

# Introduction

## Anxiety: New Treatment Perspectives

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Anxiety disorders are the most common mental illnesses in the United States. Although anxiety disorders are treatable, less than 30% of individuals with these disorders seek treatment.<sup>1</sup> The direct and indirect costs of anxiety disorders are considerable, and the level of impairment associated with these disorders is severe, so identification of appropriate treatment options is imperative. The benzodiazepines, including a new extended-release formulation of alprazolam, have been shown to be effective in the treatment of anxiety disorders. In fact, they are still the most prescribed anxiolytics in the United States. This supplement to *The Journal of Clinical Psychiatry* includes a review of the epidemiology of anxiety disorders; a discussion of the role of benzodiazepines in the treatment of generalized anxiety disorder (GAD), panic disorder, and comorbid anxiety and depression; and an analysis of the benefits and risks of extended-release alprazolam in the treatment of anxiety.

First, Dr. Jean-Pierre Lépine discusses the prevalence and societal costs of anxiety disorders. About 30 million Americans have had an anxiety disorder at some point in their lives; in any 6-month period, 6% of men and 13% of women have an anxiety disorder.<sup>1</sup> Cross-cultural comparisons have shown consistencies in prevalence rates for the various anxiety disorders, despite differences in tools, study designs, and diagnostic criteria used among studies. The monetary costs of anxiety disorders have been estimated at \$63.1 billion in 1998 dollars, more than half of which is attributable to nonpsychiatric medical treatment because patients with anxiety disorders present to primary care physicians more frequently than to psychiatrists.<sup>2</sup> By increasing the awareness among primary care physicians of recognition and treatment, the burden and cost of these disorders can be reduced.

Drs. Karl Rickels and Moira Rynn next report on the pharmacotherapy of GAD, which is characterized by excessive and uncontrolled anxiety about several events for more days than not for at least 6 months. Drug treatments include benzodiazepines, 5-HT<sub>1A</sub> partial agonists, tricyclic antidepressants, selective serotonin reuptake inhibitors (SSRIs), and serotonin-norepinephrine reuptake inhibitors. The benzodiazepines, including a new long-acting form of alprazolam, have the most evidence of safety and efficacy in the treatment of GAD. Combination treatment with a benzodiazepine and an antidepressant may prove effective; the immediate action of benzodiazepines may control symptoms until the antidepressant becomes effective. Medication and psy-

chotherapy, such as cognitive-behavioral therapy, may be effective in patients who do not respond to monotherapy.

Dr. David V. Sheehan reports on the management of panic disorder, which is diagnosed when an individual experiences at least 2 unexpected panic attacks followed by at least 1 month of concern over having another attack. Benzodiazepines and antidepressants are standard therapies for patients with panic disorder, yet each drug class has its drawbacks. Extended-release alprazolam may be as effective as the current immediate-release formulations of benzodiazepines and can be taken once or twice a day, which may result in improved patient compliance. Because SSRIs, the other standard treatment of panic disorder, have a slow onset of action, adding extended-release alprazolam to the treatment regimen for 6 to 8 weeks allows fast stabilization of panic attacks until the desired SSRI effect can be achieved.

Next, Dr. Hans-Jürgen Möller describes anxiety associated with comorbid depression, which increases the severity of illness and the amount of impairment in social and occupational functioning. When used as monotherapy, benzodiazepines have been shown to be as efficacious as amitriptyline in patients with mild-to-moderate depression. In a study of combination therapy with an antidepressant and a benzodiazepine, those taking combination therapy were 37% less likely to drop out of the study than those taking an antidepressant alone.<sup>3</sup> Combination therapy also enhances, and possibly hastens, the action of other drugs, such as SSRIs and tricyclic antidepressants in patients with comorbid depression and anxiety.

Finally, Dr. Ehud Klein reports on the role of extended-release alprazolam in the treatment of anxiety. Data show a longer therapeutic effect, fewer side effects, and reduced occurrence of breakthrough anxiety than for the immediate-release benzodiazepines. The potential for abuse is also decreased with the extended-release compared with immediate-release formulations. Studies in patients with panic disorder have shown that extended-release alprazolam is as efficacious as the older immediate-release benzodiazepine formulations. Successful discontinuation of benzodiazepine therapy may involve optimal timing, gradual tapering, adequate support, and patient education combined with cognitive-behavioral therapy.

In summary, benzodiazepines are an important treatment option for patients with anxiety disorders in general and panic disorder in particular. These drugs have a rapid onset of action and cause few side effects. In addition, the use of extended-release alprazolam is associated with reduced occurrence of breakthrough anxiety, improved compliance with treatment, and hopefully an improved prognosis for patients with anxiety and panic disorders.

### REFERENCES

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