

**Visual Height Intolerance and Acrophobia – Clinical Characteristics and Comorbidity Patterns**

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**Objective:** The purpose of this study was to estimate the general population life-time and point prevalence of visual height intolerance and acrophobia, to define their clinical characteristics and to determine their anxious and depressive comorbidities.

**Method:** A case-control study was conducted within a German population-based cross-sectional telephone survey. A representative sample of 2,012 individuals aged 14 and above were selected. Defined neurological conditions (migraine, Menière's disease, motion sickness), symptom pattern, age of first manifestation, precipitating height stimuli, course of illness, psychosocial impairment, and comorbidity patterns (anxiety conditions, depressive disorders according to DSM-IV-TR) for vHI and acrophobia were assessed.

**Results:** The life-time prevalence of vHI was 28.5% (women: 32.4%, men: 24.5%). Initial attacks occurred predominantly (36%) in the second decade. A rapid generalization to other height stimuli and a chronic course of illness with at least moderate impairment were observed. 22.5% of individuals with vHI experienced the intensity of panic attacks. The life-time prevalence of acrophobia was 6.4% (women: 8.6%, men: 4.1%), point prevalence was 2.0% (women: 2.8%; men: 1.1%). VHI and even more acrophobia were associated with high rates of comorbid anxious and depressive conditions. Migraine was both a significant predictor of later acrophobia and a significant consequence of previous acrophobia.

**Conclusions:** VHI affects nearly a third of the general population; in more than 20% of these persons vHI occasionally develops into panic attacks and in 6.4% it escalates to acrophobia. Symptoms and degree of social impairment form a continuum of mild to seriously distressing conditions in susceptible subjects.