

Skin-Related Anxiety Affects Exercise Intent

BY HEIDI SPLETE
Senior Writer

Social anxiety stemming from acne or other skin conditions might keep people from exercising, say results of a survey of 50 adults selected from an acne support group.

Exercise is important for overall health and skin health, but data from previous studies have shown that people are often inclined to avoid participating in sports and other activities because of anxiety about their appearance.

To examine the link between skin-related social anxiety and the intention to play sports or exercise, Tom Loney, a Ph.D. student at the University of Bath (England) and his colleagues surveyed 20 men and 30 women with an average age of 33 years (*J. Health Psychol.* 2008;13:47-54).

The participants responded to questionnaires that addressed dermatologic social anxiety, intention to participate in sports and exercise, self-esteem, and quality of life related to skin conditions.

Based on responses to dermatologic social anxiety statements such as, "When in a bathing suit, I often feel nervous about the appearance of my skin," the average score was 3.97 on a scale of 1 (not at all) to 5 (extremely).

The average score for intention-to-exercise statements such as "I am determined to exercise/play sport at least three times a week during the next month" was 4.04 on a scale of 1 (very unlikely) to 7 (very likely). For self-esteem statements such as "I feel that I have a number of good qualities," the average response was 1.56 on a scale of 1 (strongly disagree) to 4 (strongly agree).

Finally, the average score on the Dermatology Life Quality Index, which includes 10 items such as, "Over the last week, how much has your skin affected any social or leisure activities?" was 0.99 on a scale of 3 (very much) to 0 (not at all).

Statistical analyses of the responses yielded significant negative relationships between skin-related social anxiety and each of three variables: intention to exercise, self-esteem, and dermatologic-related quality of life.

"Participants who experience greater levels of skin-related social anxiety report lower intention to participate in sport and exercise, experience lower self-esteem," and have a poorer quality of life related to skin conditions, Mr. Loney and his associates wrote.

The extent to which people are apprehensive about having their skin evaluated by others has implications for the intention to participate in sports and exercise and for self-perception, but more studies are needed to determine the impact of skin-related social anxiety within specific sports and exercise settings, they said. For example, team sports or group exercise settings might cause more anxiety than exercising alone, and people with high skin-related social anxiety might avoid those situations.

Although the results were limited by the use of a global perception of acne severity rather than symptom-specific ratings, the data support findings from previous studies and contribute to the limited field of research involving both physical and psychological health, Mr. Loney and his colleagues said. None of the researchers disclosed any conflicts of interest. ■

Childhood Trauma Raises Risk Of Adult CHD and Depression

BY MITCHEL L. ZOLER
Philadelphia Bureau

VIENNA — Childhood trauma was an independent predictor of coronary heart disease and major depression later in life in a study with 360 men.

"Childhood trauma can have important consequences, but it is a risk factor that physicians don't usually think about," Dr. Viola Vaccarino said while presenting a poster at the annual congress of the European Society of Cardiology.

"Once a person is identified with a history of childhood trauma, that person needs to be monitored very closely. Our data [suggest] that childhood trauma may be a key history to ask about," said Dr. Vaccarino, a professor of medicine and epidemiology at Emory University, Atlanta.

The study by Dr. Vaccarino and her associates used 360 male twins (180 pairs, either mono- or dizygotic) who were born in 1946-1956 and were enrolled in the Vietnam Era Twin Registry. The participants were all interviewed at Emory University. They were assessed using the Early Trauma Inventory (ETI), a measure of traumatic events occurring before age 18 years, and the Late Trauma Inventory (LTI), a measure of traumatic events that occur when a person is aged 18 years or older. Physical health was assessed by examination, and mental health was assessed with the Structured Clinical Interview for Psychiatric Disorders. In all, 33 participants were diagnosed with coronary heart disease (CHD), 82 were diagnosed with major depressive disorder, and 23 had posttraumatic stress disorder.

The participants were divided into quartiles based on their ETI scores.

The analysis showed that the men in the three lowest ETI quartiles had a 6% prevalence of CHD compared with an 18% rate in the quartile with the highest ETI score. When adjusted for age and smoking history, the men in the highest quartile for childhood trauma had about a twofold increased rate of CHD, compared with men with

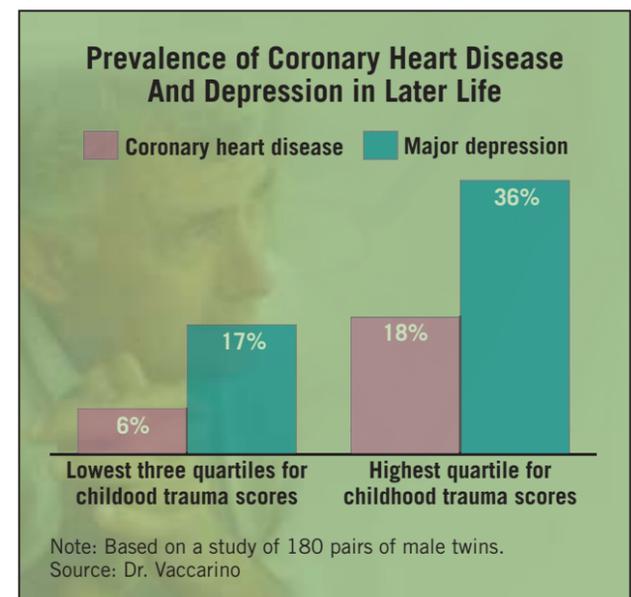
lower ETI scores, a statistically significant difference. (See box.)

A second analysis showed that men in the quartile with the greatest childhood trauma were also about twice as likely to have major depression, compared with men with lower ETI scores, also a significant difference, said Dr. Vaccarino, who is also director of EPICORE (Emory Program in Cardiovascular Outcomes Research and Epidemiology).

Initially, an excess of CHD and depression was also seen in men who had high scores on the LTI. But when the LTI analysis was adjusted for the prevalence of early trauma, the link between the LTI score and CHD and depression disappeared. In contrast, a strong link was also seen between high LTI scores and posttraumatic stress disorder, but this link was not affected by adjustment for ETI scores.

Childhood trauma can occur in the form of physical abuse, emotional abuse, sexual abuse, or general trauma, which is caused by events such as earthquakes and car accidents.

These findings suggest that primary care physicians should routinely ask patients about their trauma exposures as children. They may even want to administer the ETI, which has recently been streamlined to a single-page questionnaire, Dr. Vaccarino said in an interview. ■



High Diastolic Blood Pressure Linked to Cognitive Impairment

BY SHARON WORCESTER
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NEW ORLEANS — Increased diastolic blood pressure levels are associated with cognitive impairment, findings from the Reasons for Geographic and Racial Differences in Stroke study suggest.

More than 27,800 participants from REGARDS—a long-term, ongoing study designed to investigate the reasons why stroke-related mortality is more common in portions of the southeastern United States (the "stroke belt") and among blacks—were included in the analysis.

The patients were evaluated in an effort to identify associations between blood pressure indices and cognitive function, as well as any potential interactions between blood pressure indices and age in cognitive

function, and any possible racial differences in the relationship between blood pressure and cognition, Dr. Georgios Tsivgoulis, lead author in this portion of the study, reported at the International Stroke Conference 2008.

Findings from previous studies have been conflicting in regard to such interactions, but in this very large cohort of patients, the relationship between diastolic blood pressure levels and cognitive impairment persisted even after adjusting for a host of demographic characteristics, environmental factors, vascular risk factors, health behaviors, and depressive symptoms (odds ratio, 1.08 per 10 mm Hg change for cognitive impairment with increased diastolic blood pressure), said Dr. Tsivgoulis of the University of Alabama at Birmingham.

No interactions were seen between blood pressure and age in impaired cognitive function, nor were racial differences noted in the associations between blood pressure and cognitive status, he said at the conference, which was sponsored by the American Stroke Association.

Study participants were at least 45 years of age (mean age, 66 years in the current cohort), and lived in various areas across the United States, with oversampling in the stroke belt. Whites and blacks, as well as men and women, were equally represented.

These preliminary results did not give enough information to determine the reason for the existence of the "stroke belt," and Dr. Tsivgoulis didn't speculate on that in his presentation.

Cognitive status was assessed using the

6-item screen derived from the Mini-Mental State Examination. Patients with a score of 4 or less were considered to have cognitive impairment. Cognitive status was validated against other cognitive measures for the diagnosis of dementia, and depression was assessed using the Center for Epidemiologic Studies Depression 4-item scale.

The finding of a linear and cross-sectional association between higher diastolic blood pressure and impaired cognitive status suggests that the careful monitoring and control of elevated blood pressure could contribute to the preservation of cognitive function, Dr. Tsivgoulis concluded.

The study was funded by the National Institute of Neurological Disorders and Stroke. ■