Effectiveness and Utilization Pattern of Cognitive Behavior Therapy of Anxiety Disorders: Evidence from a Psychiatry Clinic

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ABSTRACT
Psychotherapy efficacy studies are conducted in highly controlled research settings. In contrast, effectiveness studies are done in routine clinical practice. In India, the literature on psychotherapy outcome is almost nonexistent.

Materials and methods: Here is a retrospective effectiveness study done by a psychiatrist in his clinic. A total of 67 patients visited for the treatment of anxiety disorders, whose data were available for analysis.

Results: Out of this sample, 44 patients opted for cognitive behavior therapy (CBT) of which 20 (45%) patients dropped out of therapy by the 3rd session. Male patients represented 4 times more than female patients. The average number of sessions attended was 5.4. Of the 24 patients who attended 4 and more number of sessions, on Clinical global impression scale, 10 (41%) improved very much, 11 (45%) improved much, 2 (8%) improved minimally, and 1 (4%) did not change.

Conclusion: This indicates CBT is quite effective for anxiety disorders in patients who attend 4 and more sessions. Early dropout is a significant obstacle to the effectiveness.

Keywords: Anxiety disorders, Cognitive behavior therapy, Effectiveness, Efficacy, Psychotherapy.


Source of support: Nil
Conflict of interest: None

INTRODUCTION
The current trend in psychotherapy is to establish its effectiveness.\textsuperscript{1,2} Efficacy of psychotherapy has been well established by a series of older meta-analysis,\textsuperscript{3,4} and recently, efficacy of cognitive behavior therapy (CBT)\textsuperscript{5,6} and psychodynamic psychotherapy\textsuperscript{7,9} was also established. The efficacy is comparable to that of medications and with added benefit of lesser recurrences. Why then effectiveness of psychotherapy needs to be established separately? In contrast to pharmacotherapy, psychotherapy effectiveness varies markedly, conducted in highly controlled research settings and is done on cases excluding co-morbidities. In contrast, effectiveness studies are done in routine clinical practice where co-morbidities are not excluded. In India, the literature on psychotherapy outcome is almost nonexistent. In a review,\textsuperscript{10} Kuruvilla K has lamented about the tenuous relation between behavior therapy and Indian psychiatry. Modern-day CBT and psychotherapies have little resemblance to “behavior therapy” of bygone days. For anxiety disorders, CBT has the maximum evidence base.\textsuperscript{11} For depression and personality disorders, several psychotherapies, such as psychodynamic, emotion-focused therapy, and CBT (e.g., schema therapy, an extension of AT Beck's cognitive therapy) have demonstrated efficacy. Not surprisingly, all these therapies share similarities when it comes to the treatment of personality disorders and depression.\textsuperscript{12} As CBT has good evidence for anxiety disorders, the author conducted CBT espoused by Beck et al.\textsuperscript{13-15}

AIMS
To study, the author conducted CBT espoused by Beck et al.\textsuperscript{13-15} and to study the utilization pattern, socioeconomic variables, and effectiveness of CBT for anxiety disorders in a psychiatry clinic.
RESULTS

The number of patients who attended at least one CBT session was 44. Table 1 shows the sociodemographic features and utilization pattern. A male preponderance of 82% was noted. Patient’s mean age was 30.8 years. Most patients were graduates and came from middle or upper socioeconomic status. Almost all patients had visited a psychiatrist in the past. Eleven patients (25%) had personality disorders, mostly avoidant and obsessive-compulsive and dependent types. Thirty-three patients (75%) were on medications when they entered therapy. In this study, the mean duration of illness was 3.5 years. Inadequate response to medication was the important reason for choosing CBT. Out of these patients, 10 (23%) stopped medications, 7 (16%) reduced the medications, and the others maintained their medication, at the end of the therapy. Only 2 patients required to increase their medications. In our study, the mean number of sessions attended was 5.4. A total of 45.5% of patients terminated therapy in the first 3 sessions. Diagnosis for which psychotherapy done was panic disorder with or without agoraphobia 17 (38%), obsessive compulsive disorder 11 (25%), social phobia 9 (20%), and generalized anxiety disorder 7 (16%). The improvement after CBT is shown in Table 2. In the full sample of 67 patients (including patients who rejected CBT), 10 (15%) patients improved a lot, 17 (25%) patients improved minimally, and 33 (49%) patients did not improve. Out of 44 patients who attended at least one session, 10 (22.7%) improved very much, 17 (38.6%) improved much, 7 (15.9%) improved minimally, and 10 (22.7%) did not change. Out of 24 patients who attended 4 and more number of sessions, 10 (41%) improved very much, 11 (45%) improved much, 2 (8%) improved minimally, and 1 (4%) did not change.

DISCUSSION

A male preponderance noted in this study may be a cultural artifact. Western studies do not report this pattern. One recent study from India shows threefold preponderance of male patients. The mean number of attended sessions is consistent with the literature. Garfield SL in 1978 reported that patients attend a mean number of 5 to 6 sessions. Diagnosis for which psychotherapy done was panic disorder with or without agoraphobia 17 (38%), obsessive compulsive disorder 11 (25%), social phobia 9 (20%), and generalized anxiety disorder 7 (16%). The improvement after CBT is shown in Table 2. In the full sample of 67 patients (including patients who rejected CBT), 10 (15%) patients improved a lot, 17 (25%) patients improved minimally, and 33 (49%) patients did not improve. Out of 44 patients who attended at least one session, 10 (22.7%) improved very much, 17 (38.6%) improved much, 7 (15.9%) improved minimally, and 10 (22.7%) did not change. Out of 24 patients who attended 4 and more number of sessions, 10 (41%) improved very much, 11 (45%) improved much, 2 (8%) improved minimally, and 1 (4%) did not change.

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Table 1: Sociodemographic variables and utilization pattern

<table>
<thead>
<tr>
<th>Variable</th>
<th>n (%)</th>
</tr>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>36 (62)</td>
</tr>
<tr>
<td>Female</td>
<td>8 (18)</td>
</tr>
<tr>
<td>Mean age in years</td>
<td>30.8</td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Post graduation</td>
<td>6 (13)</td>
</tr>
<tr>
<td>Graduation</td>
<td>34 (77)</td>
</tr>
<tr>
<td>Under graduation</td>
<td>4 (10)</td>
</tr>
<tr>
<td>Mean number of sessions</td>
<td>5.4</td>
</tr>
<tr>
<td>Mean duration of illness in years</td>
<td>3.5</td>
</tr>
<tr>
<td>Patients who were on medications</td>
<td>33 (75)</td>
</tr>
<tr>
<td>Patients who stop medications</td>
<td>10 (23)</td>
</tr>
<tr>
<td>Patients with personality disorder</td>
<td>11 (25)</td>
</tr>
<tr>
<td>Early drop out (3 &amp; less sessions)</td>
<td>20 (45.5)</td>
</tr>
</tbody>
</table>

Table 2: Improvement pattern

<table>
<thead>
<tr>
<th>Patients</th>
<th>Number n (%)</th>
<th>Very much improved n (%)</th>
<th>Much improved n (%)</th>
<th>Minimally improved n (%)</th>
<th>No change n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Sample</td>
<td>67 (100)</td>
<td>10 (15)</td>
<td>17 (25)</td>
<td>7 (10)</td>
<td>33 (49)</td>
</tr>
<tr>
<td>Intent to treat sample</td>
<td>44 (65)</td>
<td>10 (22.7)</td>
<td>17 (38.6)</td>
<td>7 (15.9)</td>
<td>10 (22.7)</td>
</tr>
<tr>
<td>Patients with 4 and more sessions</td>
<td>24 (36)</td>
<td>10 (41)</td>
<td>11 (45)</td>
<td>2 (8)</td>
<td>1 (4)</td>
</tr>
</tbody>
</table>
excluded patients were also taken into account, only 19% of them improved”. The limitations of this study include that the retrospective open design and the improvement measured was global. However, it has the merit of being done in a paid clinic and by a self-trained psychotherapist without having any bias toward medications or therapy. This study implies that CBT can be disseminated eminently. This study shows the magnitude of non-acceptance of CBT and also dropout rates. Co-morbidities are not excluded in this study.

CONCLUSION

Cognitive behavior therapy is quite effective for anxiety disorders in patients who attend 4 and more sessions. Minimization of early dropout can boost the effectiveness further. Psychotherapy of anxiety disorders for adult outpatients is effective in every day clinical practice.

REFERENCES