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COMORBIDITY OF BALANCE AND ANXIETY DISORDERS: WHEN NEUROLOGY MAY REPLACE PSYCHIATRY?

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Comorbidity refers to a simultaneous presence of two disorders. A frequent challenge to researchers of comorbidity is to verify possible causal relations between the two disorders. Such research may disclose the etiology of the disorders but also may point to a novel ways of treatment. The example in hand is the comorbidity of balance and anxiety disorders reported in both neurological and psychiatric populations. Clinical profile includes most often neurological symptoms such as imbalance, dizziness, vertigo and motion sickness coexisting with psychiatric symptoms of panic, phobias and elevated state of anxiety. Presently, the clinical milieu considers the two disorders as separate entities. The consequence is that the neurologists and psychiatrists direct their therapeutic armory only toward one of the disorders and disclose little interest in the effect of the treatment on the other disorder. However, if the two disorders are causally related the treatment applied by one of these disciplines may take care for the two disorders.

Methods: We have approached the question of causality in the comorbidity of balance and anxiety disorders by studying children referred for balance disorders and children referred for generalized anxiety disorder (GAD).

Results and discussion: In children with diagnosis of GAD we found a high incidence of dizziness and vertigo, elevated sensitivity to balance challenging situations, and poor performance on balance-challenging physical exercises. In children with diagnosis of balance dysfunction, we found elevated levels of anxiety on self- and parent-administered questionnaires. Cumulatively, these studies demonstrate high prevalence of comorbidity of balance and anxiety disorder in childhood. Based on the «three stage theory of learning» we have further hypothesized that rehabilitation of the balance symptoms may ameliorate the symptoms of anxiety. This hypothesis was tested in children with a primary diagnosis of balance disorder, which also featured elevated levels of anxiety. They were trained for three months by an occupational therapist using the sensory-motor integration program, with no *explicit* attempt to treat their anxieties. The training improved the balance performance, and in addition, it significantly ameliorated the anxiety symptoms. Similarly, the balance-training schedule rehabilitated the balance performance of children with diagnosis of GAD and reduced some symptoms of anxiety.

Conclusions: These findings are consistent with the hypothesis that balance disorder may precipitate a chronic form of anxiety disorder and that rehabilitation of the balance symptoms may ameliorate the symptoms of anxiety.