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Treating comorbid depression and anxiety in one treatment program

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Disclosure slide

Conflict of interests	See below
Relevant relationship with companies	Companies
<ul style="list-style-type: none">Sponsoring or research moneyFee or other reimbursementShareholderOther relationship, namely ...	<ul style="list-style-type: none">BMS, Lilly (de Boer);IIT Lundbeck (Ruhé)Speaking fees Astra Zeneca (Ruhé)N/AN/A

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Outline

- Definition
- Is comorbid anxiety and depression a problem?
- Model
- Medication treatment
- Psychological treatment
- A combined outpatient treatment program
- Discussion

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Comorbid anxiety and depression

Definition

- Depression**
 - Unipolar (moderate-severe)
 - Excluding: psychotic symptoms, bipolar disorder
- Anxiety**
 - Anxiety disorder (DSM-IV-TR)
 - Severe anxiety symptoms
 - Including: obsessive compulsive disorder

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Comorbid anxiety and depression

Clinical practice

- Symptoms:**
 - 1 or 2 disorders?
 - What is the primary and secondary diagnosis?
- Guidelines:**
 - Little information on treatment of comorbid anxiety and depression
- Higher severity, poorer response to treatment, more residual symptoms
- More suicidality

Schoevers et al. Drugs 2008; MD RL Depressie 2011; MD RL Angststoornissen 2011; Publications NESDA study; Vd Wee Keuzecriteria Antidepressiva 2011; Fava et al. Am J Psychiatry 2008; Nelson. Am J Psychiatry 2008; Uher et al. J Affect Disord 2011; Campbell-Sills et al. J Clin Psychiatry 2012

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Comorbid depression and anxiety

- 'Avoidance Disorders' -

Depressive avoidance: avoidance of responsibilities and social participation → less positive reinforcers

Anxious or fobic avoidance: avoidance of fear-eliciting situations → limited range of 'behavioral' repertoire

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Comorbid depression and anxiety

- a Gordian Knot-



'Depression has a negative effect on the outcome of an anxiety-focused treatment'

- Lowers the patient's motivation for self-directed exposure
- Negative cognitions leads patient to minimize his/her gains in treatment

Should we treat depression first?

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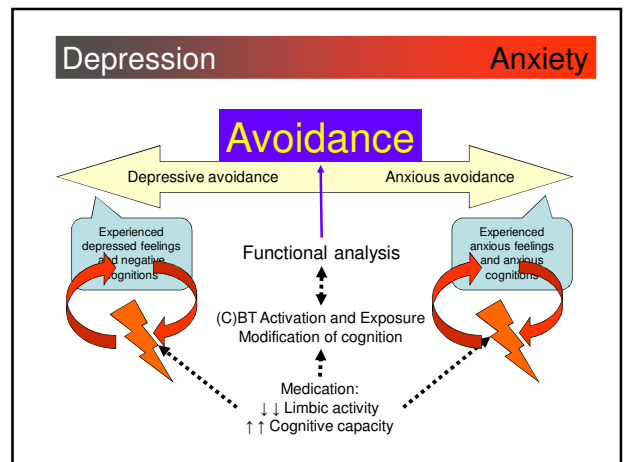
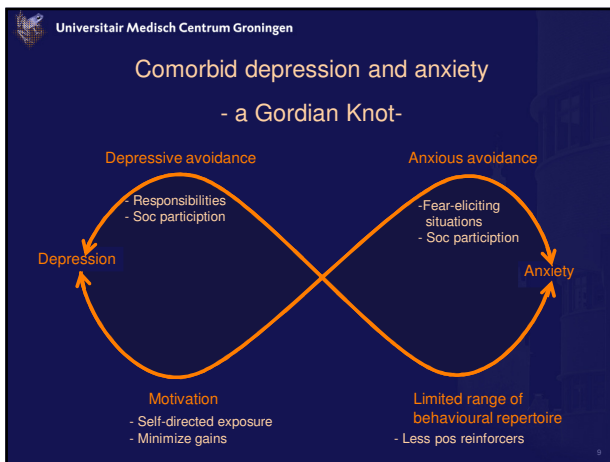
Comorbid depression and anxiety

- a Gordian Knot-



'Anxiety leads to the avoidance of fear-eliciting situations and accumulates the depressive avoidance which leads to an even narrower behavioral repertoire → less positive reinforcers'

Should we treat anxiety first?



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Proposal for medication treatment



Proposal

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Medication treatment: literature

- Little information in guidelines
- Literature:
 - Review Rao and Zisook, 2009
 - Review Schoevers et al., 2008

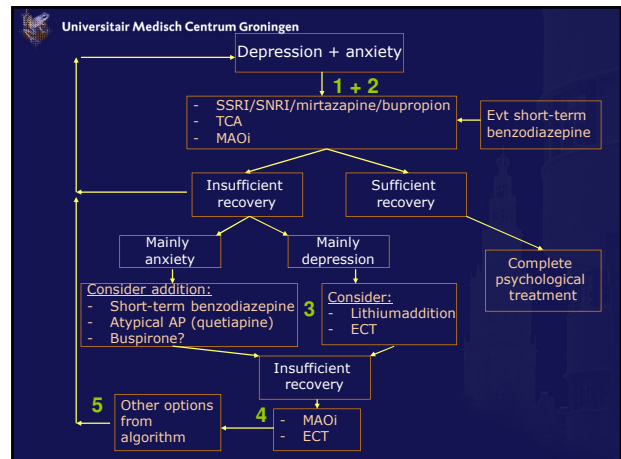
Literature

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Which medication?

- **SSRI/SNRI**
 - Possibly more effective than TCAs, but not in all studies
- **TCA, bupropion, mirtazapine, MAOI**
- **Addition strategies:**
 - Evt. short-term benzodiazepines (max. 2-4 weeks)
 - Evt. addition atypical antipsychotic (e.g. quetiapine) or buspirone
- Some studies mention a preference for combined treatment with medication and psychological treatment

Literature



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Treatment effect comorbid depression and anxiety

- literature -

- **CBT anxiety disorders:**
 - Comorbid depression doesn't hamper the effect of a successful anxiety-focused CBT (review; Deveney & Otto, 2010)
 - Anxiety focused CBT has a positive effect on depression symptomatology. (e.g. Smits et al., 2012; Joormann et al., 2005; Moscovitch et al., 2005; Rief et al., 2000)
- **CT depression:**
 - 'Anxious depression': lower remission and response rates (STAR*D, Farabaugh et al., 2012)

Literature

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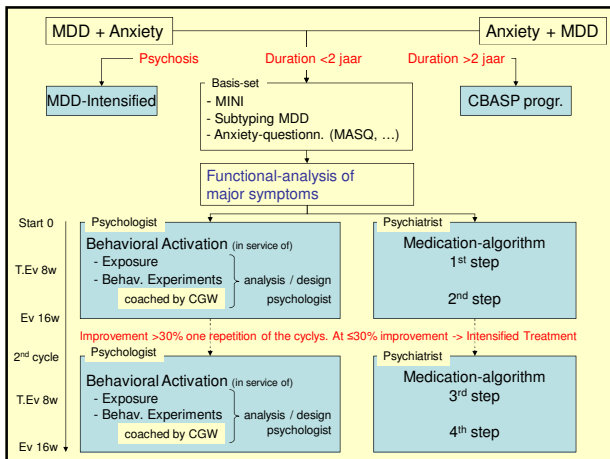
Depression and anxiety comorbidity: a cognitive behavioral treatment model

- **Focus of treatment:** depressive and anxious avoidance behavior.
- **Behavioural Activation (BA)** in service of **Exposure and Behavioural Experiments (BE)**
- BA focuses on self-defined values (ACT). **Goal:** commitment to extend valuable activities → positive reinforcement
- **Exposure and BE** to feared situations that are part of the desired and valuable domains → extend behavioural repertoire

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Depression and anxiety comorbidity: a cognitive behavioral treatment model

- **Psychologist:** Functional Analyses of the avoidance behaviour and designing Exposure and Behavioural experiments
- **CGW (CBT trained nurse):** coaches the Exposure (if necessary)
- **Evaluation:** every 8 weeks



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Discussion

- **General:**
 - Is it necessary in this treatment program to differentiate between anxiety disorders, e.g. OCD, PTSS and other anxiety disorders?
- **Medication:**
 - Suggestions regarding the algorithm?
 - Preference for serotonergic medication?
 - Place of MAOI?
- **Psychological treatment:**
 - Suggestions?