

Comorbid Conditions Important

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with about 50% of children being without a diagnosis after CBT (J. Consult. Clin. Psychol. 1997;65:366-80).

Other studies have examined the benefits of adding a family component to CBT. For example, researchers at Griffith University in Nathan, Australia randomly assigned 79 children aged 7-14 years with separation anxiety, overanxious disorder, or social phobia to receive CBT or CBT plus family management, or to be on a waiting list. Almost 70% of the children who were in the CBT groups did not meet diagnostic criteria for an anxiety disorder, compared with 26% of the children on the waiting list.

At the 12-month follow-up, CBT combined with family management performed better than CBT alone. About 70% of the children in the CBT-only group did not meet criteria for an anxiety disorder, compared with 96% in the CBT plus family management group (J. Consult. Clin. Psychol. 1996;64:333-42). "That's certainly helpful information about delivery of these treatments," Dr. Rynn said.

With strong evidence to support the use of both medication and CBT, clinicians have wondered whether a combined approach from the outset would have the greatest benefit for patients. Researchers are beginning to address that question, Dr. Rynn said. The Pediatric OCD Treatment Study (POTS) team, of which Dr. Rynn

was a member, assessed the efficacy of sertraline (Zoloft), CBT, and combination therapy among 112 children aged 7-17 years. The project was a multisite, placebo-controlled, double-blind study.

During the first phase, patients were randomized to receive sertraline, CBT, combination therapy, or placebo for 12 weeks. The results of the intent-to-treat random regression analyses showed that all the active treatments were significantly more effective than placebo and that combination therapy outperformed either of the single active treatments.

The results with treatments using CBT alone and sertraline alone were not significantly different from one another (JAMA 2004;292:1969-76).

Another study compared the use of imipramine plus CBT with placebo plus CBT among adolescents who refused to attend school. Sixty-three students were randomly assigned to the two groups and 47 students completed the study. The mean attendance rate in the final week of the study was about 70% in the imipramine plus CBT group, compared with about 28% in the placebo plus CBT group. Depression and anxiety rating

scales decreased in both groups but decreased significantly faster in the imipramine plus CBT group (J. Am. Acad. Child Adolesc. Psychiatry 2002;41:111-2).

Researchers also have recently completed the Child/Adolescent Anxiety Multimodal Treatment Study, which examined the efficacy of sertraline with CBT alone, combination treatment, and placebo. The analysis of that data is almost complete, said Dr. Rynn, who participated in the research.

"I still think there's a lot that we're struggling with in how to tailor treatment to children in a specific way," Dr. Rynn said.

An individualized approach that respects the wishes of the patient is the best approach, Dr. Rynn said.

She finds that her patients and their families often have the best instincts about whether medication, psychosocial approaches, or a combination will work best for them.

The main CBT manual for treating anxiety in children and adolescents using CBT is the Coping Cat manual, which has several sections that describe how to work with parents, Dr. Rynn said. In addition, there are manuals to complement the Coping Cat that include a parent piece, she said.

Regardless of the treatment approach, remember to treat comorbid conditions,

Dr. Rynn advised. Children and adolescents with anxiety disorders often have comorbid attention-deficit/hyperactivity disorder or depressive symptoms.

And treatment of the child should be done in the context of the family situation, looking at whether the anxiety has developed because of negative events in his or her life, such as parental illness or stress.

One of the most important facets of anxiety management, however, is medication education, Dr. Rynn said. "I know it's hard to take the time because we're so busy, but I just think the more time we can spend to explain to parents and families the possible adverse events and the expectations for long-term treatment, it goes a long way in terms of being compliant and tolerant."

It's important to develop a team approach with the child and parents with respect to medication. Children need to understand the purpose of the medication, she said; otherwise, they might decide not to take it.

Understanding family expectations for medication treatment also can make a difference in terms of adherence. If an aunt or uncle did poorly on a particular medication, the family might not feel comfortable with that choice. Everyone who is influencing this child will affect the child's view of the medication, she said.

Dr. Rynn disclosed that she received research support from AstraZeneca Pharmaceuticals LP, Forest Laboratories Inc., Neuropharm Group PLC, Pfizer Inc., and Wyeth. ■

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Social Anxiety Disorder Strongly Associated With Risk of Depression

BY BRUCE JANCIN

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VIENNA — Social anxiety disorder, regardless of age of onset, is consistently associated with strongly increased risk for subsequent depression, according to 10-year results of the large prospective Early Developmental Stages of Psychopathology Study.

This conclusion is an about-face from an earlier report from the EDSP based on only 4 years of longitudinal follow-up. That report found that social anxiety disorder (SAD) was related to an increased risk of later depression only among individuals aged 18-24 years at SAD onset (Arch. Gen. Psychiatry 2001;58:251-6).

It is now quite clear from the 10-year data that the earlier finding was attributable to insufficient follow-up; those with SAD onset before the age of 18 years had not yet been followed long enough to enter the prime period for onset of depression, Katja Beesdo, Ph.D., said at the annual congress of the European College of Neuropsychopharmacology.

EDSP enrolled 3,021 Munich youths at age 14-24 years and followed them prospectively for an average of 10 years. The cumulative incidence of SAD was 11%, based on the DSM-IV Munich-Composite International Diagnostic Interview, while the cumulative incidence of depression was 27%.

SAD proved to be a predominantly adolescent-onset disorder, with few cases beginning before age 10 years by self-report or after age 19 years. This underscored the notion that adolescence is

the most vulnerable period for the onset of SAD, and would be the logical focus of early intervention efforts aimed at reducing its burden and preventing secondary depression, according to Dr. Beesdo, a clinical psychologist at Technical University, Dresden, Germany.

Roughly 60% of the subjects with SAD were diagnosed with comorbid depression during the study period. In most cases, SAD was diagnosed first. Depression displayed a far different incidence pattern, with onset remaining consistently high throughout subjects' later 20s and early 30s.

Participants with prior SAD were at twofold greater risk of developing depression than those without prior SAD. In a multivariate analysis, two significant factors differentiated the 60% of SAD patients who went on to meet criteria for depression from the 40% who did not: comorbid panic attacks and a more malignant course of SAD, as reflected in relatively high behavioral inhibition.

In an interview, Dr. Beesdo said other psychiatric disorders that clustered with SAD in the EDSP study were alcohol and substance abuse disorders and, to a lesser extent, pain and other somatoform disorders. Surprisingly, SAD was not associated with eating disorders, she noted. "But we had only a few cases of eating disorders, so I don't know how reliable that finding is," Dr. Beesdo added.

"Because the other way around, patients with eating disorders are often social phobic."

The German Federal Ministry of Education and Research funded the EDSP study. ■

Smokers of Cigarettes and Marijuana Fare Worse

Among teenagers and young adults who smoke marijuana, the minority who are not cigarette smokers have fewer problems personally, socially, and academically than do the majority who also smoke cigarettes, according to Swiss investigators.

The researchers analyzed data from a nationally representative survey of more than 7,000 Swiss students aged 16-20 years to examine the relationship among cannabis smoking, cigarette smoking, and overall functioning. They reported their findings in the Archives of Pediatric and Adolescent Medicine.

A total of 455 study subjects who smoked marijuana only, 1,703 who smoked both marijuana and cigarettes, and 3,105 who never smoked either substance completed anonymous questionnaires, reported Dr. Joan-Carles Suris of the University of Lausanne (Switzerland) and her associates.

The prevalence of youth who smoked pot but not cigarettes in the overall sample was 6%. Compared with the subjects who also smoked cigarettes, those who did not were less likely to feel depressed, to be sensation seeking, and to have been drunk. They were more likely to live in intact

homes, to participate in sports, and to get good grades.

Compared with adolescents who abstained from both marijuana and cigarettes, the marijuana-only smokers were less likely to have a good relationship with their parents and more likely to skip classes. However, they still achieved the same good grades as the abstainers.

Interestingly, those people in the marijuana-only group were more likely to participate in sports and had better relationships with their peers than did the abstainers. This may be because marijuana "is largely used by adolescents for socializing purposes," Dr. Suris and her associates said (Arch. Pediatr. Adolesc. Med. 2007;161:1042-7).

The findings support those of many previous studies, showing that adolescents who smoke both marijuana and cigarettes are more likely to be heavy pot users, to have started smoking pot before the age of 15, and to have abused alcohol.

They also confirm that early initiation of marijuana use is associated with problematic polydrug use and alcohol abuse, the investigators said.

—Mary Ann Moon