



Long-Term Outcome of Panic Disorder and Social Phobia

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Abstract—The question is addressed as to whether cognitive-behavior treatment delivered as a routine service in a specialist clinic is effective in the long term. Of 124 consecutive patients completing treatment for panic disorder or social phobia, 93 were assessed an average of 2 years following treatment. The treatment produced significant improvement in measures of symptoms, avoidance, and disablement during treatment and further significant improvement during the follow-up. A quarter of participants no longer met diagnostic criteria, had not sought further treatment, and their anxiety had not troubled them since treatment. These findings, although not showing the large treatment effects reported from controlled outcome research, support the effectiveness of cognitive-behavioral interventions in routine care. © 1998 Elsevier Science Ltd

There is a strong case for the effectiveness of cognitive-behavior treatments for reduction of panic, anxiety, and associated avoidance in panic disorder and agoraphobia, and for reduction of social anxiety and avoidance in social phobia (Andrews, 1996). Several controlled trials have shown cognitive-behavioral treatment to produce superior outcome compared to credible placebo conditions for patients with panic disorder with agoraphobia (Chambless, Foa, Groves, & Goldstein, 1982; Marks et al., 1993), panic disorder without agoraphobia (Beck, Sokol, Clark, Berchick, & Wright, 1992; Craske, Maidenberg, & Bystritsky, 1995; Klosko, Barlow, Tassinari, & Cerny, 1990), and social phobia (Heimberg, Dodge, Hope, Kennedy, & Zollo, 1990). Furthermore, meta-analytic treatment reviews consistently support efficacy of cognitive-behavioral therapy for these disorders (Chambless & Gillis, 1993; Feske & Chambless, 1995; Gould, Otto, & Pollack, 1995; Taylor, 1996). Studies have also shown patients continuing to improve across a number of years following cessation of treatment (e.g., Clark et al., 1994; Craske, Brown, & Barlow, 1991; Heimberg, Salzman, Holt, & Blendell, 1993; Scholing & Emmelkamp, 1996a, 1996b).

This article addresses the question of whether cognitive-behavior therapy for panic disorder and social phobia is effective in the long term when delivered as a routine service in a hospital-based specialist clinic. The treatment programs studied in this article have been evaluated, and their effectiveness has been supported (Andrews & Moran, 1988; Mattick & Peters, 1988; Mattick, Peters, & Clarke, 1989). Furthermore, dropout rates of these programs are very low relative to figures reported in the literature, supporting their overall acceptability to patients (Hunt & Andrews, 1992). Long-term outcome is assessed in terms of symptoms, course of the disorder, functioning and disablement, and change in personality traits.

METHOD

Participants

The participants were 189 consecutive patients who attended a specialist anxiety disorders clinic over a 6-month period. Participants were included in the sample if they fulfilled diagnostic criteria for panic disorder or social phobia and no other psychiatric disorder requiring immediate treatment was present. All participants were offered treatment at the clinic; of those offered treatment, a significant proportion declined the offer ($n = 48$) and a smaller proportion began treatment but then dropped out before treatment was completed ($n = 17$). All patients were requested to cease benzodiazepine medication, and several were consequently placed on a supervised graduated withdrawal regimen prior to commencing treatment. One hundred twenty-four participants (66% of those offered treatment) completed intensive treatment programs for panic disorder without agoraphobia ($n = 41$; referred to in the following text as *panic disorder*), panic disorder with agoraphobia ($n = 43$; referred to in the following text as *agoraphobia*), or social phobia ($n = 40$). *DSM-III-R* (American Psychiatric Association, 1987) treatment diagnoses were based on a clinical interview and were subsequently confirmed using a structured diagnostic interview (Diagnostic Interview Schedule; Robins, Helzer, Cottler, & Goldring, 1989). Mean age of the treated patients was 32.4 ($SD = 9.6$), and 45.2% were male.

Treatment

Agoraphobia and social phobia programs were divided into two treatment blocks of 5 days each, 1 week apart, and the panic disorder program was similarly divided into 3-day and 2-day blocks. Each group comprised 5–8 patients and one therapist, a clinical psychologist, or a psychiatrist with experience in the delivery of cognitive-behavior therapy. Each patient received a copy of a detailed treatment manual specific to his or her group (Andrews, Crino, Hunt, Lampe, & Page, 1994). In summary, the treatment programs contain education about the nature of anxiety and its disorders, a treatment rationale, breathing

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