Do comorbid anxiety disorders in alcohol-dependent patients need specific treatment to prevent relapse?

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CRD summary
This review considered the impact of treating anxiety to prevent relapse in alcohol symptoms in patients with both a diagnosed alcohol use disorder and anxiety. Although the authors could not affirm the need for specific treatment of anxiety in this patient group, they stated that medication and possibly cognitive-behavioural therapy could reduce anxiety. The reviewers' conclusions reflected limitations in the evidence base and highlighted the need for further research in this area.

Authors' objectives
To consider whether anxiety disorders in alcohol-dependent patients should be treated to improve outcome results in alcoholism treatment.

Searching
PubMed, PsycINFO and the Cochrane Library were searched up to 2002 using the keywords documented in the paper. A manual search of the references in the included studies was also undertaken.

Study selection
Study designs of evaluations included in the review
All types of outcome studies were acceptable for the review. Review papers, case reports and uncontrolled outcome studies were excluded. Only randomised controlled trials (RCTs) were included in the review.

Specific interventions included in the review
Both pharmacological and psychotherapeutic treatments appear to have been eligible for inclusion. The pharmacological interventions included buspirone (5 to 120 mg doses) and paroxetine (20 to 60 mg). The psychotherapeutic interventions included cognitive-behavioural therapy (CBT) of between 6 and 18 sessions, delivered individually or in group format.

Participants included in the review
To be included in the review, the studies had to evaluate patients with a diagnosed alcohol use disorder and co-morbid anxiety disorders or symptoms.

Outcomes assessed in the review
The authors originally intended to use one common alcohol measure. However, since the studies used different outcome ratings, the authors decided to present the results as defined in the original studies. The outcomes included in the review were also related to anxiety reduction.

How were decisions on the relevance of primary studies made?
The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
Two authors independently reviewed the studies using a standardised coding form and resolved any discrepancies by
Methods of synthesis
How were the studies combined?
The results were presented descriptively, owing to the small number and heterogeneity of the included studies. The results of pharmacological and psychotherapeutic interventions were presented separately.

How were differences between studies investigated?
Differences between the studies in terms of cointerventions were outlined in the paper.

Results of the review
Twelve studies were included in the review. Four studies were concerned with the predictive value of co-morbid anxiety disorders on the outcome of alcoholism treatment and are not described in this abstract. Eight RCTs (628 participants) described pharmacological or psychotherapeutic treatments.

Buspirone was significantly better than placebo at reducing anxiety symptoms in three of four trials. In two studies evaluating alcohol craving, buspirone significantly reduced craving when compared with placebo. One of two studies evaluating alcohol reduction reported a slower return to heavy alcohol consumption and fewer drinking days. One study found no benefit of buspirone over placebo on alcohol measures. In one very small pilot RCT of paroxetine versus placebo there was significantly more improvement in anxiety in the paroxetine group, but no significant effect between the groups in heavy drinking days and total number of drinks. All of the patients in this study were suffering from social phobia.

Three RCTs of CBT in patients with obsessive-compulsive disorder (OCD), panic disorder and social phobia found inconsistent results. Anxiety symptoms improved equally between groups treated for anxiety and alcohol dependence and those treated for alcohol dependence alone in two studies. Alcohol measures were similar in one of the studies and worse for the dual treatment group in the other study. One further study found a significantly greater reduction of OCD symptoms, a significantly greater proportion abstinent, and longer periods of abstinence for the CBT and alcohol-dependence treatment group.

Authors’ conclusions
The authors concluded that they could not affirm that co-morbid anxiety disorders in alcohol-dependent patients need specific treatment to prevent relapse. However, medication and possibly CBT can reduce anxiety symptoms in this patient group.

CRD commentary
The review addressed a clear question with defined, if broad, inclusion criteria for the participants, interventions, study designs and outcomes. The search included three databases, but it was unclear whether foreign language or unpublished material was eligible for inclusion in the review. No validity assessment was performed, but some issues of methodology were discussed within the paper. Details of the studies were provided in a somewhat limited way. However, details of the interventions for alcohol dependence were not available, so it is not possible to assess the impact of any variation in these interventions on the alcohol-dependence outcomes. Details of the review process, such as how the studies were selected for the review, were missing from the report; this makes it difficult to assess any potential bias. The reviewers appropriately stated that they could not conclude that treatment of anxiety leads to better alcohol-dependence outcomes. Given the inconsistency of the results relating to alcohol dependence, the diverse population groups and the potential heterogeneity of alcohol-dependence interventions, such conclusions would be premature.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.
Research: The authors stated that further research is necessary to develop treatment programmes to reduce the high relapse rates and to treat anxiety disorders among alcohol-dependent patients.

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