

# Predictors to Treatment-Seeking Behavior among Individuals with Agoraphobia



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## Introduction

- Agoraphobia is an anxiety disorder that causes excessive and irrational fear, triggered under undesirable situations where escape might be difficult (American Psychological Association, n.d.).
- Ability to function at work, school, in social situations, and/or with interpersonal relationships can be (severely) impaired (Crammer et al., 2005).
- Awareness of illness is a significant motivating variable for help-seeking; shame/fear of stigma are common barriers (del Valle et al, 2018).
- While existing literature suggests that treatment can substantially reduce symptoms, they often mix results for agoraphobia with other psychological disorders (Knapstad, & Smith, 2020).
- Less is known about the effects of socio-demographic variables.

# Research Questions

- Which issue(s) in life are likely to be motivators to treatment-seeking behavior for agoraphobic individuals?
- Are socio-demographic variables such as income and race significant barriers for treatment-seeking—even after controlling for the motivators?

### Methods

## Sample

• Respondents (n=4337) were drawn from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) conducted from 2001-2002, a representative sample of non-institutionalized adults in the U.S.

#### Measures

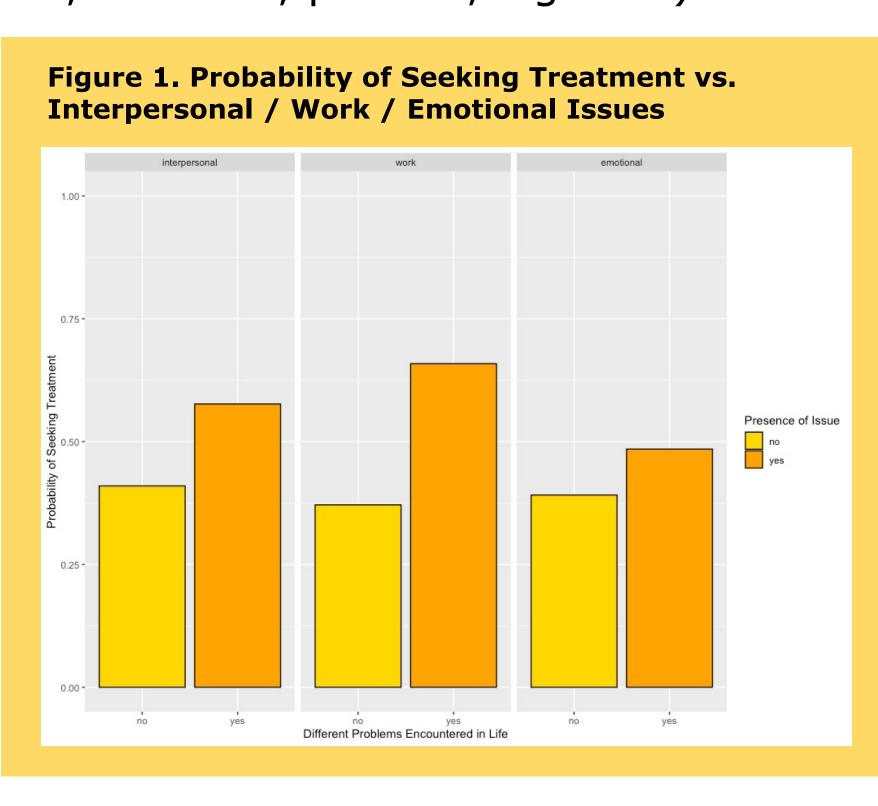
- Awareness of illness were assessed using three questions about the participants' self-perceived experience with problems on the interpersonal, work, and emotional level. Each response was coded dichotomously.
- Income was measured with the question "Total personal income in last 12 months" Responses ranged from 0 to 200000.
- Race was created by a series of responses checked in multi-race code. Participants identified with multiple races are coded as 1.

## Results

• 43.7% of respondents indicated that they received treatment

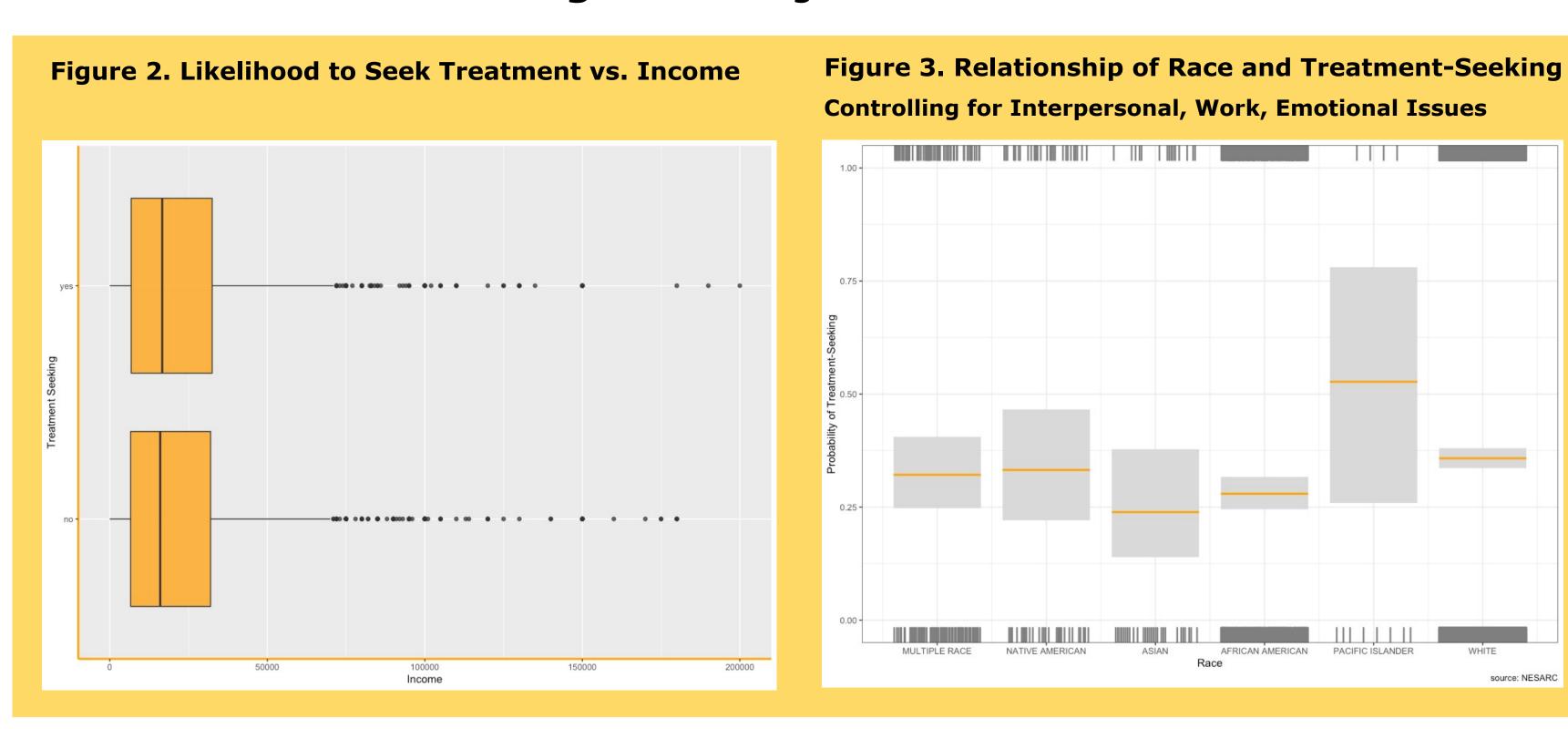
#### **Motivators: Different Problems Encountered in Life**

- Chi-square tests showed that **treatment-seeking behavior** with each **interpersonal, work, and emotional issues** are not independent  $(X^2=65.1, p<0.05; X^2=253.3, p<0.05; X^2=37.9, p<0.05, Figure 1).$
- However, a logistic regression suggests that the odds for **seeking treatment** is not significantly higher for those who have **interpersonal issues** than those who do not have (OR=1.11, p-value=0.27), but significantly higher for those with **work and emotional issues** (OR=3.02, p-value<0.05; OR=1.27, p-value<0.05).



#### **Barriers: Socio-demographics**

- There does not appear to be a significant relationship between income and treatment-seeking (Figure 2).
- After controlling for the motivators (interpersonal, work, emotional), the logistic model for income and treatment remains statistically non-significant (OR=1.00, CI 1.00-1.00).
- Chi-square analysis (include Post-Hoc test) shows that treatmentseeking behavior is only significantly different between agoraphobics identified as White and those as African American (Bonferroni p-value<0.003).</li>
- After controlling for the motivators, agoraphobics identified as **Pacific Islanders** have the highest odds of **seeking treatment** (OR=2.35, p-value=0.17, Figure 3), and those identified as **Asians** have the lowest odds (OR=0.66, p-value=0.28, Figure 3).
- Unfortunately, all relationships between each race group and treatment-seeking are not significant.



# Discussion

- In general, the awareness of illness through encountering problems in life increases the probability of treatment-seeking behavior for agoraphobic individuals; however, the relationships are only significant for work and emotional issues.
- Notably, the current findings do not reflect if the increased likelihood for treatment-seeking are due to self-motivated reasons or encouraged/forced by the people close to them.
- Socio-demographics (income and race) seem to not be important barriers, or stigmas, for agoraphobic individuals to seek treatment.
- Further research on socio-demographic aspects need to be determined, especially to attitudes/values regarding mental disorders and their treatment (held by both sufferers and people around them).