

THE ROLE OF MEDICATION IN THE TREATMENT OF ANXIETY DISORDERS

Cognitive Behaviour Therapy (CBT) is now recognised as the treatment of choice for Anxiety Disorders.

Compared with medication the advantages of CBT are:

- Greater efficacy
- Fewer dropouts
- No side effects
- Lower relapse rates

By contrast, studies examining the effects of antidepressants and benzodiazepines report:

- High dropout rates
- Side effects
- Problems with dependence
- Return of symptoms upon cessation of medication

Benzodiazepines

It is generally best to avoid using benzodiazepines in the treatment of anxiety disorders. Benzodiazepines do not treat the underlying fear associated with anxiety disorders and symptoms return with cessation of medication. Benzodiazepines are easy to prescribe but difficult to cease once a person has become dependent on them. Dependence can occur in as little as two weeks of daily treatment.

Cognitive Behavioural Therapy (CBT) is now recognised as the treatment of choice for anxiety disorders. CBT addresses the underlying fear in anxiety disorders and allows the patient to learn to control their anxiety rather than feel helpless and overwhelmed by their anxiety. There is evidence that CBT actually decreases a person's vulnerability to relapse once they have mastered the CBT techniques.

Benzodiazepines are problematic in CBT treatment because:

1. Patients will not benefit from exposure to feared situations. Having used a benzodiazepine, anxiety is decreased before entering a feared situation. The patient may then attribute their success to the medication and begin to believe they would not cope without it.
2. There is evidence that benzodiazepines impair concentration and memory and thus interfere with CBT.
3. Studies comparing the use of Exposure therapy with alprazolam (10mg) (Isaac Marks et al 1993 "London & Toronto study") have demonstrated the following:
 - Exposure is twice as effective as alprazolam
 - Exposure gains are maintained over 6 months following treatment
 - Alprazolam gains are lost shortly after the medication is ceased
 - Alprazolam contributed little to exposure therapy and interfered with further improvement

Antidepressants

Depression occurs very commonly and is sometimes referred to as the "common cold" of psychiatry. **It is very important to exclude and treat depressive illness in patients who present with anxiety symptoms.**

Anxiety, worry and panic attacks are very common symptoms in depressive illness. Up to one in four women and one in six men will suffer a major depressive episode in their lifetime.

For people with anxiety disorders, the chance of becoming depressed is much greater. Approximately 60% of people with anxiety disorders in their lifetime will suffer major depression.

Major depression is diagnosed when depressive symptoms have persisted for more days than not for more than two weeks. The symptoms of depression include:

- Depressed and or irritable mood
- Feeling helpless, hopeless and despairing
- Feeling anxious, clingy, agitated
- Getting little enjoyment from activities that usually give pleasure
- Feeling guilty
- Suicidal thoughts
- Difficulty making decisions
- Sleep disturbance with early morning wakening (1-2 hours), difficulty falling asleep or frequent wakening
- Poor or increased appetite
- Weight loss or gain
- Feeling everything is an effort

Depression is a serious illness and important to treat. Antidepressants are very effective treatment for most people with depressive illness.

There is evidence that antidepressants are helpful in the treatment of anxiety disorders in people who are not depressed. That is, antidepressants have an anti-anxiety effect. However, the anti-anxiety effect only lasts as long as the patient continues to take the tablets.

Studies involving imipramine have found the following:

- Imipramine was more effective than placebo in reduction of panic attacks
- Equal efficacy with alprazolam at week 8
- Higher drop outs of imipramine when compared to alprazolam
- **Imipramine without exposure therapy had limited efficacy**

Antidepressants are not addictive like benzodiazepines. Antidepressants do not interfere with CBT. However, the best treatment for anxiety disorders is CBT as the effects are long lasting and side-effect free!

SUMMARY

In summary, the literature suggests that CBT without conjoint pharmacotherapy is best in the treatment of anxiety disorders provided the patient does not have a comorbid major depressive illness. Further, there is evidence that short acting anxiolytics add little to the efficacy of CBT and can interfere with future progress. This is not surprising when one considers the crucial role of exposure to anxiety and the attribution of danger the individual attaches to their symptoms.

Some individuals presenting to their GP may already be taking medication. In such cases the following recommendations are made:

- If the individual is using benzodiazepines it may be necessary to begin reducing the dosage prior to commencing this treatment programme (see section on withdrawing patients from benzodiazepines). This is because, in order to benefit from CBT treatment, the individual actually needs to experience anxiety in order to learn to control it.
- If a patient is being treated for major depression with an antidepressant then they should continue the antidepressant during the treatment programme.

References:

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