Articles Summarised

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Introduction

This newsletter provides a brief summary of some of the latest research and publications that may be of interest to practitioners in the field of addiction and mental health. Each newsletter will cover one of the themes of the Alberta Addiction and Mental Health Research Partnership Program and provides structured accounts of research on a given topic, based on a limited search of the literature for recent publications. We do not thoroughly assess the quality of the research identified so this publication acts as a signpost for further reading and assessment, rather than as a definitive account of what should be included in clinical practice.

This month’s edition focuses on Anxiety Disorders.

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Telephone-delivered cognitive behavioral therapy and telephone-delivered nondirective supportive therapy for rural older adults with generalized anxiety disorder: A randomized clinical trial


Study Design: Randomized clinical trial
Focus of the Study: Access to mental health care in rural areas is often difficult due to minimal resources and lack of funding for mental health services. Older adults living in rural areas may face additional barriers such as mobility issues. Telephone-delivered treatment has the potential to improve access to services for older adults living in rural and remote communities. This study compared the efficacy of telephone-delivered cognitive behavioral therapy (CBT-T) to telephone-delivered nondirective supportive therapy (NST-T) in a sample of rural older adults with generalized anxiety disorder (GAD) in the United States. Specifically, the treatments were compared on measures of anxiety, worry, GAD symptoms, and depressive symptoms at 4 months’ follow-up.

Key Findings:
» Both treatments reduced anxiety symptoms among participants. There was no significant difference in improvement between treatments.
» Both treatments reduced symptoms of worry, depression, and GAD; however, there was a greater decrease of symptoms among participants in CBT-T than NST-T.
» Participants in both groups had similar treatment expectancies; however, CBT-T participants reported significantly higher levels of treatment satisfaction.

Implications for Practice: Telephone-delivered psychotherapies, such as cognitive behavioral therapy and nondirective supportive therapy, may be an effective alternative for rural older adults seeking treatment for generalized anxiety disorder. Telephone-delivered cognitive behavioral therapy, in particular, may result in a greater reduction in symptoms.


Efficacy of group psychotherapy for social anxiety disorder: A meta-analysis of randomized-controlled trials

Study Design: Meta-analysis

Focus of the Study: Social anxiety disorder (SAD) is among the most common psychiatric illnesses. Group psychotherapy is one of the treatment options available for individuals with SAD. While previous research has shown the effectiveness of group psychotherapy for SAD, there is a scarcity of recent comprehensive reviews on the topic; in particular, there is a paucity of recent reviews that specifically focus on evaluating cognitive-behavioral therapy delivered in a group format (CBGT). This study aimed to provide a comprehensive review of the efficacy of CBGT for adult patients with SAD.

Studies that were included in the analysis compared CBGT with one or more of the following conditions:
- Wait list control groups
- Common factor control groups such as supportive group treatments or relaxation groups, which lacked all CBT specific components but shared common factors such as therapeutic alliance with the CBGT treatment groups
- Pharmacotherapies
- Individual psychotherapies

Key Findings:
» Among the included studies, 1187 patients were treated with CBGT and 984 were placed in comparison conditions.
» Group psychotherapy was more effective in improving specific symptoms of SAD, as well as, improving general psychopathology (e.g., depression or anxiety) compared to wait list control condition.
» Compared to common factor control group conditions, group psychotherapy was also more effective in improving specific symptoms of SAD, but not in improving general psychopathology.

» There were no significant differences in outcomes between CBGT and individual psychotherapies or pharmacotherapies.

Implications for Practice: The results of this study suggest that cognitive-behavioral group therapy for social anxiety disorder may be as effective as established individual psychotherapies and pharmacologic treatment options. Patients with social anxiety disorder may benefit from the mutual support and sense of belonging that stems from effective group treatment sessions.


Internet-delivered acceptance-based behavior therapy for generalized anxiety disorder: A randomized controlled trial

Study Design: Randomized controlled trial

Focus of the Study: Cognitive behavioral therapy (CBT) in a known effective treatment for generalized anxiety disorder (GAD); recent changes to CBT have incorporated acceptance, working with patient values, and mindfulness into the treatment plan. Therapist-guided internet-based CBT (ICBT) has also shown to be an effective mode of treatment delivery; however, no studies have examined the effectiveness of internet-delivered acceptance-based CBT for treatment of GAD.

Participants were recruited online and through the use of recruitment flyers at two universities in Sweden. Participants were provided several online measures at pre-treatment, post-treatment, and at 6-month follow-up (i.e., Penn State Worry Questionnaire, Generalized Anxiety Disorder Questionnaire-IV, Generalized Anxiety Disorder Scale – 7, Beck Anxiety Inventory, Montgomery Åsberg Depression Rating Scale Self-Assessment, Patient Health Questionnaire – 9, Quality of Life Inventory).

Key Findings:
» At post-treatment, 92.5% of participants said they were quite satisfied or better with the treatment; no participants reported being dissatisfied with the treatment.
» Compared to the control condition, almost all scales measured were found to have medium to large effects of treatment. Only the QOLI measurement did not see any significant improvement.
» The post-treatment findings were maintained or further improved at six-month follow-up.

Implications for Practice: Internet-delivered acceptance-based CBT has the potential to reduce symptoms of GAD, and may help reach clients with mobility issues or those who are in rural locations.


The clinical effectiveness of concise cognitive behavioral therapy with or without pharmacotherapy for depressive and anxiety disorders; a pragmatic randomized controlled equivalence trial in clinical practice

Study Design: Pragmatic randomized controlled equivalence trial
Focus of the Study: Depression and anxiety disorders are both highly prevalent, and contribute to a high disease burden. Although there are many effective psychotherapy and pharmacotherapy treatments available, they place a high demand on the healthcare system. Offering concise treatment programs, without altering effectiveness, may help reduce burden on healthcare services.

The Brief Symptom Inventory (BSI) and the Web Screening Questionnaire (WSQ) were the primary outcome measures; the secondary measures used were the Clinical Global Impressions (CGI) and the Short Form-36 Health Survey (SF-36). Participants were recruited from outpatient mental health clinics in the Netherlands, and follow-up occurred at 3, 6 and 12 months after receiving treatment.

Key Findings:
» At 6 and 12 month follow-up, scores on the Brief Symptom Inventory (BSI) and the Web Screening Questionnaire (WSQ) did not differ significantly between standard care and concise care.
» Psychopathology in both standard care and concise care conditions decreased over time. The difference from baseline in BSI scores between the two groups was greatest at 3 months; the change in scores was greater in the concise care condition.
» Participants in both conditions saw a decrease in Clinical Global Impression scores, and saw improvements in general health and quality of life.
» Both standard care and concise care patients attended similar number of therapy sessions, yet concise care was significantly more effective than standard care at 3- and 12-months following treatment. Furthermore, patients in the concise care group were, on average, more satisfied with overall treatment compared to those receiving standard care.

Implications for Practice: Concise care programs may be at least as effective as standard care programs, and may be a viable alternative to standard care in outpatients with mild to moderate depression or anxiety disorders.

Link to abstract: http://www.ncbi.nlm.nih.gov/pubmed/26762883

A systematic review and meta-analysis of self-help therapeutic interventions for obsessive-compulsive disorder: Is therapeutic contact key to overall improvement?

Study Design: Systematic review and meta-analysis

Focus of the Study: Obsessive-compulsive disorder (OCD) can result in a low quality of life without access to effective treatment. Some barriers to access include location, or limited availability of trained clinicians. Self-help can be a way to improve access to treatment and has increasingly been used in the treatment of OCD. Self-help has been investigated as part of a stepped care approach where patients are first provided with lower levels of treatment or to reduce therapist time in face-to-face treatment. This systematic review and meta-analysis studied the effectiveness of self-help treatment in reducing OCD symptoms in adults, and whether therapeutic contact has an impact on treatment outcome and dropout. Eighteen studies were selected for review.

To determine the amount of assistance provided, the studies were classified into four categories of therapeutic assistance:

- Self-administered therapy (SA): Contact with therapist for the assessment only, or no therapist contact.
- Predominantly self-help (PSH): Minimal therapist contact beyond assessment to assist with the use of self-help materials and to provide a rationale for treatment.
• Minimal contact therapy (MC): The therapist may be present and actively involved, but is less involved than traditional therapy.
• Predominantly therapist-administered treatments (PTA): Therapist and client have regular contact, but a self-help tool is provided in addition to standard therapy.

Key Findings:
» 14 of the 18 studies reviewed on self-help treatment reported a significant reduction in OCD symptoms and severity after treatment.
» Treatment effect tended to increase as therapeutic contact increased. Effects were small for self-administered, moderate for predominantly self-help, and large for minimal contact self-help.
» Dropout rates tended to decrease as therapeutic contact increased. Self-administered self-help had the highest dropout rate (38.7%), followed by predominantly self-help (19.5%), and minimal contact (16.6%).

Implications for Practice: Some therapist contact could increase treatment effectiveness and reduce dropout rates among patients who are using self-help as a method of treatment for OCD.


Long-term pharmacological treatments of anxiety disorders: An updated systematic review

Study Design: Systematic review

Focus of the Study: There are many uncertainties about various aspects of long-term pharmacological treatment for anxiety disorders. For example, it is unclear how long various pharmacological treatments should be continued to effectively reduce risk of relapse after discontinuation. Similarly, it is unclear whether long-term treatments with lower doses of medication would be satisfactory in sustaining improvements gained in the short-term. This systematic review aimed to review the outcomes of long-term pharmacological studies of panic disorder (PD), generalized anxiety disorder (GAD), and social anxiety disorder (SAD). No studies related to the long-term pharmacotherapy of SAD were located.

Key Findings:
» Long-term treatment of PD with certain selective serotonin reuptake inhibitors (SSRIs) such as paroxetine and escitalopram or the benzodiazepine clonazepam may provide more symptom improvement than short-term treatment. More studies are however required to determine whether long-term use of benzodiazepines for PD is efficacious and safe.
» Long-term therapy with antidepressants escitalopram or venlafaxine is known to be effective in reducing relapse rates in patients with GAD. Some studies in this review suggest that the antidepressants agomelatine and vortioxetine, the anticonvulsant pregabalin and the atypical antipsychotic quetiapine are also very effective for long-term treatment of GAD.
» Although effective in reducing the frequency of anxiety events and improving quality of life in patients with GAD, quetiapine is not always recommended as a first-line therapy for GAD because of the potential for long-term metabolic side effects.

Implications for Practice: Recent studies confirm that long-term pharmacological treatments for PD and GAD are effective and may provide additional improvement over that gained during short-term therapy. The available literature lacks solid evidence on the optimal dosage and/or duration of medication use to minimize the risk of relapse.
Link to abstract: http://www.ncbi.nlm.nih.gov/pubmed/26647003

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