

Relationship between anxiety, anxiety sensitivity and conduct disorder symptoms in children and adolescents with attention-deficit/hyperactivity disorder (ADHD).

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Attention-deficit hyperactivity disorder (ADHD) is often comorbid with anxiety disorders and previous studies observed that anxiety could have an impact on the clinical course of ADHD and comorbid disruptive behavioral disorders (conduct disorders and oppositional-defiant disorders). Anxiety sensitivity (AS) is a different concept from anxiety per se and it is believed to represent the constitutionally based sensitivity of individuals to anxiety and anxiety symptoms. We aimed to assess the associations between anxiety, AS and symptoms of disruptive behavioral disorders (DBD) in a clinical sample of children and adolescents with ADHD. The sample consisted of 274 treatment naive children with ADHD aged 8-17 years. The severity of ADHD symptoms and comorbid DBD were assessed via parent rated Turgay DSM-IV-Based Child and Adolescent Behavioral Disorders Screening and Rating Scale (T-DSM-IV-S), Conners' Parent Rating Scale (CPRS), and Conners' Teacher Rating Scale (CTRS). AS and severity of anxiety symptoms of children were evaluated by self-report inventories. The association between anxiety, AS, and DBD was evaluated using structural equation modeling. Analyses revealed that AS social subscale scores negatively predicted symptoms of conduct disorder (CD) reported in T-DSM-IV-S. On the other hand, CD symptoms positively predicted severity of anxiety. No direct relationships were detected between anxiety, AS and oppositional-defiant behavior scores in any scales. These results may suggest a protective effect of AS social area on the development of conduct disorder in the presence of a diagnosis of ADHD, while the presence of symptoms of CD may be a vulnerability factor for the development of anxiety symptoms in children and adolescents with ADHD.