Treating Generalised Anxiety Disorder (GAD)

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Abstract

Generalised Anxiety Disorder (GAD) is characterised through the expression of extreme anxiety and was introduced into the DSM-III-R (APA, 1980). Vilazodone, researched by Zareifopoulosm and Dylja (2017) has been recognised as a possible treatment for GAD. This paper investigates alternative treatments including CBT that provide the ability to treat GAD without the requirement for drugs and provide suitable long-term benefits must be considered alongside the side effects of drug-based treatments. The recommendation is that further investigation into combined or integrated methods using a combination of Short-Term Psychodynamic Psychotherapy with cognitive behaviour therapy for long-term benefits should be researched further.

Treating Generalised Anxiety Disorder (GAD)

Yonkers et al. (1996, p. 308) have noted that Generalised Anxiety Disorder (GAD) is characterised through the expression of extreme anxiety and was introduced into the DSM-III-R (APA, 1980). The authors note that while stress can play a role in the formation of GAD, genetic factors have not been ruled out, and this illness can last as long as twenty years. In addition, the high degree of comorbidity expressed with other psychiatric disorders makes GAD a particularly insidious form of anxiety disorder. Sramek, Zarotsky and Cutler (2002) note that the earlier generalised disorder of "anxiety neurosis" incorporated most forms of anxiety disorder but that GAD has been separated and may be tested individually. The DSM-IV (APA, 2000) characterises GAD by excessive anxiety and persistent worry over an extended timeframe.

Psychological treatment with cognitive behaviour therapy

Cuijpers et al. (2014) conducted a meta-study of forty-one studies combining the analysis of 2132 patients diagnosed with GAD. The majority of studies analyzed in the meta-study examined the impact of cognitive behaviour therapy (CBT) on GAD. However, the authors noted evidence of publication bias and also at the comparison with psychotherapies such as applied relaxation were not statistically significant enough to draw an effective conclusion. A separate meta-study by Carpenter et al. (2018) analysed 41 studies over 2843 patients with acute stress disorder, GAD, obsessive-compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD) or social anxiety order (SAD) to either CBT or a placebo.

Carpenter et al. (2018) reported that OCD, GAD and acute stress disorder were improved through CBT compared to placebo. While CBT received significant criticism in

the early stages of use (Kuriakose & Armand, 2021), results such as those presented above for GAD demonstrate the efficacy of this technique in treating some psychological problems. An important point noted in the discussion (Carpenter et al., 2018, p. 508) is that expectations for improvement may lead to a significant change in patients. Hence, a comparison to a placebo is essential.

CBT represents a class of interventions designed to alter thought patterns and behaviour to reduce psychological suffering (Carpenter et al., 2018, p. 502). CBT has evolved (Rachman, 1997) to combine the key principles of behavioural and cognitive psychology in a problem-focused and action-orientated manner. CBT is a treatment methodology that teaches the patient to create strategies that address the identified goals and allow the individual to alleviate symptoms of the disorder with few side effects. Carpenter et al. (2018, p. 509) investigated follow-up data to ensure that improvements from CBT were maintained following the conclusion of the treatment.

The use of a meta-study systematically combines information from multiple studies to allow for greater levels of statistical significance to be obtained (Nguyen & Singh, 2018). While such a study is considered evidence-based, a meta-analysis requires complex statistical techniques, and minor deviations from the standard protocols can bias results (Thompson & Pocock, 1991). For example, carpenter et al. (2018, p. 510) note that only sixteen of forty-one studies included in the research implemented intent-to-treat (ITT) analyses (Barkham et al., 2011). Further, the incorporated studies often contained missing data, possible publication bias and inadequate explanations. Despite these limitations, the resulting analysis demonstrates strong efficacy for CBT in treating GAD.

Psychological Treatment with Short-Term Psychodynamic Psychotherapy

Salzer et al. (2011) conducted a study of short-term psychodynamic psychotherapy (STPP) and CBT in treating patients with GAD. The treatment of GAD using CBT reflects the results obtained by Carpenter et al. (2018), noting that stable effects can last twelve months after treatment. In addition, the authors note while both show benefits in reducing the symptoms of anxiety and depression in patients with GAD, the use of CBT produces superior results when measured against the reduction of problems concerning trait anxiety and worry.

The study was conducted over fifty-seven patients with 29 assigned randomly to CBT treatment and 28 to STPP following an ITT sampling process. The methodology tested CBT and STPP separately and did not analyse an integrated approach. Salzer et al. (2011, p. 506) also note that a better result may be achieved by "employing a stronger focus on the process of worrying". This change in the conceptualisation mechanism in psychotherapy may increase the impact on reducing GAD. In addition, both CBT and STPP provide long-term benefits compared to the one-year follow-up (Salzer et al., 2011, p. 506).

Aziz et al. (2020) conducted a combination of CBT and STPP based therapies on treating GAD and concluded that a combination of both treatments in Integrative therapy proved to be a more efficacious treatment method. In addition, the short-term method for STPP is time-limited and only require 16 to 30 sessions on average. Therefore, the integrative methodology provides the patient with a means to experience significant improvements quickly in a timeframe analogous to drug treatments such as those provided by Vilazodone (Zareifopoulosm & Dylja, 2017).

Treatment With Vilazodone

Zareifopoulosm and Dylja (2017) conducted a meta-analysis of randomised controlled trials of the drug Vilazodone in treating GAD. While the researchers noted that Vilazodone was superior to placebo in efficacy, it came with significantly higher risks of side effects. Some patients suffer from nausea, and researchers have noted that at higher doses, Vilazodne may have a depressing effect on libido (Sharan Kathiresan & Chawla, 2018). In some cases, the short-term effects could be warranted with significant reductions in anxiety being noted, but the long-term effects remain indeterminate.

The trial incorporated a range of doses from 20 to 40 mg per day. At the higher level (40 mg), side effects of using Vilazodone have been recorded. However, the overall results proved effective at the mean dosage of 31.42 mg a day. Still, a significant number (10.8%) of patients on Vilazodone discontinued the treatment due to side-effects (vs 3.5% on placebo). In addition, Zareifopoulosm and Dylja (2017, p. 120) noted emergent sexual dysfunction in 4.6% of patients treated with Vilazodone compared to 1.3% on the placebo treatment.

The research does not compare the improvements to the patient's well-being against alternative methods, including CBT. Further, the purported improvements that may be achieved through an integrated approach (Aziz et al., 2020) may deliver the benefits of the drug while simultaneously avoiding the side effects and providing long-term benefits. While Vilazodone may not have more side effects than other antidepressants (Zareifopoulosm & Dylja, 2017, p. 121), an integrated approach using CBT and STPP has no physical side effects.

Problems of CBT and possible alternatives

Westbrook et al. (2010, p. 1) note that CBT can be a long extensive process and that infrequently CBT may not and satisfactorily. In these instances, using a drug-based treatment such as Vilazodone may prove effective in treating patients who do not respond well to CBT. Additionally, the methodologies used in cognitive therapy require extensive interaction and time. DeRubeis et al. (2005), in an investigation of depression, noted that the effectiveness of CBT may depend on the therapist's experience and that the use of medications may have a faster response time.

Equally, medications can have side effects, including long-term problems with addiction. While the use of drugs such as Vilazodne demonstrate effective short-term results in treating GAD, the long-term analysis of the effectiveness of this drug over time remains unknown. A possible hybrid approach could be investigated to analyse the use of drug therapy while patients are learning through CBT. In this way, the patient may be able to gain immediate benefits and simultaneously be treated in a manner that allows them to live without the requirement to use a drug-based treatment in the long term.

Conclusion

While CBT can be an effective methodology that allows the patient to take control of their treatment, the time to learn the methodologies put the patient under extended stress while learning how to cope with anxiety. The integrated methodology presented by Aziz et al. (2020) takes the best aspects of STPP and combines them with the long term benefits from CBT. In this way, the patient can start improving their response to anxiety immediately and simultaneously gain long-term benefits from the CBT treatment. Further, such an approach bypasses the possible side effects or addictive qualities of drugs such as

Vilazodone, researched by Zareifopoulosm and Dylja (2017). Therefore, the ability to treat GAD without the requirement for drugs and provide suitable long-term benefits must be considered alongside the side effects of drug-based treatments. Consequently, further investigation into combined or integrated methods using a combination of Short-Term Psychodynamic Psychotherapy with cognitive behaviour therapy for long-term benefits should be researched further.

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