Examining Behavioral Inhibition in Association with Quality of Life and Comorbidity in Social Anxiety Disorder

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Although behavioral inhibition may have some impact on quality of life, depressive symptoms should be a primary target for intervention in those with social anxiety disorder

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Background

Behavioral inhibition, the tendency to react to novel situations with wariness or avoidance, is an established risk factor for developing social anxiety disorder (Clauss et al., 2012) and other anxiety disorders (Sandstrom et al 2020). Those with social anxiety disorder often display impairments in social life and leisure activities (Lochner et al 2003) which may be contributed to adverse reactions to novelty.

Few studies have assessed the association between behavioral inhibition and aspects of social anxiety disorder such as quality of life and comorbidity in a clinical sample.

The purpose of this study was to examine the impact of behavioral inhibition on quality of life and comorbidity in those with social anxiety disorder.

Methods

Subjects (n=104, adults)
- Part of a larger study on OC spectrum & anxiety disorders
- Diagnosed with social anxiety disorder using the ADIS-5

Demographics
- Gender
  - 76% Female
- Race/Ethnicity
  - 80% White/European, 85% Not Hispanic/Latinx
- Age (in years)
  - *M*=35.1, *SD*=12.7
- Diagnosis
  - 62% had a comorbid OC spectrum and/or anxiety disorder (any comorbidity)

Measures
- Diagnosis
  - Anxiety and Related Disorders Interview Schedule for DSM-5 (ADIS-5)
- Behavioral Inhibition Scale (BIS)
- Beck Depression Inventory (BDI)
- Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q)

Data Analysis Plan
Correlational and regression analyses was conducted to determine the relationship between behavioral inhibition, depression, and quality of life.

Logistic regression analyses were used to assess the relationship between behavioral inhibition and the presence of a comorbid anxiety disorder

Comorbid Diagnosis	Overall (n=104)
Agoraphobia	14 (13.5%)
PTSD	13 (12.5%)
Panic Disorder	20 (19.2%)
OCD	58 (55.8%)
Any Comorbidity	64 (61.5%)

Results

Behavioral inhibition was significantly associated with quality of life ($r(98)=-0.20$, $p < 0.05$) and depressive symptoms ($r(100=0.25$, $p < 0.05$).

In a model assessing behavioral inhibition and depressive symptoms on quality of life, only depressive symptoms were significant ($F(2, 96)=55.21$, $p < 0.05$); this model explained 52% of the variance in quality of life.

Linear Regression Analysis Predicting Quality of Life

	β	95% CI[1]	p-value
Behavioral Inhibition	0.26	-0.14, 0.66	0.199
Depression	-0.56	-0.67, 0.46	< 0.01

[1] CI = Confidence Interval

Logistic regression was conducted to investigate the association between behavioral inhibition and the likelihood of a comorbid anxiety disorder, OR=1.04 (95% CI: 0.93, 1.18). The model was not statistically significant ($p > 0.05$).

Conclusion

Although behavioral inhibition has been identified as a risk factor for anxiety disorders broadly, we found no association between behavioral inhibition and the likelihood of having a comorbid anxiety disorder. Similarly, Rotge et al (2011) found that retrospective report of behavioral inhibition in those with social phobia were not associated with other anxiety disorders. Previous research has indicated variability in the trajectories of behavioral inhibition (Degnan et al., 2007) which highlight the importance of assessing other factors that could increase or decrease the risk of anxiety problems.

Greater behavioral inhibition was significantly associated with lower quality of life. However, when depressive symptoms are accounted for, behavioral inhibition was no longer associated with quality of life. These findings suggest that although behavioral inhibition may have some impact on quality of life, depressive symptoms should be a primary target for interventions to improve quality of life in those with social anxiety disorder.

Future research should examine the relationship between behavioral inhibition and specific types of anxiety problems to better understand the mechanism in which behavioral inhibition increases risk for certain anxiety disorders.

Limitations of this study include the use of a cross-sectional design which does not allow for inferences on causality and a predominantly non-Hispanic White sample which limits generativity.

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