dr. Drake said.

She proposes that information transmission and parental modeling are the primary ways anxiety disorders are passed from parent to child.

"It's possible that parents might transmit information to a child verbally or nonverbally indicating the dangerousness of anxiety symptoms. Children may internalize that and begin to fear their own symptoms of anxiety and that can put them at risk for developing excessive levels of anxiety," she said.

In addition, a parent may model anxious behavior; for example, refusing to go to work because of a report that has to be presented to the boss. "It's demonstrating avoidance behavior in front of the child and teaching the child to avoid frightening, challenging, or stressful situations," Dr. Drake said.

One approach to interrupting this anxiety cycle is to educate parents about the nature of AS to eliminate the erroneous assumption that symptoms of anxiety will have harmful consequences, she explained.

"Clinicians can intervene with anxious parents to limit transmission of maladaptive beliefs and ineffective coping strategies," she said, adding that parents can be taught adaptive coping skills to enhance modeling of successful coping and approach behavior.

Finally, the study suggests that certain family factors, such as conflict and control, also are associated with anxiety.

"So clinicians would be well served to target those family factors; to teach parents that being overcontrolling and overprotective only limits their child's opportunities and shelters the child from challenging situations," Dr. Drake said in an interview. ■