Study of Anxiety, Physical Conditions Is a First

BY MARY ANN MOON
Contributing Writer

Anxiety disorders are associated with a broad range of physical conditions, including respiratory diseases, gastrointestinal diseases, arthritic conditions, allergic conditions, thyroid diseases, and migraine headaches. Anxiety disorders were not found to be associated with cardiac disease, hypertension, or diabetes in this study.

“In most cases of comorbidity, onset of the anxiety disorder preceded onset of the physical conditions, the investigators said” (Arch. Intern. Med. 2006;166:2109-16). Compared with these physical conditions alone, those who had comorbid anxiety disorders were more likely to report a poor quality of life and significant disability because of the physical illness.

“The findings underscore the importance of recognition of comorbidity of anxiety disorders among people who present with these physical health problems,” Dr. Sareen and his associates said.

The nature of this link between anxiety disorders and physical illnesses remains unclear. There may be a direct causal relationship mediated by biological mechanisms. Or there may be common genetic, environmental, or personality factors that underlie both types of disorders, the investigators noted.

Depression, Anxiety May Worsen Asthma

The presence of an anxiety or depressive disorder in asthmatic children aged 11-17 years is associated with an increase in asthma symptoms, reported Dr. Laura P. Richardson of the University of Washington, Seattle, and her colleagues.

“We found that youth with an anxiety or depressive disorder reported significantly more asthma symptom days than youth without anxiety or depressive disorders after controlling for asthma severity,” reported Dr. Richardson and her associates.

The researchers conducted a telephone survey of 767 children and adolescents aged 11-17 with a history of asthma who belonged to a health maintenance organization in Washington State. The study participants were considered to have asthma if they met certain criteria for the number of office or emergency department visits, hospitalizations, and medication prescriptions for asthma in the 12- to 18-month period preceding the study (Pediatrics 2006;118:1042-51).

Nine percent of the study participants had an anxiety disorder, 2.5% had a depressive disorder, and 4.8% had both. The results showed that the youth with an anxiety or depressive disorder reported more asthma symptom days in a 2-week period, compared with youth without one of these disorders: 5.4 symptom days, compared with 3.5 symptom days. In addition, compared with youth without an anxiety or depressive disorder, youth with one of these disorders were more likely to be girls, to have a parent without a college education, to have a recent asthma diagnosis, and to be taking one medication to control asthma symptoms.

—Sarah Pressman Lovinger