

# STRESSFUL LIFE EVENTS AND ANXIETY DISORDERS

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## REZUMAT

**Obiective:** Investigarea frecvenței, specificului și tipologiei evenimentelor stresante de viață ce apar la pacienți cu boală anxioasă generalizată și atac de panică.

**Metodă.** Au fost investigați 32 de pacienți cu boală anxioasă și 38 de pacienți cu atac de panică, cărora li s-a administrat un chestionar (creat de autori) ce descrie 19 tipuri de evenimente considerate în literatura de specialitate ca fiind mai frecvente la acești pacienți. Chestionarul a fost administrat la toți pacienții, de două ori, o dată la intrarea în studiu și apoi la un an.

**Rezultate:** O proporție semnificativă de pacienți din ambele grupuri au descris evenimente stresante ce au avut loc în anul ce a precedat debutul bolii (87,5% dintre cei cu boală anxioasă generalizată și 76,3% dintre cei cu atac de panică). Comparativ cu grupul de boală anxioasă generalizată, mai mulți pacienți cu atac de panică au raportat evenimente stresante de tipul pierderii și cel puțin un eveniment sever important. O proporție importantă din ambele grupuri au menționat conflicte și evenimente ce presupuneau amenințări.

**Concluzii:** Evenimentele de viață joacă rol de factori precipitanți în declanșarea bolii anxioase generalizate și a atacului de panică. Implicarea evenimentelor cu o anumită semnificație în apariția acestor afecțiuni este sprijinită parțial de rezultatele studiului nostru. În ciuda limitelor metodei, studiul furnizează argumente în favoarea asocierii etiologice dintre evenimentele de viață și bolile anxioase.

**Cuvinte cheie:** evenimente stresante, boală anxioasă, panică

## ABSTRACT

**Objective:** The objective of this study was to investigate the frequency, specificity and typology of stressful life events occurring in patients with generalized anxiety disorder and panic disorder.

**Method:** 32 patients with generalized anxiety disorder and 38 patients with panic disorder were investigated using a questionnaire (designed by the authors), which describes 19 types of events considered in literature to be more frequent in patients with generalized anxiety and panic disorders. The questionnaire was applied to all patients twice, once upon entering the study and once after 1 year.

**Results:** A significant proportion of patients in both groups reported stressful life events occurring in the year before the onset (87.5% in the group with generalized anxiety disorder and 76.3% in the group with panic disorder). More patients in the panic disorder group have reported events of the "loss" type and at least one event considered to be severe and very important compared to the generalized anxiety disorder patients. A significant proportion of patients in both groups have reported conflict and events involving threats.

**Conclusions:** Life events play a role as precipitating factors in the onset of generalized anxiety disorders and panic disorders. The implication of events with specific significance in the onset of the disorder is partially supported by the results of our study. Despite the methodological limitations, our study provides several arguments which sustain the idea of etiologic associations between life events and anxiety disorders.

**Key Words:** stressful events, anxiety, panic disorder

Psycho-social stress has an important role in triggering psycho-pathological disorders as well as in contributing to the vulnerability of the person. Usually, stressful life events alone are not enough to explain the development of psychopathology, a fact which brings

personality into the equation. Personality structure evolves through the interaction between biological and genetic factors with life experience and probably works like a moderator for the stress response, which explains why two persons exposed to the same amount of stress have different emotional and behavioral reactions. Most clinical descriptions of the generalized anxiety disorder (GAD) and panic disorder (PD), mention that the appearance of anxious symptoms is triggered by negative life events in over 80 % of cases.<sup>1-3</sup>

Most studies have reported that patients with GAD and PD had more negative life experiences in the year preceding the disease's onset than healthy subjects.<sup>4,5</sup> Some authors suggest that the perception of the event

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has a negative impact on the individual's life and is as important as their frequent involvement in triggering symptomatology.<sup>5,6</sup> It is also assumed that the event type can be involved in pathogenesis and can differentiate between anxiety and depressive disorder: stressful life events involving threat are more likely to lead to anxiety whereas stressful events involving loss lead to depression.<sup>3,7</sup>

The study aimed was to comparatively investigate the frequency and types of stressful life events one year prior to disease onset in patients with generalized anxiety disorder and panic disorder, as well as one year after the onset. We have also wanted to know if there were certain types of specific events for the two anxious disorders or if it is the particular significance attached to the event that rather makes certain life experiences more likely to trigger the onset of the symptoms than others.

## MATERIAL AND METHODS

The study was carried out on a group of 32 patients with generalized anxiety disorder (group I) and 38 patients with panic disorder (group II) hospitalized in the Timisoara Psychiatric Clinic and Daycare Center during 2001-2002. The patients were diagnosed according to DSM-IV criteria for panic disorder (with and without agoraphobia) and generalized anxiety disorder. To avoid mental distortions in the evaluation of life events caused by the passing of time, only cases with the symptomatology onset within 6-12 months prior to the study's initiation were included. Cases with severe personality disorder and depression, and important somatic disorders were excluded from the study.

In both study groups, women predominated (60.71 % and 76 %), most of them were married (81 % and 73.68 %). The average age upon entry was  $32 \pm 9.2$  years (range 19-48 years) for the group with generalized anxiety disorder and  $35.8 \pm 7.3$  years (range 22-51 years) for the group with panic disorder.

For the evaluation of frequency and types of events that occurred in the year prior to the onset of the disease, a questionnaire presenting a total of 19 types of events was used, which are considered in the literature to be prevalent to cases with anxiety disorder. The questionnaire refers to different domains such as: health (of the patient, relatives and close persons), interpersonal, family, marital and professional relationships, changes in the professional and or financial status, and other situations which possess a threatening potential and induce uncertainty, psychic or material risk. The questionnaire was applied to patients on two occasions: upon entering the study and after

one year of routine treatment. The events patients considered to be severe and/or of great importance were investigated separately.

For assessing the statistical significance of differences between frequencies of cases we have used the  $\chi^2$ . The results were considered to be statistical significant for  $p > 0.05$ .

## RESULTS

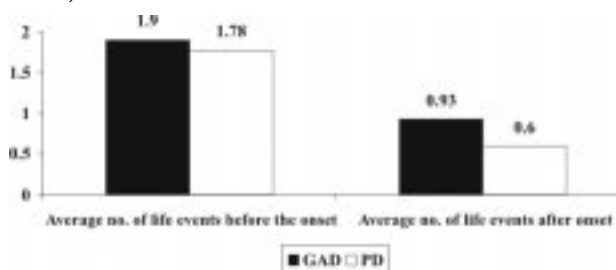
The frequency of life events preceding the onset of anxious symptomatology is presented in Table 1.

**Table 1.** Stressful life events prior to the onset of the disease.

Life events one year before the onset	GAD N=32	PD N=38
Cases reporting negative life events	28 87.5%	29 76.3 %
Cases reporting no stressful life events	4 12.5%	9 23.6%
Cases reporting life events with increased severity	14 43.7 %	24 63.1%

An important percentage of patients from both groups have reported stressful life events in the year preceding the onset of the disorder. From the patients with PD without negative life events, two had a panic attack after occasional excessive consumption of alcohol or coffee (12 respectively 24 hours after usage). A higher percentage of patients with PD have reported negative life events considered to be severe and very important compared to the patients with GAD. (63.1 % vs. 43.7 %).

By comparing the mean number of events/case investigated (upon entry and after one year) we noticed a decline of the frequency after one year. In the PD group the decline is more obvious (Fig. 1), although the  $\chi^2$  test indicated no significant differences between the two groups regarding the presence of stressful life events prior to the onset of the disease ( $c^2 = 2.25$ ,  $p = 0.324$ ).



**Figure 1.** Comparison between the average no. of life events/case in the two groups

To facilitate the presentation of life events, these were grouped into the following 4 categories: Events associated with *loss* (these include: death of a close person, separation, divorce, material loss); *conflict*

(these include: interpersonal, familial, professional and social relations); *somatic disease* (these include: somatic disease of the patient himself or of close persons); *other* (other events with danger or loss potential). The types of life events reported by the patients in the two groups are comparatively presented in Table 2.

**Table 2.** Types of life events

Types of life events	GAD N=32	PD N=38
Loss	11 34.27%	18 47.37%
Conflict	25 78.12%	27 71.05%
Disease	12 37.3%	14 36.84%
Other	13 40.62%	13 34.21%

We noticed that a high percentage of patients from both groups had life events of conflict and threat type in the period preceding the onset of the disorder. Life events of the loss type have been reported by more patients with PD than patients with GAD.

The  $\chi^2$  test indicated no statistically significant differences between the two groups regarding the type of life events ( $\chi^2 = 1.02$ ,  $p = 0.797$ ).

We must mention, though, that more patients with GAD have reported somatic disease in close persons as an important life event than patients with PD, and the results are reversed for the category of events "own somatic illness".

## DISCUSSIONS

The high ratio of patients with negative life events in the year preceding the onset of the disorder found in our study is similar to the results of other studies,<sup>7-9</sup> supporting the hypothesis of an etiological association between negative life events and anxiety disorder.

The difference in appreciating the importance and severity of events found in our study can be explained through an increased sensitivity of the subjects with panic disorder towards the negative effects of stressful events; a greater attention given to these kind of events; a tendency to over-reporting the events; or a "by chance" encounter with these kind of events as compared to the patients with GAD. It can also be presumed that the acute and dramatic onset of panic disorder contributes to the increased recall of stressful life events.

The most frequent life events reported by patients in the two groups have been of conflict and threat type. Other studies reported similar findings.<sup>6,8-10</sup>

The relative predominance of loss and illness events in the panic disorder group partially supports the idea of a preferential implication of events with specific signification in the onset of the disorder.

The decrease in the number of events/case at one year after the initial evaluation can be attributed to: the changes of dysfunctional cognitive interpretation determined by the therapeutic intervention, a preferential orientation towards inner experiences associated with a partial disinterest for the surrounding environment, and to the increased protection offered by the patient's close persons. All these can contribute to changes in the patient's way to put up with the events and the importance given to these events, as well as to the organization of coping strategies generating avoidance of predictable events, in addition to the protection from the patient's social support network.

The interpretation of these results is subjected to certain limitations, due to the retrospective nature of the assessment of life events, the small number of cases studied, the absence of a case-control sample and the lack of assessment for the quality of social support.

In conclusion, our data seem to show that life events do play a role as precipitating factors in the onset of generalized anxiety disorders and panic disorders.

The preferential implication of events with specific signification in the onset of the disorder is partially supported by the results of our study.

Despite the methodological limitations, our study provides several arguments to the idea of etiologic associations between life events and anxiety disorders.

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