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 as an adjunctive intervention accelerated fear extinction in several animal studies. In a second study, the lead author of the first study, Dr. John Femino, said at the annual meeting of the American Society of Addiction Medicine.

“Everyone could do it. The identification went up,” Dr. Femino said. “It’s difficult in that the patient must repeatedly face his or her worst 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 achieved symptom remission.

This criterion was met by session 10 in 40% of the placebo group and 80% of the DCS group, though the learning effects of the drug diminished after the fourth session.

Dr. Kushner said the most striking finding was the reduced number of those in the placebo group who improved retention, in that less than 7% of those receiving DCS blindly dropped out of the study, compared with one-third of those in the placebo group.

He said he interpreted this to mean that there was a greater effort to benefit ratio with dual therapy.

“People tend to stay in therapy and work hard when the early results are good,” he said.

In the social anxiety disorder study, 27 participants received five therapy sessions delivered in either individual or group therapy format. The first session introduced the treatment model and was followed by four sessions emphasizing exposure to increasingly challenging public speaking situations.

An hour before each session, participants received single 50 mg doses of D-cycloserine or placebo. Symptoms were assessed by patient self-report and by clinicians blind to the randomization condition before and after treatment and 1 month after the last session.

Assessments were made using the Social Phobia and Anxiety 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.

“That may be that in a dosing regimen such as was used in our study, there’s an accumulation of doses—what’s not to switch from being an NMDA receptor agonist to an NMDA antagonist, as has been shown in animal studies,” Dr. Kushner said in an interview. “The drug may be counterproductive at 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.

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

By Damian McNamara
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 in the highest death rate from alcohol-related deaths among teenagers, mostly associated with motor vehicle accidents. This project came out of a need in the community. A primary care task force group reached out to physicians for help, Dr. Femino said.

Screening is effective, there are barriers to effectively addressing alcohol use problems in teenagers. Among physicians, those barriers include time constraints, reimbursement and “a fear of tending to the parent.” Among children, concerns focus on confidentiality, and among parents, the belief that alcohol and drug use is part of normal teenage experimentation presents a barrier to adolescent screening programs. Parents also might fear the stigma associated with substance abuse.

Among adolescents, concerns focus on confidentiality, and among parents, the belief that alcohol and drug use is part of normal teenage experimentation presents a barrier to adolescent screening programs. Parents also might fear the stigma associated with substance abuse.

Another concern is that insurance labeling via the Medical Information Bureau would create lifelong stigmatization by placing the teenager in a high-risk category for health, disability, or life insurance eligibility or premium ratings, Dr. Femino said. “We were very sensitive as to which insurance companies were involved in this. It is possible to figure out how to get paid for pre- and counseling. There are new codes, but it’s tricky.”

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.

“They need to stay in therapy and work hard when the early results are good,” he said.

In the social anxiety disorder study, 27 participants received five therapy sessions delivered in either individual or group setting 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 acrophobia in an earlier pilot study (Arch. Gen. Psychiatry 2004;61:1316-44),” said Dr. Femino. “It’s difficult in that the patient must repeatedly face his or her worst 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%.

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“People tend to stay in therapy and work hard when the early results are good,” he said.

In the social anxiety disorder study, 27 participants received five therapy sessions delivered in either individual or group setting at the Center for Anxiety and Related Disorders at Boston University. A total of 36% screened positive for at least one behavioral concern, and 25%—both boys and girls—checked off and met criteria for an eating disorder.

Although screening is effective, there are barriers to effectively addressing alcohol use problems in teenagers. Among physicians, those barriers include time constraints, reimbursement and “a fear of tending to the parent.” Among children, concerns focus on confidentiality, and among parents, the belief that alcohol and drug use is part of normal teenage experimentation presents a barrier to adolescent screening programs. Parents also might fear the stigma associated with substance abuse.

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Depression in Adolescents Is Often Not Addressed 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 your parents discuss 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 the boys aren’t,” 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 their physician had not raised the issue of their emotional health. “Given the rates of depression . . . we need higher rates of screening than that,” he said.

—John R. Bell