

Elderly With Anxiety Respond Well to CBT

BY MARY ANN MOON

Cognitive-behavioral therapy provided in the primary care setting is beneficial for older patients with generalized anxiety disorder, according to data from a randomized clinical trial.

Although cognitive-behavior therapy (CBT) has been found to be effective in younger patients with generalized anxiety disorder (GAD) or panic attack and in older people with depression, this framework has not been studied extensively in the primary care setting in older patients with GAD.

In what they described as the first randomized clinical trial of this approach, Melinda A. Stanley, Ph.D., of Baylor College of Medicine, Houston, and her associates assessed the treatment in 134 patients with a diagnosis of GAD aged 60 and older (JAMA 2009;301:1460-7).

A total of 70 study subjects (mean

age, 67 years) were randomly assigned to receive up to 10 individual 1-hour sessions of CBT over the course of 12 weeks in a primary care clinic. The program included patient education, motivational interviewing, relaxation training, problem-solving skills training, exposure therapy, and sleep management.

Brief telephone "booster" sessions also were offered at 4, 7, 10, and 13 months.

The remaining 64 subjects received usual care for GAD, which included medication plus biweekly 15-minute phone calls over 3 months to provide support and safety for patients.

The study sample was not representative of older patients in primary care, because there was a preponderance of women and most of the subjects were well educated.

The CBT and phone calls were provided by three master's degree-level therapists with at least 2 years of CBT ex-

perience; one predoctoral intern with more than 3 years' experience with CBT, specifically for anxiety; and one post-BAL-level therapist with 5 years' experience with CBT, specifically for late-life anxiety.

After 3 months, the patients who received CBT showed significantly greater improvement on the Penn State Worry Questionnaire, a 16-item self-report scale, compared with improvements gained by the usual care group. The CBT group also showed significantly greater improvement on the Beck Depression Inventory II and the mental health component of the Medical Outcomes Study, a measure of health-related quality of life.

The results showed that for those patients who received CBT, the severity of worrying and depressive symptoms decreased, while general mental health improved. These benefits persisted throughout the 12 months of follow-up, the investigators said.

However, results on the Generalized Anxiety Disorder Severity Scale and the Hamilton Anxiety Scale were not significantly different between the CBT group and the control group.

The rates at which patients began or discontinued taking antianxiety medications were no different between the two groups, nor were changes in medication dosages.

"This study paves the way for future research to test sustainable models of care in more demographically heterogeneous groups. In future studies, it will be important to examine the impact of treatment delivered by clinicians without specialized CBT expertise," Dr. Stanley and her associates wrote.

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Mental Disorders With Early Onset Tied to Delay in Care

BY MARY ELLEN SCHNEIDER

NEW YORK — Most mental health disorders begin in childhood and adolescence, but the early onset of these disorders makes it less likely that individuals will promptly seek treatment, initial findings of the World Health Organization's World Mental Health Survey Initiative show.

"Mental disorders worldwide are basically disorders of the young," said Dr.

If a phobia begins at age 30 or older, it takes about 5 years before 50% of people have sought care. But onset during one's 20s delays that care by about 20 years.

Philip Wang, director of the Division of Services and Interventional Research at the National Institute of Mental Health, who presented the survey findings at the annual meeting of the American Psychopathological Association.

For example, worldwide about 50% of cases of anxiety disorders have an onset before age 15. For mood disorders, 50% of survey respondents reported onset by age 25. Among respondents who reported substance abuse disorders, 50% said the condition appeared by age 20.

The survey also found that most professionally diagnosed cases of chronic mental disorders eventually get some kind of treatment, although not necessarily administered in a professional setting. But treatment delays are pervasive, and treatment quality is often inadequate. The treatment, which is very broadly defined, can be anything from buying a self-

help book to formal mental health care, may not be intensive enough or simply ineffective, Dr. Wang said.

Worldwide, 70%-90% of respondents diagnosed with panic disorder said they had received some form of treatment, but the median time to receiving treatment was 1-4 years. In generalized anxiety disorder (GAD), about 60%-82% of respondents reported receiving care, but it took about 4-6 years to receive treatment.

The treatment delays are longer for major depression and addictive disorders. In major depression, 63%-92% of respondents said they received treatment, but not until 5-8 years after their diagnosis. For addictive disorders, 35%-51% reported receiving treatment, but the median delay was about 10-14 years.

In panic and GAD, help seeking is the fastest, Dr. Wang said, which accounts for those disorders having the shortest delays to treatment. But even those among those patients, they are waiting years from the onset of the "full blown" disorder, he said.

The initial results of the survey also indicate that the speed with which someone seeks treatment is modified by the age of onset of the disorder. In phobias, for example, if the disorder begins at age 30 or older, it takes about 5 years before 50% of individuals have sought some form of care. But if the onset of the phobia comes when the patients are in their 20s, it takes about 20 years before half of patients have sought any kind of treatment.

The World Mental Health Survey Initiative is aimed at assessing psychopathology and service use worldwide. It involves 28 countries, and a total of 200,000 face-to-face interviews have either been conducted or are being planned. ■

Mental Illnesses Start Earlier Than Thought, Expert Says

BY KERRI WACHTER

BALTIMORE — There's a growing appreciation among pediatric psychiatrists that mental illnesses occur among preschoolers and that identification and treatment are critical to getting these kids back on track for healthy development, according to Dr. Joyce N. Harrison, director of Preschool Clinical Programs at Johns Hopkins Bayview Medical Center in Baltimore.

"When I was in training 15 years ago, I thought all psychiatric disorders started at age 6 because that's when we started seeing kids, but we've begun to see kids younger and younger," she said at a meeting on developmental disabilities sponsored by Johns Hopkins University.

Around 10% of preschoolers are believed to have a severe impairing psychiatric disorder; rates of attention-deficit/hyperactivity disorder, disruptive behavior disorders, depression, and anxiety in preschool children are estimated at 3%, 8%, 2%, and 9%, respectively.

Symptoms of these disorders can interfere with parent-child relationships, family functioning, social development, the ability to participate in child care, and with learning and school readiness.

"We have a very narrow window to get them back on the developmental trajectory," she said. During early childhood, brain development is rapid and attachment to caregivers is critical. All learning occurs within the context of relationships and life experiences have a profound effect on later development.

Nationally, early care and education providers report that challenging behavior and problems with social skills

are their greatest challenge; preschoolers are expelled at a rate three times higher than that for school-aged children, according to Dr. Harrison.

In 2006-2007, 67% of the referrals to the Michigan Child Care Expulsion Prevention Initiative were for children aged 0-3 years. That state-funded project is aimed at supporting the mental health needs of children ages 0-5 years. Children are referred to the program for frequent aggressive behavior such as biting, or for developmental concerns.

An estimated 10%-15% of children aged 1-2 years have significant social-emotional problems, according to Dr. Harrison. "The prevalence of social/emotional behavior problems in preschoolers is almost at epidemic proportions," Dr. Harrison said.

"A stereotypical presentation in my clinic is a kid who is aggressive and they don't sleep and they're out of control or they're hyperactive," Dr. Harrison said. "My approach is that it's a disruptive behavior disorder until proven otherwise, until we can get at what's underneath the behavior," she said.

The evaluation process usually requires three to five sessions, and family interviews are the preferred method for obtaining information. Such interviews elicit details about the reason for the referral, current difficulties, traumatic events; temperament; family, medical and developmental history; and physical, cognitive, emotional, and social development. Child/caregiver interactions warrant observation, as does the child when playing alone and with other children. Standardized instruments are used for these evaluations.

Dr. Harrison reported that she has no relevant financial relationships. ■