

# Comorbidity of Anxiety Disorders with General Medical Conditions in the US National Comorbidity Survey

Jitender Sareen MD, FRCPC, Brian J. Cox PhD, Ian Clara MSc, Gordon J. G. Asmundson PhD

Department of Psychiatry, University of Manitoba and Anxiety and Illness Behaviors Laboratory, University of Regina



**Table 1.** Hierarchical multiple logistic regression analyses examining the relationship between each anxiety disorder with general medical conditions.

Past Year General Medical Conditions	Past Year Anxiety Disorder Diagnosis					
	PTSD <sup>a</sup> (n=223)	Panic attacks (n=249)	Agoraphobia without panic (n=160)	GAD <sup>b</sup> (n=172)	Social Phobia (n=474)	Simple Phobia (n=516)
	AOR <sup>c</sup>	AOR	AOR	AOR	AOR	AOR
Any neurological condition (epilepsy, multiple sclerosis, stroke) [n=173]	2.84**	1.83	1.76	1.13	0.83	1.35
Any vascular condition (hypertension, cardiac disease) [n=508]	1.80*	2.29**	2.54**	1.05	1.11	0.84
Any respiratory condition (asthma, tuberculosis, bronchitis, or other lung problems) [n=309]	1.46	1.70	1.05	1.35	0.95	1.64**
Any gastrointestinal disease (ulcer, stomach problems, hernia, liver or kidney disease) [n=346]	1.96*	1.21	1.72	1.74*	1.41	1.43
Any metabolic/autoimmune condition (diabetes, thyroid disease, lupus or other autoimmune disease) [n=203]	3.26**	0.83	2.03	1.45	1.92**	0.99
Any bone or joint condition (arthritis, rheumatism, or other bone/joint disease) [n=382]	2.52**	2.02**	2.27*	1.07	0.96	1.24
Any one or more past year general medical condition (includes above conditions and AIDS, cancer, *other*) [n=1726]	2.37**	1.73**	1.68*	1.10	1.26*	1.32

a Posttraumatic stress disorder

b Generalized anxiety disorder

c Adjusted odds ratios (adjusted for age, gender, low income, education, past year major depression, past year alcohol use disorder, past year substance use disorder and all the other anxiety disorder in the Table)

\*p<0.05; \*\*p<0.01

**Table 2.** Multiple logistic regression analyses among individuals with one or more medical conditions (n=1726).

Independent Variables	Disability due to medical problems		Number of days of role impairment in the past 30 days	
	Little or None (n=1273)	Some or a lot (n=453)	Zero (n=991)	One or more (n=735)
	AOR <sup>c</sup>	AOR	AOR	AOR
Past year major depression	1	1.61 (1.11-2.35)*	1	1.96 (1.37-2.82)**
Past year alcohol abuse or dependence	1	0.87 (0.63-1.21)	1	1.09 (0.77-1.56)
Past year substance abuse or dependence	1	1.54 (1.01-2.35)*	1	2.03 (1.22-3.36)**
HI levels of pain due to medical condition	1	7.19 (4.86-10.64)**	1	2.58 (1.68-3.97)**
Past year anxiety disorder	1	1.57 (1.27-1.95)**	1	1.47 (1.10-1.96)**

## Objective:

- Although, depression has clearly been demonstrated to be associated with general medical conditions, few studies have examined whether anxiety disorders are independently associated with medical conditions after adjusting for comorbid mental disorders.
- We examined the relationship between anxiety disorders and a wide range of general medical conditions in a nationally representative sample.

## Methods:

- Data came from the National Comorbidity Survey (N=5,877; age 15-54 years, response rate 82.4%).
- The Composite International Diagnostic Interview was used to make DSM-III-R mental disorder diagnoses.
- General medical conditions were assessed on the basis of self-report.
- All analyses utilized multiple logistic regression to examine the relationship between past year anxiety disorder diagnosis and past year general medical condition.

## Results:

- Anxiety disorders were positively associated with general medical conditions after adjusting for depression, substance use disorders and sociodemographics.
- Among those with one or more general medical conditions, comorbid anxiety disorders were associated with an increased likelihood of disability and past 30 day role impairment after adjusting for severity of pain.
- Among specific anxiety disorders, posttraumatic stress disorder, panic attacks and agoraphobia were more likely to be associated with specific medical conditions than generalized anxiety disorder, social phobia or simple phobia.

## Conclusions:

- There is a strong, unique, association between anxiety disorders and general medical conditions.
- Among the anxiety disorders, posttraumatic stress disorder, agoraphobia and panic are particularly important to consider in patients with general medical conditions

## References:

- Asmundson GJ, Stein MB, McCreary DR: Posttraumatic stress disorder symptoms influence health status of deployed peacekeepers and nondeployed military personnel. *Journal of Nervous and Mental Disorders* 2002; 190:807-815
- Kessler RC, Ormel J, Demler O, Stang PE: Comorbid mental disorders account for the role impairment of commonly occurring chronic physical disorders: results from the National Comorbidity Survey. *J Occup Environ Med* 2003; 45:1257-1266
- McWilliams LA, Cox BJ, Enns MW: Mood and anxiety disorders associated with chronic pain: an examination in a nationally representative sample. *Pain* 2003; 106:127-33
- McWilliams LA, Goodwin RD, Cox BJ: Depression and anxiety associated with three pain conditions: results from a nationally representative sample. *Pain* 2004; 111:77-83
- Weisberg RB, Bruce SE, Machan JT, Culppeper L, Keller MB: Nonpsychiatric illness among primary care patients with trauma histories and posttraumatic stress disorder. *Psychiatr Serv*. 2002; 53:848-854
- Zayfert C, Dums AR, Ferguson RJ, Hegel MT: Health functioning impairments associated with posttraumatic stress disorder, anxiety disorders, and depression. *J Nerv Ment Dis* 2002; 190:233-240

## Acknowledgements:

- Canadian Institutes of Health Research, and Manitoba Health Research Council for grant support.
- Ms. Laura Kravetsky for her assistance in preparation of this manuscript.
- Mrs. Shay-Lee Belik for her assistance in preparation of this poster.