

Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a quarterly journal where continuity of comment and redress is difficult to achieve. When the redress appears 3 months after the comment, 6 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Panic-Agoraphobia

To the Editor: Dr. Katerndahl's study¹ concluded that the characteristics of a panic attack are important in the development of phobic avoidance and its severity and scope. Fava, Grandi, and Canestrari,² in their article on prodromal symptoms and panic disorders with agoraphobia, suggest that phobic avoidance in panic disorders with agoraphobia *may not be secondary to the panic attack*. Generalized anxiety, hypochondriasis, and agoraphobia *preceded* the first panic attack in 18 of 20 patients in their study. Marks's³ view is supported by these workers that agoraphobic symptoms are primary with respect to panic attacks, which is counter to current thinking and DSM-III-R classification.⁴ Clearly, both studies challenge Klein's⁵ view of the pre-panic patient as a confident and energetic individual.

The cluster of symptoms (phobias, anxiety, and hypochondriasis), which characterized the Fava, et al. study sample before panic attacks, suggests an anxious cognitive style that may lend itself to an *intensified interpretation* of a panic attack. Hence, the intensity of an attack may be the result of the rapidity of the onset of anticipatory anxiety and may be the result of a person's cognitive beliefs and attitudes about illness. It will be important to follow future studies to determine what will be the important prodromal symptoms in patients with panic disorders and whether phobic development precedes or follows a panic attack problem.

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References

1. Katerndahl DA. Factors in the panic-agoraphobia transition. *J Am Bd Fam Pract* 1989; 2:10-6.
2. Fava GA, Grandi S, Canestrari R. Prodromal symptoms in panic disorder with agoraphobia. *Am J Psychiatry* 1988; 145:1564-7.
3. Marks IM. Fear, phobias, and rituals. New York: Oxford University Press, 1987.
4. American Psychiatric Association. Diagnostic and statisti-

cal manual of mental disorders. 3rd ed. Washington, D.C.: American Psychiatric Association, 1987.

5. Klein DF. Anxiety reconceptualized. In: Klein DF, Rabkin J, eds. Anxiety: new research and changing concepts. New York: Raven Press, 1981.

The above letter was referred to the author of the article in question, who offers the following reply.

To the Editor: I wish to thank Dr. Gulledge for his thoughtful letter. His suggestion that cognitive and personality factors may be important to the development of panic attacks and agoraphobia is certainly well taken. Patients' interpretations of the significance of their symptomatology may be a critical factor. Path analysis is not designed to provide a definitive etiologic interpretation but, rather, to begin to develop causal models from nonprospective data. There may be important factors either preceding the panic attacks or intervening between panic attacks and agoraphobia that were not assessed but are indeed critical to the model. Path analysis cannot provide a definitive answer to etiologic questions.

Although I am aware of Marks's view that agoraphobic symptoms may be primary to panic attacks, certainly, the majority of evidence supports the panic-agoraphobia causal model.¹ Not only is it rare for agoraphobia to be found in the absence of preceding panic attacks,² but this relationship is also supported by genetic studies,^{3,4} clinical studies,⁵ treatment studies,⁶ and the covariation of panic and agoraphobic fear.⁷ In addition, relapse in treated agoraphobics is often preceded by resurgence of their panic attacks.^{8,9} Marks himself acknowledges that "... it is undeniable that panic attacks can trigger avoidance."¹⁰

I am aware that the study by Fava, et al.¹¹ of 20 patients referred to the psychological medicine service of the University of Bologna in Bologna, Italy, found that 18 patients had phobic avoidance prior to their first panic attack. These findings may represent a very skewed population, producing skewed results. More likely, the authors have failed to recognize that, although agoraphobia develops over a period of time, panic disorder as well may not begin with a single, well-demarcated, full-blown panic attack. Limited symptom attacks tend to progress to full-blown panic attacks over time,¹² and there is considerable evidence that both infrequent and limited symptom attacks have similar rates of phobic avoidance to frequent and full-blown panic attacks, respectively.¹³⁻¹⁵ Indeed, a study focusing on 144 agoraphobics without panic disorder found that 45 had infrequent panic attacks and that 11 had limited