

## Publication

## Agoraphobia: A review of the diagnostic classificatory position and criteria

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The status of agoraphobia (AG) as an independent diagnostic category is reviewed and preliminary options and recommendations for the fifth edition of The Diagnostic and Statistical Manual (DSM-V) are presented. The review concentrates on epidemiology, psychopathology, neurobiology, vulnerability and risk factors, clinical course and outcome, and correlates and consequences of A G since 1990. Differences and similarities across conventions and criteria of DSM and ICD-10 are considered. Three core questions are addressed. First, what is the evidence for A G as a diagnosis independent of panic disorder? Second, should A G be conceptualized as a subordinate form of panic disorder (PD) as currently stipulated in DSM-IV-TR? Third, is there evidence for modifying or changing the current diagnostic criteria? We come to the conclusion that A G should be conceptualized as an independent disorder with more specific criteria rather than a subordinate, residual form of PD as currently stipulated in DSM-IV-TR. Among other issues, this conclusion was based on psychometric evaluations of the construct, epidemiological investigations which show that A G can exist independently of panic disorder, and the impact of agoraphobic avoidance upon clinical course and outcome. However evidence from basic and clinic validation studies remains incomplete and partly contradictory. The apparent advantages of a more straightforward, simpler classification without implicit hierarchies and insufficiently supported differential diagnostic considerations, plus the option for improved further research, led to favoring the separate diagnostic criteria for AG as a diagnosis independent of panic disorder.

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