

interviewing often does not lead to a diagnosis of social phobia, because these persons do not seem to be inclined to regard their objectively restricted life as especially burdening, whereby the impairment criterion required by operational diagnostic criteria is not fulfilled. However, persons suffering from social phobia are restricted in many aspects of their life: they are socially isolated, less well educated, less productive in work and impaired in many other aspects. However, because of the usually long duration of the disorder before it is recognised, for social phobia has become a "way of life" for many sufferers. Since social phobia is an early onset disorder - the generalised subtype has an age of onset of around 15 - an important component of the reduction of patient's quality of life seems to be due to the lack of social skills which are usually acquired in late adolescence and early adulthood. Due to the avoidance of social learning situations at this life stage disabilities develop and contribute to the reduction of functioning in social roles and prevent the creation of an adequate living environment, i.e. an adequate standard of living. Persons suffering from specific social phobia (e.g. performance anxiety) seem to be less disabled than those suffering from the generalised subtype. Early recognition, already at school age and in non-psychiatric services (e.g. in primary care), is the most important strategy for reducing the prevalence of social phobia.

S32-3

FAMILIAL AGGREGATION AND HIGH RISK STUDY OF SOCIAL PHOBIA

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This paper presents the results of a family study of comorbidity of anxiety disorders and alcoholism. The 165 probands were selected from both treatment and community settings and best estimate diagnoses were assigned to 1053 adult first-degree relatives. After controlling for potential confounders such as age, sex and comorbidity in both probands and relatives, there was a strong degree of specificity of familial aggregation of anxiety disorders and of the specific subtypes of anxiety including social phobia and panic as well. Different patterns of co-aggregation of alcoholism with social phobia and panic were found, thereby suggesting different mechanisms for comorbidity of the subtypes of anxiety and alcoholism. The results of a prospective longitudinal study of the children of these probands will also be reported. Both the child and adolescent offspring of parents with anxiety disorders had significantly greater rates of anxiety symptoms, behavioral inhibition and anxiety disorders, as well as psychophysiologic indicators of anxiety, than those of either controls or other affected parental groups. The strong degree of specificity of transmission of anxiety disorders suggests that there may be underlying temperamental vulnerability factors for anxiety disorders which may already manifest in children prior to puberty.

S32-4

DEVELOPMENT AND ANXIETY DISORDERS: CONTRIBUTION OF FAMILIAL AGGREGATION

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Prospective follow-up studies are commonly used, in order to precise continuity or discontinuity between disorders according to

the developmental approach. Family studies also may contribute to the knowledge of these links. Previous studies had demonstrated that there was a familial component involved in the pathogenesis of anxiety disorders such as separation anxiety disorders, social phobia, or simple phobia (Last et al., 1987, Reich and Yates, 1988, Fyer et al., 1995). Last observed differences between separation anxiety disorder and phobic disorder for maternal psychiatric history, and suggested that it could exist differences in familial aggregation of anxiety disorders in the two subgroups of anxious school refusing children.

Objective: We designed a study to test the existence of differences in familial aggregation between a group of children suffering from school refusal related to separation anxiety disorder and a group suffering from phobic disorder-based school refusal.

Method: Using a blind standardized diagnostic evaluation we compared parental lifetime psychiatric illness for the two groups of refusers.

Results: Increased prevalences of anxiety and depressive disorders were found in mothers and fathers of anxious school refusing children. Relationships between specific anxiety disorders in children and their parents revealed increased prevalences of simple phobia, and simple and/or social phobia among the fathers and mothers of phobic disordered school refusers, and increased prevalences of panic disorder and panic disorder and/or agoraphobia among the fathers and the mothers of separation anxiety disordered school refusers.

Conclusion: Our data showed the high prevalence of both anxiety and depressive disorders in fathers and mothers of anxious school refusers. Significant differences were observed in familial aggregation considering the subgroups of anxious school refusing children, supporting the distinctions of these two different subgroups.

S32-5

THE ROLE OF THE FAMILY IN EARLY STAGES OF GENERALIZED AND NON-GENERALIZED SOCIAL PHOBIA: A FAMILY AND PROSPECTIVE LONGITUDINAL EPIDEMIOLOGY STUDY

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Social phobia is characterized by the fear/avoidance of situations where an individual who is subject to the evaluation of other persons fears that he or she will do something painful or will appear anxious. Motivated by previous studies about familial liabilities of social phobias, we wanted to elucidate the role of specific family factors in the development of social phobia.

In detail, we want to find answers to the following questions:

1. Can we confirm the results of previous findings of a higher rate of social phobia in first-degree relatives of social phobics?
2. Can our data support the distinction between generalized and nongeneralized subtypes of social phobia on the basis of family data?
3. Is there a relationship between parental alcoholism and social phobia in their children?
4. Is specific parental rearing behavior associated with social phobia in children?

The findings which will be presented are based on a face-to-face interview family study. Subjects were predominantly mothers of 1053 14- to 17-year-old adolescents and young adults which have been examined in the first and second wave of the EDSP-Study, a prospective epidemiological study which investigates the prevalence, comorbidity and course of mental disorders in this age group. Social phobia and the addressed family factors were assessed using