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Anxiety-related and eating disorders

Sunday, April 3, 2005

S-01. Symposium: Treatment of anxiety disorders and obsessive compulsive disorder: An update

Chairperson(s): Borwin Bandelow (Göttingen, Germany), David Baldwin (Southhampton, United Kingdom)
08.30 - 10.00, Gasteig - Carl-Orff Hall

S-01-01

Treatment of panic anxiety disorder: An update

B. Bandelow. *University of Göttingen Dept. of Psychiatry, Göttingen, Germany*

Although current treatment of anxiety disorders is highly successful, some problems have to be solved in the future. Drugs should be developed that are safe and well tolerated, do not cause addiction, have a fast onset of action - within hours or days - and have high response rates. Recent Advances in the Treatment of Panic Disorder, Generalized Anxiety Disorder, Social Anxiety Disorder and Obsessive Compulsive Disorder will be summarized.

S-01-02

Treatment of generalized disorder: An update

C. Faravelli. *Italy*

S-01-03

Pharmacological treatment of social phobia: An update

D. Baldwin. *Royal South Hampshire Hospital, Southhampton, United Kingdom*

Objective: Social phobia can no longer be considered 'neglected': the last decade has seen considerable advances in our understanding of the epidemiology, pathophysiology and treatment of this common, persistent and disabling medical condition.

Methods: The findings of rous double-blind randomised placebo-controlled studies indicate that most selective serotonin re-uptake inhibitors (SSRIs) are efficacious in acute treatment (escitalopram, fluvoxamine, fluoxetine, paroxetine, sertraline), and certain SSRIs have also been found efficacious in the prevention of relapse (escitalopram, paroxetine and sertraline) (1).

Results: The relative efficacy and tolerability of differing treatments has not been studied extensively: the serotonin-noradrenaline re-uptake inhibitor venlafaxine has comparable efficacy to paroxetine in acute and longer-term treatment (2), whereas escitalopram appears superior to paroxetine in acute treatment (3). Certain benzodiazepines have also been found efficacious in acute treatment, as have some anticonvulsant drugs (gabapentin and pregabalin) (4), but the relative efficacy and tolerability compared to antidepressant drugs is uncertain (1).

Conclusion: Data is slowly accumulating about the value of combining pharmacological and psychological treatment approaches (5, 6), but there is still little evidence to guide the management of patients who do not respond to first-line treatments.

References

[1] Blanco C, et al. Int J Neuropsychopharmacol 2003; 6: 427- 442.
[2] Allgulander C, et al. Hum Psychopharmacol 2004; 19: 387-396.
[3] Lader M, et al. Depression Anxiety 2004; 19: 241-248.
[4] Pande AC, et al. J Clin Psychopharmacol 2004; 24: 141-149.
[5] Clark DM, et al. J Consult Clin Psychol 2003; 71: 1058-1067.
[6] Davidson JRT, et al. Arch Gen Psychiatr. In Press.

S-01-04

Treatment of obsessive compulsive disorder: An update

N. Fineberg, T. M. Gale, T. Sivakumaran. *Italy*

Objective: Obsessive compulsive disorder (OCD) is a prevalent and highly disabling lifetime disorder. Many different pharmacotherapeutic approaches have been proposed for treating OCD and the aim of this paper is to provide an up-to-date review of these.

Methods: A systematic review of peer-reviewed clinical trial data was undertaken, covering an extensive body of research over four decades.

Results: The weight of evidence shows that OCD responds preferentially to drugs which powerfully inhibit the synaptic reuptake of serotonin, i.e. clominpramine and SSRIs. Drugs lacking potent SRI actions have not been effective in controlled studies.

Conclusion: The selective pharmacological response has generated hypotheses about the role of serotonin in the aetiology of OCD although, so far, no unifying theory has emerged. The mechanisms by which SSRIs exert anti-obsessional benefits remain poorly understood. Increasingly, it is believed that OCD encompasses a heterogenous group of illnesses and that other neurotransmitters are involved in its pathology.