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Research report

Clinical relevance of comorbidity in anxiety disorders: A report from the Netherlands Study of Depression and Anxiety (NESDA)

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Abstract

Background

To study the clinical relevance of type of comorbidity and number of comorbid disorders in anxiety disorders. Four groups were compared according to sociodemographic-, vulnerability- and clinical factors: single anxiety disorder, anxiety–anxiety comorbidity, anxiety–depressive comorbidity and “double” comorbidity (i.e. anxiety and depressive comorbidity).

Methods

Data were obtained from the Netherlands Study of Anxiety and Depression (NESDA). A sample of 1004 participants with a current anxiety disorder was evaluated.

Results

As compared with single anxiety, anxietyâ€“anxiety comorbidity was associated with higher severity, greater chronicity and more treatment. Anxietyâ€“anxiety comorbidity was associated with an earlier age of onset and a more chronic course compared with anxietyâ€“depressive comorbidity, while anxietyâ€“depressive comorbidity was associated with more severe symptoms and more impaired functioning than anxietyâ€“anxiety comorbidity. â€œDoubleâ€ comorbidity was associated with higher severity, greater chronicity, more treatment and increased disability. Sociodemographic and vulnerability factors were comparable among the four groups.

Limitations

A prospective design would be more appropriate to study the outcome. In this study no distinction was made between whether depression or anxiety disorder preceded the current anxiety disorder.

Conclusions

It is clinical relevant to diagnose and treat comorbidity among anxiety disorders as it is associated with higher severity and more chronicity. Whereas anxietyâ€“anxiety comorbidity has an earlier age of onset and a more chronic course, anxietyâ€“depressive comorbidity leads to more treatment and impaired functioning. â€œDoubleâ€ comorbidity leads to even more severity, chronicity and impairment functioning compared with both anxietyâ€“anxiety and anxietyâ€“depressive comorbidity.



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Keywords

Anxiety; Depression; Comorbidity

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