



The Pharmacological Management of Anxiety Disorders

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Principles

Evidence for the efficacy of psychotropic drug treatment is for diagnosed anxiety disorders, not just symptoms of anxiety. Benzodiazepine drugs may rapidly relieve such symptoms and be popular with sufferers, but alternative treatments may be more efficacious in the longer term without the risks of dependence and abuse. The prescription of a benzodiazepine drug is not ordinarily advised for more than four weeks.

Treatment of generalised anxiety

The antidepressant drugs imipramine, paroxetine, sertraline, venlafaxine and trazodone are of proven efficacy. An SSRI is recommended as first choice. Buspirone may be efficacious in patients who have not already been treated with benzodiazepine drugs. The risks of antipsychotic drugs outweigh the likely benefit. There is no evidence for the efficacy of beta-blockers.

Treatment of panic disorder

Imipramine, clomipramine and SSRIs are of proven efficacy. An SSRI is recommended as first choice. First doses may induce panic, so initiate treatment with smaller doses than in depressive illness. Be prepared to explore the full dose range for optimal efficacy.

Treatment of generalised social phobia

SSRIs are of proven efficacy and are first choice drugs. Tricyclic antidepressant drugs are probably not efficacious.

Initial treatment failure

Tricyclic antidepressant drugs are the second choices and there is emerging evidence for the efficacy of venlafaxine in generalised social phobia. A disorder should not be regarded as resistant to antidepressant drug treatment until a trial of phenelzine. Non-response may then be an indication for longer term benzodiazepine prescription in more severe disorders.

Continuation of treatment

Treatment should be continued for at least one year after clinical response.

Preliminary modelling exercises suggest that psychological treatment with cognitive-behavioural psychotherapy may prove more cost effective over one year in the general case. It is not yet known whether this would apply also to the more severe and/or complex cases preferentially referred to psychiatrists. Even proponents of non-drug

treatment acknowledge that the demand for psychological treatments overwhelms supply, and that for the foreseeable future drug treatments will remain much more readily available in the short term.