Exposure, Medication May Aid Anxiety Treatment

BY BRUCE K. DIXON
Chicago Bureau

ST. LOUIS — The experimental concept of improving the treatment of anxiety disorders by combining exposure therapy with a medication has received a boost from two pilot studies presented at the annual conference of the Anxiety Disorders Association of America.

In one study, investigators found that D-cycloserine for obsessive-compulsive disorder (OCD) increases therapeutic learning, accelerates fear extinction in early sessions, and reduces the number of exposure sessions required for a good outcome, reported Matt Kushner, Ph.D., a professor of psychiatry at the University of Minnesota, Minneapolis.


These studies provide preliminary support for the use of short-term dosing of D-cycloserine as an adjunctive intervention to exposure therapy for social anxiety disorder, said Stefan G. Hofmann, Ph.D., lead author of the second study.

"This giving a pill to enhance psychotherapy is a paradigm shift in the treatment of anxiety disorders," commented Dr. Hofmann, professor of psychology and director of the social anxiety program at the Center for Anxiety and Related Disorders at Boston University.

D-Cycloserine, an agonist at the glutamatergic N-methyl-D-aspartate (NMDA) receptor, had been shown to improve the effectiveness of exposure therapy of agoraphobia in an earlier pilot study (Arch. Gen. Psychiatry 2004;61:1136-44), and has successfully promoted the extinction of conditioned fear in several other animal studies.

By itself, exposure therapy for OCD has significant limitations, Dr. Kushner said. "It's difficult in that the patient must repeatedly face his or her fears. It's time consuming, and it's expensive," he said, adding that exposure therapy has a refractory dropout rate approaching 25% and an overall effectiveness rate of less than 50%.

To test the hypothesis that D-cycloserine (DCS) augmentation would raise the effectiveness ceiling of exposure therapy for OCD, Dr. Kushner and his team conducted a double-blind study of 32 subjects with the compulsive rituals of washing or checking.

Half received exposure therapy plus 125 mg DCS twice weekly; the second group received exposure therapy plus placebo. Subjects were allowed to be on a stable dose of psychiatric medications other than benzodiazepines.

All of the subjects received four sessions of exposure and ritual prevention twice weekly.

After four sessions of therapy, the patients were allowed to continue until they had reached a treatment endpoint. Then, Dr. Kushner continued to assess the results using the Social Anxiety Symptom Inventory, the Liebowitz Social Anxiety Scale, and the Clinical Global Impression Scale. Those receiving D-cycloserine in addition to exposure therapy reported significantly less social anxiety, compared with those in the exposure therapy plus placebo group.

On follow-up, no drop-off was found in fear extinction as was seen in Dr. Kushner's OCD study.

"It may be that in a dosing regimen such as was used in our study, there's an accumulation of D-cycloserine—which could not be an issue in our study—such as might occur if one were trying to switch from being an NMDA receptor agonist to an NMDA antagonist, in much higher doses," Dr. Kushner said in an interview. "So the drug may be working primarily at those higher doses."

Dr. Kushner added that his results might have been better had he given the medication as Dr. Hofmann had, 50 mg at weekly intervals.

Most providers said they'd send additional time at the same visit counseling a patient who had been screened and identified as being in trouble.

Brief Screen for Alcohol Use in Teens Is Well Suited to Primary Care Setting

BY DAMIAN MCGONAGA
Miami Bureau

MIAMI — A one-page instrument to screen and identify adolescents at risk for alcohol use can be easily implemented in a primary care setting, although reimbursement and additional counseling time are concerns, Dr. John Femino said at the annual conference of the American Society of Addiction Medicine.

The focus on primary care physicians to screen and intervene regarding adolescent alcohol use and other behavioral issues is an important shift," said Dr. Femino, an internist who is the medical director of a detoxification and recovery center in North Kingstown, R.I. It makes sense because "primary care physicians are seeing every kid in every school district we see."

Rhode Island has led the United States for 4 consecutive years for the highest death rate from alcohol intoxication, with an odds ratio of 1.7. "We don't know if it's because clinicians are more tuned in to the fact that we have higher rates of depression among adolescent girls … or if the girls are more likely to say something than the [boys] are," Dr. Femino said in an interview.

The researchers also administered the Epidemiologic Assessment during Routine Well Visits

DENVER — Although few dispute the value of screening adolescents for depression in the primary care setting, there remains debate as to how often it happens.

Not much, according to Elizabeth Ozer, Ph.D., of the University of California, San Francisco. She and her colleagues analyzed data from the 2003 California Health Interview Survey, the largest state survey in the United States, and reported their findings during a poster presentation at the annual meeting of the Society for Adolescent Medicine.

Of 889 adolescents aged 13-17 years who made a clinic well visit 3 months prior to taking the survey, only one-third reported answering "yes" to the question. "When you had your last routine physical exam, did you and a doctor or other health provider talk about your emotions or moods?" Screening was more prevalent in girls (37%) than in boys (26%), with an odds ratio of 1.7. "We don't know if it's because clinicians are more tuned in to the fact that we have higher rates of depression among adolescent girls … or if the girls are more likely to say something to the physician," Dr. Ozer said in an interview.

There were also different rates of screening by ethnicity, with a greater prevalence in whites and Hispanics (33% each) than in Asian Americans (25%) or African Americans (22%). The differences did not reach statistical significance.

The researchers also administered the Epidemiologic Studies Depression Scale, in which a score of 7 or greater indicates emotional distress. Distress was reported by 32% of the girls and 23% of the boys. In distressed girls, 60% said that the physician had not asked them about their emotional health. "Given the rates of depression … we need higher rates of screening than that," he said.

—John R. Bell