To Drug or not to Drug: The Treatment of Social Anxiety Disorder

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Abstract
Social anxiety disorder (SAD), also known as social phobia, is the extreme anxiety or fear of being judged by others in social situations. Conditions that trigger these feelings are ones in which the individual is observed, most socially intense, or perform in front of others. This fear of negative evaluation leads to a person avoiding social interaction, which can have negative outcomes. The aim of this study is to discover the etiology, diagnosis, and treatment options for those living with SAD. Moreover, the effect of the disorder on quality of life, including quality adjusted life years (QALY) and disability-adjusted life years (DALY) will also be evaluated.

To collect the following information, an online search with a time restriction, along with the use of the newest edition of the textbook Abnormal Psychology to ensure the most recent results. Search engines included Google Scholar, PubMed, and Psychology and Behavioural Sciences. SAD is caused by the interaction of biological, psychological, and social vulnerabilities. Furthermore, factors such as low socioeconomic status, and possessing comorbid major depressive disorder display higher rates of SAD. Canadians affected with SAD were less likely to record at least one disability day within the past two weeks compared to those without and has a comorbidity rate of 72%. Long-term cognitive behavioural therapy (CBT) is considered the ideal treatment with first-line options. Social anxiety is a highly prevalent anxiety disorder associated with many problems, including familial life, economic burden and academic and occupational performance. As a result, SAD poses a significant risk on quality of life for those affected and society because of missed workdays and healthcare costs. Further research should be conducted to improve the quality of life of Canadians affected.

Research Question
Is cognitive behaviour therapy more effective than pharmacotherapy in treating Canadians diagnosed with social anxiety disorder?

Background
The DSM-5 states that absence of social situations caused by the fear or anxiety of scrutiny from others must occur for 6 months or more. This avoidance must cause functional distress or impairment, and not be due to the substance use, another mental disorder, or medical condition. Annual Symptoms: - palpitations - sweating - shaking - dry mouth - blushing - nausea - the fear of losing control over bodily functions - 

Methodology

Inclusion: Searched “Social Anxiety Disorder or Social/Phobia” plus another key term (ex. treatment, Canada, Epidemiology) n= 56
Exclusion: - Non-Canadian Statistics - Before January 1, 2002 - Not written in English

Number of Studies Found: 7
Number of Studies Found: 3

Search Engines: Abnormal Psychology, Google Scholar, PubMed and University of Ontario Database

Risk Factors

Risk Factors

Biological
- Medical History
- Family History
- Behavioural Inhibition
- Psychological
- Socialization
- Emotional Load
- Socioeconomic Status
- Parenting Style

Social Behavioural Therapy

- Eliminating the core fears and false appraisals
- Relearning how to react in social situations
- Understanding their anxiety psychology

Therapy
- Cognitive
- Behavioural

Exposure Therapy: continuous exposure to triggers to eliminate fears in a safe environment

Therapy
- Cognitive
- Behavioural

Table 1. Canadian statistics for SAD

<table>
<thead>
<tr>
<th>Provenance</th>
<th>YLL</th>
<th>YLD in Ontario</th>
<th>DALY in Ontario</th>
<th>YERF in Ontario</th>
<th>Comoridity (%)</th>
<th># of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAD</td>
<td>8-13</td>
<td>20,091</td>
<td>0</td>
<td>4/9</td>
<td>3/9</td>
<td>75,368</td>
</tr>
</tbody>
</table>

Table 2. Compiled results of studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Authors and Type of Study</th>
<th>Population</th>
<th>Intervention</th>
<th>Assessment</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Clark, D.M. et al.</td>
<td>n=60</td>
<td>CBT (75 min.)</td>
<td>Social Phobia Composite Scores</td>
<td>CBT patients had lower social phobia composite scores compared to other therapies. Overall, both CBT and Fluoxetine+SE showed improvement in scores.</td>
</tr>
<tr>
<td>2.</td>
<td>Gould, R.A. et al.</td>
<td>n=1079</td>
<td>CBT, Pharmacotherapy</td>
<td>Mean Duration: 15.92 years</td>
<td>No statistically significant difference between both treatments.</td>
</tr>
<tr>
<td>3.</td>
<td>Mayo-Wilson, E. et al.</td>
<td>n=13, 164</td>
<td>CBT, SSRI</td>
<td>Anticonvulsant</td>
<td>Cost-effectiveness and number of side effects included, CBT considered first-line of treatment. Those who declined and wanted drug therapy should be prescribed SSRI's.</td>
</tr>
</tbody>
</table>

Discussion

Comparison: CBT (including exposure therapy) should be the first-line of treatment used to treat SAD as it is a more effective long-term, more cost-efficient and presents significantly less side effects than pharmacotherapy. Pharmacotherapy is considered as effective for acute, short-term treatment but gains achieved post-treatment periods were not found.

Furthermore, many studies have shown that adding pharmacological therapies have not been shown to provide more effective outcome. If pharmacotherapy were to be added, SSRI's and SNRIs (anti-depressants) should be the first-line of treatment taken as they have shown the most to be the most effective. Exposure to open doses is inadequate, switch to another first-line antidepressant and then move onto second and third-line options. Benzodiazepines should be used with caution as they can be addictive. If the patient does not respond to any treatment, they are considered to have a treatment-refractory illness and the physician must re-evaluate the initial diagnosis.

Based on health-economic studies, CBT is more cost-efficient and beneficial to society compared to drug use. “Greater accessibility of CBT could produce significant cost savings to the Canadian government in conjunction with better mental health outcomes” (Myhr, 2005). Furthermore, psychological and pharmacological therapies for SAD can be beneficial in reducing any serious comorbidity problems.

Switching Perspectives: It is evident that throughout the past 10-20 years, we have shifted from seeing mental illness as a medical illness to a more dynamic issue, going from a medical model of treatment to a biopsychosocial model.

Limitations:
- Overall Limitations
- Small sample size-sometimes overestimate the effects when compared to a larger study
- Limited studies done on the comparison of both treatments

First Study Limitations
- Fluoxetine is less effective than some other SSRIs
- Pharmacotherapy and psychiatrists who delivered the medication treatments had minimal previous formal training in CBT for exposure treatment
- Specific social phobia was excluded-does not include everyone diagnosed with social phobia

Second Study Limitations
- Strong results for SSRIs with less dropout rates
- Limited number of controlled trials at the time involving SSRIs

Third Study Limitations
- The control group conditions were heterogeneous and ambiguous
- Scores after treatment rather than the change in scores

Personal Limitations
- Restricted number of studies that compared the two forms of therapy
- No personal experience with the disorder
- Lower qualities and limited knowledge on the subject

Future: Currently, CBT uses in vivo or in vitro (imaginative) exposure therapy but these forms have consequences. In vivo can be costly and time-consuming, also situational elements are hard to control as individuals can be recognized, revealing that they are in therapy. In vitro exposure can be difficult for people who are unable to visibly picture, who avoid imagining social situations, or who tend to overwhelm themselves with images. Virtual reality exposure is a possible future treatment for those with SAD, as it is more cost-effective while retaining the benefits of exposure therapy.

Conclusion
Social phobia is a highly prevalent anxiety disorder associated with many problems, including familial life, economic burden and academic and occupational performance. As a result, SAD poses a significant risk on quality of life for those affected and society because of missed workdays and healthcare costs. Cognitive behavioural therapy has been proven to be the most efficient treatment due to costs, side effects, and long-term results. Although both forms of therapy are effective, further research should be conducted to improve the quality of life of Canadians affected.

References