

Discussion

Comorbidity in Social Anxiety Disorder: Impact on Disease Burden and Management

Dr. Ballenger: You made one incredibly important point. The research is clear that general practitioners recognize any and all psychiatric problems 10 times more frequently if the patient comes in and talks about a psychological problem. Comorbidity also results in increased recognition of psychiatric problems and more appropriate treatment.

Professor Lecrubier: But not recognition as social phobia. Only recognition as cases. I remind you that of all the treatments, in 35%, the first prescription was for analgesics and stimulants.

Dr. Westenberg: Is the increased consumption of drugs a matter of drug use or drug abuse?

Professor Lecrubier: That may depend on the country. In France, alcoholism would be the easiest option, but that may not be the same in other countries. I think persons with social phobia discover that these kinds of substances help them in initiating contacts with others.

Dr. Westenberg: So it is not substance abuse but self-medication?

Professor Lecrubier: To some extent, I would favor that interpretation. We are currently trying to investigate this issue.

Professor Ballenger: Further comments and questions from the group on this topic?

Professor Nutt: The suicide aspect is something we should mention specifically. At the last meeting, we had the discussion about suicidal behavior in panic disorder and that successful suicides are rare. None of us had actually seen a completed suicide in a specific panic disorder patient. Since the last meeting, I have had a suicide in someone with severe social phobia. He was about 28. I treated him very hard with all proven therapies with only a partial response, and he had secondary depression. Eventually, despite having a supportive family, he committed suicide.

Professor Lecrubier: The suicide history has to be emphasized. Depression increases the rate of suicide attempts in social phobics to a rate higher than that observed in depressed patients. I showed a 40% history of suicide attempts.¹ The comparable figure for depression at the same age would be 25% so, as always, there is a higher prevalence of suicide attempts when anxiety is associated with depression. Comorbidity adds to severity, suicidality, and the burden of social phobia. If you take the pure condition, however, social phobics are still more impaired than those treated for somatic or physical conditions in primary care.

REFERENCE

1. Lecrubier Y, Weiller E. Comorbidities in social phobia. *Int Clin Psychopharmacol* 1997;12(suppl 6):S17-S21