

Cognitive behavioral therapy for anxiety disorders

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Valorization addendum

The present thesis describes the results of a number of studies conducted in everyday clinical practice investigating: 1) the effectiveness of CBT compared to IPT for the treatment of panic disorder with agoraphobia, 2) the effectiveness of CBT compared to IPT for the treatment of panic disorder without agoraphobia, 3) mediation of therapy effects of CBT vs. IPT for panic disorder with agoraphobia, 4) the relative effectiveness of a treatment focus on the overestimation of danger versus a treatment focus on the overestimation of responsibility in CT for OCD, 5) the effectiveness and dropout rates of different types of CBT (CT, BT and combined CBT) among the different anxiety disorders, 6) the predictive effects of pre-treatment patient characteristics on improvement of general psychopathology in treatment and treatment dropout in the different types of CBT among the different anxiety disorders.

This valorization addendum reviews the scientific, clinical, societal and economical value of these studies the target groups for whom the results of these studies might be relevant, the innovative aspects of the studies, resulting activities and products as well as examples of achieved and future valorization.

Societal and economical relevance of this dissertation

As discussed in the introduction of this dissertation, the prevalence of anxiety disorders in the general population is high (Somers et al., 2006). The life-time prevalence in The Netherlands of an anxiety disorder is 18.2 to 21% of the general population (De Graaf, ten Have & van Donselaer, 2010). And if it is left untreated, the course of an anxiety disorder tends to be chronic (Yonkers et al., 2003; Skoog & Skoog, 1999). Not only do anxiety disorders cause a lot of individual and social burden, the economic costs of anxiety disorders are also huge. As a study by DuPont et al. (1996) shows, the direct and indirect costs of anxiety disorder in the US in the 1990's were \$46.6 billion (31.5% of total expenditures for mental illness). Most of these costs (75%) were due to lost or reduced productivity. The costs in the Netherlands are probably proportionally comparable.

Psychological treatments, especially CBT, have shown to be effective in treating anxiety disorders (Barlow, 1988; 2002), but not for everyone, and especially not for everyone in the long term (Brown & Barlow, 1995; Mörtberg, Clark & Bejerota, 2011; Borges et al., 2011; Konnopka et al., 2009; Olatunji, Cisler & Deacon, 2010). Dropout, non-response and relapse are responsible for the considerable percentage of patients who are not relieved (enough) from their anxiety disorder symptoms with psychological treatment.

To reduce the individual, social and economic burden of anxiety disorders, it is important to increase effectiveness rates - short- and long term - of psychological treatments for anxiety disorders. Investigating which specific aspects in psychological treatment are responsible for change in symptoms by which mechanisms, and which pretreatment patient characteristics are predictive of treatment outcome and dropout, as well as investigating a range of treatments and techniques that are effective to have alternatives, can provide a significant contribution to this goal. Treatments can be tailored to the active ingredients and if applicable additionally to a person's characteristics and subsequent needs. The results of the present thesis contribute to this goal in a number of ways as is discussed in the next paragraph.

Clinical innovation and value

The results of this dissertation contribute to the further development of psychological treatment for anxiety disorders. They show that in the cognitive treatment of OCD the focus on overestimation of personal responsibility can provide an important contribution to treatment outcome, and should therefore be included in the CT protocol for OCD. Results show that CBT is the preferred treatment for anxiety disorders regardless of patient characteristics and taking dropout rates into account. Additional insight is provided in predictors of change in symptomatology and dropout in the treatment of anxiety disorders. Patients with high levels of symptomatology, severe disorders or much comorbidity, though having higher levels of symptomatology compared to other patients, benefit as much from treatment in the sense of the amount of decrease of symptoms. Work level is a factor to take into account with respect to dropout with different effects in different types of psychological treatment. IPT does have beneficial effects on panic disorder symptoms, but CBT is more effective and therefore the preferable treatment. The results contribute to more insight in the interrelations of different symptoms and change in these symptoms in panic disorder and agoraphobia, and also how these interrelations and change compare between CBT and IPT. All these findings are contributing steps towards tailoring treatments to patients and developing personalized medicine that heightens the chance of achieving clinically significant improvement in anxiety disorder symptoms with psychological treatment.

Scientific innovation and value

The studies in this dissertation are in multiple ways innovative, both in content of the research as well as methodological features, contributing to the progression of clinical practice and the research field. This dissertation contributes to the further development of the methodology of mechanisms of change research, predictor research and randomized clinical trials (behavioral outcome measure). It contributes to the fields of anxiety disorder research, clinical treatment research, mechanisms of change research and personalized medicine research.

Target groups for the results of this thesis

The investigations in this thesis and their results are relevant to a number of target groups. First of all, to researchers in the field of anxiety disorder treatments, mechanisms of change, IPT research, predictor research and personalized medicine because these results contribute to a further understanding of what works in psychological treatment of anxiety disorders, for whom and how. The results are also relevant to therapists and health care managers and anxiety disorder patients and their families, as they contribute to the further development of optimal psychological treatment for anxiety disorders. The findings are also relevant for society in general as they might eventually contribute to the reduction of the economic and societal burden of anxiety disorders.

Activities and products

A number of activities and products can result from the studies in this thesis. First of all, as the findings in this thesis provide clear indications about the effectiveness of CBT, CT, BT, IPT and other psychological treatments for anxiety disorders, they can be used in the decisions about recommendations of treatments in the multi-disciplinary guidelines for anxiety disorders. Secondly, a number of specific treatment protocols and measurement instruments, such as the IPT protocol for panic disorder, the adapted version of the CSPRS-6 and the idiosyncratic behavioral measurements, have been developed for the studies in this thesis. They can be used both by researchers and clinical practitioners. Although based on the present thesis it is too soon to draw definite conclusions about predictors of treatment outcome and mechanisms of change in CBT and IPT treatments for anxiety disorders the results of this thesis might eventually be used to optimize anxiety disorder treatments and to develop more specific and detailed recommendations for personalized treatment.

Implementation and dissemination of research findings

The fact that that all treatment research in this thesis was conducted in a community mental health center (Virenze-Riagg Maastricht), means that the investigated practices and the results from this thesis can find a fast path to treatments outside the context of a randomized clinical trial. Many therapists working at the community mental health center were involved in the studies, giving treatment according to the treatment protocols and participating in the study intervention groups. There were also many researchers working as a therapist as well, being also involved in the intervention groups. The results of the studies were presented in a number of lectures given at the community mental health center. Additionally, the findings of the studies were presented at several practically oriented conferences for both researchers and clinical practitioners. Also a symposium about mechanisms of change in psychological treatment was organized at a conference for members of the

Dutch Association for Behavioral and Cognitive therapies (VGCT). A publication about IPT for panic disorder was written for a handbook for therapists, as well as a number of scientific publications. The study on CBT vs. IPT for panic disorder has already been picked up both in the academic community and beyond, as this study is discussed both in scientific (review) articles (e.g. Frank, Ritchey, Levenson, 2014; Markowitz, Lipsitz & Milrod, 2014), a number of clinical handbooks (e.g. Bandelow et al., 2014; Barlow, 2014; Nathan & Gorman, 2015; Wampold & Imel, 2015) and in online publications and blogs.

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