Anxiety Disorders Program Bests Usual Care

BY MARY ANN MOON

FROM JAMA

A program aimed at treating the most common anxiety disorders in primary care clinics proved more effective than usual care, according to the findings of a randomized controlled trial reported in JAMA.

The Coordinated Anxiety Learning and Management (CALM) program involves evidence-based treatment of panic disorder, generalized anxiety disorder, social anxiety disorder, and posttraumatic stress disorder, with or without the presence of comorbid depression, said Dr. Peter Roy-Byrne of the University of Washington, Seattle, and his associates.

The CALM model uses an Internet-based system to monitor the delivery of care by "anxiety clinical specialists" such as nurses, social workers, or psychologists who are trained to deliver the program's treatment. These specialists keep in close touch with a primary care physician throughout the 10-12 weeks of treatment. They use a computer program to help them administer cognitive-behavioral therapy and/or pharmacotherapy with selective serotonin reuptake inhibitors, serotonin and norepinephrine reuptake inhibitors, other types of antidepressants, or benzodiazepines.

Outcomes among 503 patients randomized to the CALM program were compared with 501 patients assigned to usual care. Patients were enrolled from 17 primary care clinics in Arkansas, California, and Washington. Usual care involved in-clinic mental health resources – which often involved "a single clinician with limited familiarity with evidence-based psychotherapy"– or referral to a mental health specialist. Treatment duration lasted 3-12 months (JAMA 2010;303:1921-8).

The study participants were diagnosed as having one or more of the four anxiety disorders, with or without comorbid depression, and were referred by 120 internists and 28 family physicians. The patient population was ethnically diverse and had a broad age range (18-75 years). Patients underwent a battery of assessments at baseline and at 6-month intervals for 18 months to track their outcomes.

Patients in the intervention group were significantly more likely than those in the usual-care group to receive psychotherapy that included elements of cognitive-behavioral therapy and to receive the appropriate type, dose, and duration of medication. In addition, their scores on the Brief Symptom Inventory measuring psychic and somatic anxiety were significantly lower than those of the usual-care group at all follow-up assessments, Dr. Roy-Byrne and his associates said.

Accordingly, a significantly higher proportion of patients in the CALM program responded at 6 months (57%), 12 months (64%), and 18 months (65%) than patients who received usual care (37%, 45%, and 51% response rates, respectively).

Similarly, a significantly higher proportion of patients in the CALM program were in remission at these intervals (43%, 51%, and 51%, respectively) than were usual-care patients (27%, 33%, and 37%).

At 1 year, the number needed to treat was 5.3 for response and 5.5 for remission. This "was well within the range for treatments in medicine that are generally considered to be efficacious, and beneficial effects of the intervention persisted for at least 1 year after clinical visits had ceased, suggesting a long-term effect," the investigators noted.

This study was supported by the National Institute of Mental Health.

Dr. Roy-Byrne reported receiving support from the National Institutes of Health. The researchers reported receiving support or have relationships with Jazz Pharmaceuticals, Solvay Pharmaceuticals, the American Psychiatric Association, the Anxiety Disorders Association of America, CMP Media, Current Medical Directions, Imedex, Massachusetts General Hospital Academy, and PRIMEDIA Healthcare, as well as serving as expert witnesses on multiple legal cases related to anxiety. ■