

Separation anxiety (adult)

What are the typical features?

How common is it?

Separation anxiety symptoms are common, occurring in approximately 8% of people aged 14-24 years. But symptoms alone are not enough for making the diagnosis of Separation Anxiety Disorder, which takes into account the degree of personal distress and level of impairment.

Data from surveys in 18 countries, undertaken by the World Health Organisation, suggests that around 5% of the general population experience Separation Anxiety Disorder at some point in their lives. Around 45% of 'cases' start in adulthood (18 years or older). It is more common in girls and women, and in people who experienced traumatic events or childhood adversity.

How does it differ from Panic Disorder?

The main difference is that in separation anxiety the primary fear is of potential separation from loved ones, whereas in Panic Disorder there is a fear of having further panic attacks. Someone with agoraphobia typically fears that help will not be available, whereas someone with Separation Anxiety Disorder fears something bad might happen to a loved one, or that harm might happen whilst separated from them. It is quite likely that in the past, separation anxiety in adults was often mistaken as a form of Panic Disorder, whereas a diagnosis of adult Separation Anxiety Disorder may have been more appropriate.

How does it differ from Generalised Anxiety Disorder (GAD)?

Distinguishing between Separation Anxiety Disorder and GAD can be challenging, as worrying that something bad might happen to a loved one is a feature common to both conditions. In

adults, distinction between the two conditions relies on establishing whether fear and worry of losing loved ones is just one of a wide range of worrisome themes, as is the case in GAD. Other common themes in GAD include personal health, financial concerns, and interpersonal difficulties. In Separation Anxiety Disorder, the central and often only concern is fear of and worry about losing a major attachment figure.

What other conditions can it occur with?

Separation Anxiety Disorder can occur with many other conditions. Its symptoms are common in people with bipolar disorder, eating disorders, 'complicated grief' and post-traumatic stress disorder.

Are there psychological causes?

Anxiety and fear of abandonment are driving forces behind attachment formation, and 'insecure attachment' can result when an attachment relationship is threatened, or an attachment figure is not consistently available. Attachment theory suggests 'insecurely attached' children should display more symptoms of separation anxiety. Although anxious attachment and separation anxiety are strongly linked, not all people with Separation Anxiety Disorder have a long-standing pattern of insecure attachment.

Separation Anxiety Disorder appears to be linked to certain traits, for example if someone has high levels of 'harm avoidance' and low levels of 'self-directedness'. However, unlike GAD, it's not especially linked to 'intolerance of uncertainty'.

Are there biological causes?

The role of environmental, genetic, and

other biological factors - and the ways in which they may interact - is unclear. Experimental psychology studies have shown that Separation Anxiety Disorder is linked to an increased anxiety response to inhaled carbon dioxide, which is also seen in Panic Disorder and GAD. It may be linked to the hormone oxytocin, which is involved in how we establish trust as humans. This hormone can reduce distress and helps us 'read' the mental and emotional states of others. In studies, children with Separation Anxiety Disorder were found to have significantly lower oxytocin levels compared to children with other anxiety-related conditions. A variant in the oxytocin receptor gene has been linked to high levels of separation anxiety in patients with major depression.

How is Separation Anxiety Disorder treated?

Unfortunately, little is currently known about the effects of treatment in either children or adults with Separation Anxiety Disorder. It is thought that cognitive behaviour therapy (CBT) or selective serotonin reuptake inhibitors (SSRI medication) can be effective, but there is not much evidence in the way of large trials. There is a pressing need for research into these and other potential treatment options.

To find out more about anxiety medication, visit the 'Choice and Medication' pages of our website: www.choiceandmedication.org