



Cognitive versus behavioral treatment of concurrent alcohol dependence and agoraphobia: A pilot study[☆]

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Abstract

With the growing awareness of the prevalence of anxiety disorders among alcohol abusers there is a need for effective cognitive–behavioral treatments (CBTs). This study is a pilot investigation comparing two treatments for concurrent alcohol dependence and panic disorder with agoraphobia. A 10-session behavioral treatment (BT), consisting of five sessions treating alcohol dependence and five sessions treating panic disorder with agoraphobia, was compared to a 10-session cognitive treatment (CT) that addressed the dysfunctional cognitions mediating the alcohol problem and anxiety symptoms. There were no group differences in frequency or quantity of alcohol consumption or in anxiety symptoms posttreatment or at a 1-year follow-up in a sample of 14 subjects who completed the study. Both groups showed within-group improvements on measures of both alcohol and anxiety symptomatology. Approximately one-third of the subjects made clinically relevant gains on both alcohol and anxiety symptoms. A brief BT for concurrent alcohol dependence and agoraphobia appears encouraging.

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1. Introduction

There is little doubt that concurrent anxiety disorders are common in alcohol-dependent populations. Reviews by Kushner, Abrams, and Borchardt (2000) and Schuckit (1996) have

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demonstrated the substantial comorbidity between alcohol problems and anxiety disorders, especially for the phobic anxiety disorders, such as agoraphobia and social phobia. However, the clinical significance of such comorbidity is less clear. Kushner et al. (2000) concluded from their review of the literature that both alcohol dependence and anxiety disorders can “serve as a causal stimulus for the other” (p. 167). They further suggest that anxiety symptoms can contribute to excessive alcoholic use and relapse. Considerable research has shown that psychopathology generally predicts poorer outcomes in addiction treatments (e.g., Carroll, Power, Bryant, & Rounsaville, 1993; Liskow, Powell, Nickel, & Penick, 1990; Toneatto, Negrete, & Calderwood, 2000). In the case of concurrent alcohol use and anxiety disorders, poorer alcohol treatment outcomes and greater likelihood of relapse have been shown (e.g., Driessen et al., 2001; Oei & Loveday, 1997; Willinger et al., 2002). Thus, explicitly treating anxiety in alcohol-dependent individuals who are also diagnosed with an anxiety disorder might be expected to improve both short- and long-term outcomes.

The observation that the anxiety syndromes observed in alcoholics may primarily be organic sequelae of chronic alcohol suggests that the cessation or reduction of drinking may effectively treat the anxiety symptoms as well since it is often difficult to know whether an anxiety disorder is independent of the psychoactive substance (e.g., Raskin & Miller, 1993; Schuckit & Hesselbrock, 1994). Project Match (1998) has shown that traditional alcohol dependence treatments had durable ameliorative effects on psychiatric symptoms. This suggests that specialized treatment for concurrent alcohol use and anxiety disorders may not always be indicated.

To date, very few clinical studies have evaluated the effectiveness of cognitive-behavioral therapies (CBTs) for concurrent alcohol use and anxiety disorders despite the availability of well-established, empirically supported CBTs for both of these disorders. A review of the treatment literature by Schade et al. (2003) could locate only three studies that focused on the psychological treatment of anxiety disorders in alcohol-dependent subjects (Bowen, D’Arcy, Keegan, & Senthiselvan, 2000; Fals-Stewart & Schafer, 1992; Randall, Thomas, & Thevos, 2001). Bowen et al. (2000) found that enhancing alcohol residential treatment with 12 hours of CBT for panic disorder for those who were diagnosed with panic disorder with or without agoraphobia did not produce additional benefits on measures of abstinence, depression, and anxiety. In Fals-Stewart and Schafer’s (1992) study, only a quarter of the sample were dependent on alcohol. Randall et al. (2001) found that the alcohol-dependent social phobics that received CBT for both disorders did less well on measures of frequency and quantity of alcohol consumption than subjects that received treatment for the addiction only. Thus, the available research is equivocal as to whether the administration of treatment of both the anxiety and addiction problems is more effective than treatment of the addiction alone.

No study has focused specifically on the outpatient treatment of alcohol-dependence/panic disorder/agoraphobia. The present study is a pilot exploratory investigation comparing cognitive therapy (CT) to behavioral therapy (BT) in the treatment of concurrent alcohol dependence and panic disorder with agoraphobia, an anxiety disorder particularly prevalent among alcohol abusers.

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