

# 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.

A second, already published study achieved better long-term results in the treatment of social anxiety disorder (Arch. Gen. Psychiatry 2006;63:298-304).

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 acrophobia 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 worst fears. It's time consuming, and it's expensive," he said, adding that exposure therapy has a refusal/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 a 50% reduction in symptoms, or until session 10, whichever came first.

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DR. KUSHNER

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 that extinction learning from DCS did improve 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 that 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 such 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 causes it 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. "So 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. ■



## Brief Screen 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 as the state with the highest drinking-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.

The South County Physicians' Initiative Behavioral Health Screening (BHS) program includes a one-page, self-administered instrument specifically designed for busy primary care settings. Patients or a parent must sign a permission form, and they also receive a primary prevention educational package. Physicians can quickly score the screening instrument during the visit.

In a preliminary study, 886 patients aged 12-21 years

were screened over 3 months at one of four private practices in Rhode Island. Results support its efficacy. "Everyone could do it. The identification went up," Dr. Femino said.

Although the screen is rapid, most providers—once they identified a child in trouble—said they spent additional time at the same visit counseling the patient. "Just think of your well-child visits doubling in length," said Dr. Femino.

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

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 ticking off 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.

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 billing codes we could use to avoid this. It is possible to figure out how to get paid for prevention and counseling. There are new codes, but it's tricky." ■

## 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 899 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 than the [boys] are," 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 asked them about their emotional health. "Given the rates of depression ... we need higher rates of screening than that," he said.

—John R. Bell