

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 initiate these feelings are ones in which the individual is observed, must socially interact, or perform in front of others. This fear of negative evaluation leads to a person avoiding social interaction, which can have negative implications in their everyday life.

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 current results. Search engines included Google Scholar, PubMed, and University of Ottawa database to which SAD and only one category was researched to guarantee concise, detailed information.

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 afflicted with SAD were twice as likely to record at least one disability day within the past two weeks compared to those without and has a co-morbidity rate of 72%. Long-term cognitive behavioural therapy (CBT) is considered the ideal treatment with first, second and third-line agents as pharmacological interventions.

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 afflicted 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 abstinence 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.

Arousal Symptoms:

- palpitation
- sweating
- shaking
- dry mouth
- blushing
- nausea
- the fear of losing control over bodily functions

Risk Factors

Biological
(Medical and Family History, Behavioural Inhibition)

Psychological
(Other Mental Disorder, Childhood Trauma)

Social
(Gender Expectations, Low Socioeconomic Status, Parenting Style)

Diagnosis

- Does fear of embarrassment cause you to avoid doing things or speaking to people?
- Do you avoid activities in which you are the centre of attention?
- Is being embarrassed or looking stupid among your worst fears?

Cognitive Behavioural Therapy

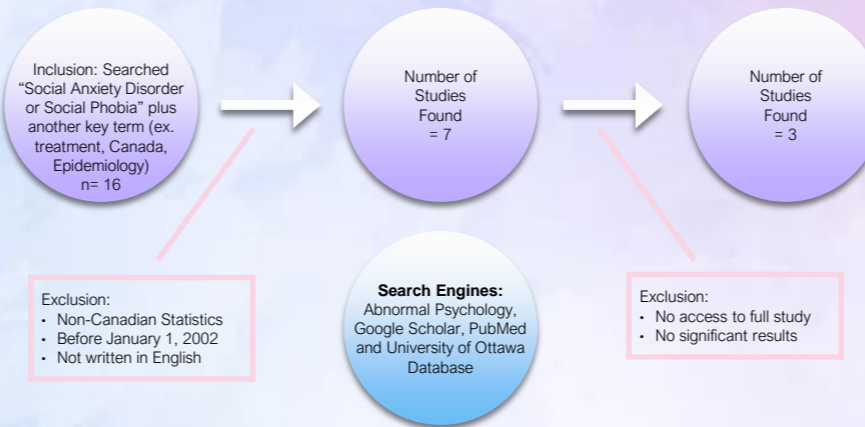
- eliminating the core fears and false appraisals
 - relearning how to react in social situations
 - understanding their anxiety psychopathology
- Targets:
- Negative expectancies
 - Failure focused attention
 - Dysfunction interpretations and over analyzing
 - Harsh self criticism

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

Pharmacotherapy

- Antidepressants (SSRIs and SNRIs),
- Anticonvulsants
- Benzodiazepines.

Methodology



Study	Authors and Type of Study	Population	Intervention	Assessment	Outcome
1	Clark, D.M. et al. Randomized Placebo-Controlled Trial	n= 60 20 per therapy Diagnosed with SAD Ages between 18-60 years	CBT (75 min.) Placebo (20-60 mg) +SE (30-40 min.) Fluoxetine (20-60 mg) +SE (30-40 min.) Sessions per week: 1 Duration: 16 weeks	Social Phobia Composite Scores 	CBT patients had lower social phobia composite scores compared to the other therapies. Overall, both CBT and fluoxetine+SE showed improvement in scores.
2	Gould, R.A. et al. Meta-Analysis	n= 1079 24 studies Diagnosed with SAD	CBT, Pharmacotherapy	Mean SAD Duration: 15.92 years CBT: ES= 0.74 Pharma: ES= 0.62	No statistically significant difference between both treatments
3	Mayo-Wilson, E. et al. Meta-Analysis	n=13, 164 101 Trials Mean Age: 36 years old	n= 41 Mean Duration: 12 weeks	ES: CBT: 1.19 MAOI: 1.01 SSRI: 0.91 Benzodiazepine: 0.96 Anticonvulsants: 0.81	Cost-effectiveness and number of side effects included, CBT considered first-line of treatment. Those who declined and wanted drug therapy should be prescribed SSRIs

Table 2. Compiled results of studies

Discussion

Comparison:

Universally, CBT (including exposure therapy) should be the first-line of treatment used to treat SAD as it is 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 persist longer after CBT. Furthermore, many studies have shown that adding pharmacological therapies have not been shown to provide more benefits to CBT.

If pharmacotherapy were to be added, SSRIs and SNRIs (antidepressants) should be the first-line of measure taken as they have been shown to be the most effective. If response to optimal dose 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, 2006).

Furthermore, psychosocial and pharmacological therapies for SAD can be beneficial in reducing any serious comorbidities that may be associated with the disorder.

Switching Perspectives: It is evident that throughout the past 10-20 years, we have shifted from viewing 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
- Pharmaco-therapists 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 low 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 qualifications 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 she/he is in therapy. In vitro exposure can be difficult for people who are unable to vividly 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 remaining to keep 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 afflicted and society because of missed workdays and healthcare costs. Cognitive behavioural therapy has been proven to be the more 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 afflicted.

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	Prevalence (%)	Incidence (# of cases)	YLL	HALY in Ontario	DALY in Ontario	YERF in Ontario	Comorbidity (%)	# of Deaths
SAD	8-13	20, 091	0	4/9	3/9	75,368	72	0

Table 1. Canadian statistics for SAD

YLL= Years of Life Lost, HALY= health-adjusted life years, DALY= Disability-Adjusted Life Years, YERF= Year-Equivalents lost due to Reduced Functioning