

Effectiveness of cognitive-behavioral therapies for anxiety disorders



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INTRODUCTION

Most of the meta-analytic and narrative reviews conclude that cognitive-behavioral techniques are efficacious treatments for anxiety disorders (Olivares et al., 1999; Western & Morrison, 2001).

However, it is not clear whether the positive effects found in ideal and controlled research conditions (efficacy studies) are generalizable to usual clinical practice. Investigation of the effectiveness or clinical utility of these techniques when provided in conditions that match those of habitual clinical practice is lacking and much needed.

AIM

❖ To determine the effectiveness of cognitive-behavioral therapies for anxiety disorders in habitual clinical practice and to compare it to that in efficacy studies.

METHOD

■ **Participants:** Adult patients with a primary DSM-IV diagnosis of anxiety disorder who were treated in the Clinical and Health Psychology Unit at Complutense University of Madrid, an outpatient setting.

Table 1. Characteristics of participants in this study and comparison with characteristics of participants in the average efficacy study

	This study	Olivares et al.'s (1999) meta-analytic study
N	94	14
Mean age (years)	29.1	26.6
Sex (% of females)	69.1	74.6
Mean number of 1-hour treatment sessions	13.9	15.1
% of patients treated with medication	26.5	25.9
DSM-IV diagnosis (%)		
– Social phobia (SP)	36.2	25.9
– Panic disorder with/without agoraphobia (PAD)	31.9	22.2
– Posttraumatic stress disorder (PTSD)	12.8	11.2
– Specific phobia (SPP)	5.3	14.8
– Generalized anxiety disorder (GAD)	5.3	
– Obsessive-compulsive disorder (OCD)	8.5	25.9
– Other anxiety disorders	0.0	

■ **Procedure:** All patients were treated with multicomponent programs based on cognitive-behavioral techniques.

This study		Olivares et al.'s (1999) meta-analytic study	
Cognitive-behavioral techniques	% of patients	Cognitive-behavioral (CB) treatments	% of studies
Relaxation	94.4	Multicomponent programs	25.9
Cognitive restructuring	94.3	Relaxation	14.8
Exposure	90.9	Exposure	14.8
Self-talk control	87.5	Cognitive techniques	11.1
Problem-solving skills training	57.5	Exposure + cognitive techniques	14.8
Social skills training	54.5	Relaxation + cognitive techniques	7.4
Bibliotherapy	47.9	Other CB treatments	11.1

■ **Measures of anxious symptomatology:**

- For 49.5% of patients, there were pre- and post-treatment measures on standardized tests of anxious symptoms specific to each anxiety disorder: PAD (ACQ, BSQ, IAC), SP (FNE, SAD), OCD (MOCI), GAD (PSWQ), and PTSD (EGS).
- For the remaining patients, there were pre- and post-treatment measures of the number of DSM-IV criteria met for each specific anxiety disorder as assessed by a clinical interview.
- To analyze conjointly all measures, they were converted into 0-100 scales where 100 is the maximum score of the instrument.

■ **Indices of treatment effectiveness:**

- ❖ **Effect size:** standardized mean difference (d) defined as the difference between pre- and post-treatment mean anxiety scores divided by the standard deviation of the pre-treatment scores.
- ❖ **% of improved patients at post-treatment:** % of patients with a 50% reduction in anxious symptomatology.

RESULTS

Figure 1. Treatment effectiveness as a function of effect size

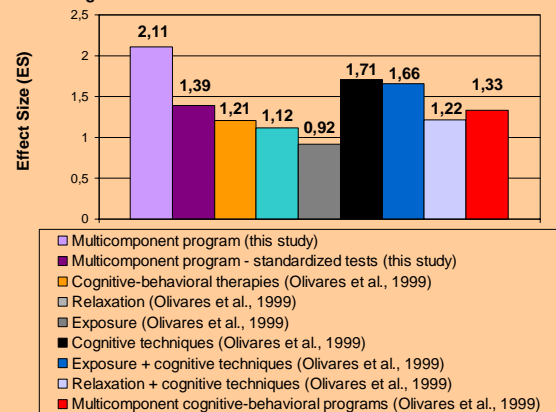
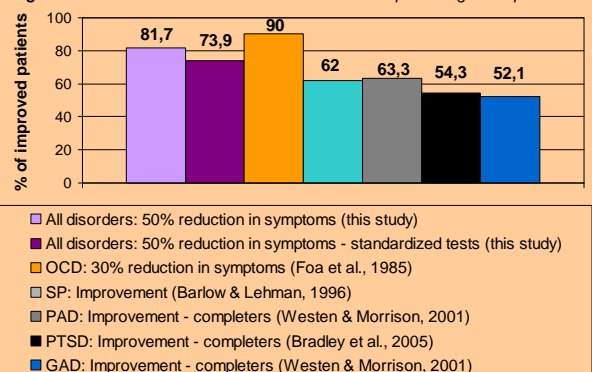


Figure 2. Treatment effectiveness as a function of the percentage of improvement



CONCLUSION

- The multicomponent cognitive-behavioral programs for anxiety disorders administered in our clinic, a regular outpatient setting, showed to be effective or clinically useful in terms of both effect size and clinical significance.
- We found large pre-post effect sizes (d) between 1.39 and 2.11 suggesting that the average anxious patient at post-treatment would be at 92th or 98th centile of the distribution of patients at pre-treatment. We also found that between 82% and 74% of anxious patients showed a clinically significant improvement at post-treatment.
- In sum, for patients with anxiety disorders, the results of the multicomponent programs based on empirically supported cognitive-behavioral techniques seem to be as good in habitual clinical practice as in efficacy studies.

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