Introduction to the Panic-Agoraphobic Spectrum Model

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A spectrum approach that takes into account the subthreshold and atypical symptomatology encompassing mental disorders as defined by categorical methods of classification (ie, the Diagnostic and Statistical Manual of Mental Disorders, the International Classification of Diseases, and the Research Diagnostic Criteria) has been proven successful in the fields of schizophrenia, obsessive-compulsive disorder, and bipolar disorder.

The term “spectrum” has been traditionally used to underline relationships amongst clusters of symptoms or to place defined syndromes in relation to one another. Our concept of spectrum is broader and include: (1) core, atypical, and subclinical symptoms of the primary axis I disorder; (2) signs, isolated symptoms, symptom clusters, and behavioral patterns related to the core symptoms that may be prodromal, may represent a precursor of a not yet fully expressed condition, or may be sequelae of a previously full-fledged disorder; and (3) temperamental and/or personality traits.

The need for the identification and assessment of this spectrum symptomatology as a mosaic of recognizable and treatable manifestations of full-blown disorders prompted researchers in the Department of Psychiatry, Neurology, Pharmacology, and Biotechnology at the University of Pisa in Italy to a first conceptualization of the “panic-agoraphobic spectrum.” Following this initial work, the panic-agoraphobic spectrum model has been further developed in collaboration with researchers from the Western Psychiatric Institute and Clinic at the University of Pittsburgh and from the Anxiety and Personality Disorder Unit at the National Institute of Mental Health (USA). This effort led to the Panic-Agoraphobic Spectrum Structured Interview (SCI-PAS), a specific instrument for the operational clinical definition and a comprehensive description of the panic-agoraphobic spectrum phenomenology. The project was sponsored by Pfizer Inc., Roering Division, Italy. Along this line, other questionnaires are now in progress in the field of obsessive-compulsive and eating disorders.

In this issue of CNS Spectrums the clinical impact, educational role, and heuristic significance of the panic-agoraphobic spectrum model will be presented. In particular we shall report how we developed our concept of spectrum, ie, its theoretical bases, and the steps which led to the development of the SCI-PAS. The preliminary results of a multicenter trial for the clinical validation of this instrument will be also presented, together with the findings obtained in a population of patients with cardiovascular diseases who show several physical and psychological symptoms that are likely to be related to panic disorder but whose real nature is not yet clarified. In addition, we shall review the relationships between panic-agoraphobic spectrum with separation anxiety and other mental disorders in childhood and adolescence, as well as with psychotic disorders and how the co-occurrence of different syndromes affects phenomenology, course of illness, and treatment response.

We are eager to present our model of the panic-agoraphobic spectrum in CNS Spectrums, a journal that constitutes a melting point of different disciplines, a sort of bridge between advanced clinical neuropsychiatric research and major neuroscientific achievements. Our contribution to a more refined psychopathological analysis is carried out not only in terms of more targeted treatment, but also with a view to the possibility of improving neuroscientific research by identifying biological markers or genetic patterns specific for single disorders.