



Generalized anxiety disorder publications: Where do we stand a decade later?

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ABSTRACT

The purpose of this study was to extend previous work examining publication rates for the anxiety disorders and publication topics for generalized anxiety disorder (GAD). Specifically, we examined anxiety disorder publication rates in MEDLINE and PsycINFO from 1998 to 2008. The results show: (1) that with the exception of panic disorder, there was a significant increase in the annual rate of publications for every anxiety disorder; (2) that GAD had the second lowest annual rate of publications in every year – with no more than 8% of anxiety disorder publications devoted to GAD in any given year; and (3) that GAD publications focused more often on treatment (44%) than on descriptive issues (26%), process issues (22%), and general reviews (8%). Given that citation analysis appears to be a valid indicator of research progress, the current findings suggest that research on GAD continues to lag behind research on most other anxiety disorders.

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The number of anxiety disorder publications has increased in both absolute and relative terms over the past 25 years (Boschen, 2008). Like most other anxiety disorders, generalized anxiety disorder (GAD) appears to have received increased research attention – at least in absolute terms – since its introduction in DSM-III (American Psychiatric Association [APA], 1980). However, the growth of GAD publications relative to other anxiety disorder publications remains unclear. More importantly, a systematic review of the topics that are addressed in GAD publications (i.e., descriptive issues, process issues, treatment issues, and general reviews) has not been undertaken since 1997. The goal of this study is to examine GAD publication rates and topics from 1998 to 2008. Given that we investigated similar issues from 1980 to 1997 (Dugas, 2000), the current study will provide information on changes that have taken place in the decade following the time period covered by our previous study.

A number of researchers have examined anxiety disorder publication rates over the past 15 years. For example, Norton, Cox, Asmundson, and Maser (1995) found that the number of anxiety disorder publications increased dramatically from 1981 to 1990. They also found that panic disorder, obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) were the most frequently published anxiety disorders. This latter finding was also

reported by Cox, Wessel, Norton, Swinson, and Direnfeld (1995), who examined publication rates from 1990 to 1992. Findings from our previous study (Dugas, 2000) looking at publication rates from 1980 to 1997 were consistent with those of Norton et al. and Cox et al. in that they showed that GAD, social phobia and specific phobia were by far the least published anxiety disorders. More recently, Boschen (2008) examined anxiety disorder publications from 1980 to 2005 and found that the number of publications has steadily grown over the 25-year period. His findings also show that PTSD (and to a lesser degree, OCD) had the most dramatic increase in publication rates over the period covered by his study.

In all studies reviewed above, the number of GAD publications was considerably lower than the ones for panic disorder, PTSD, and OCD. In fact, Boschen (2008) found that, relative to all other anxiety disorders (with the exception of acute stress disorder), GAD had the lowest number of publications from 1980 to 2005. GAD publications were almost nine times less frequent than PTSD publications and about four times less frequent than panic disorder and OCD publications over the 25-year period. In our previous study (Dugas, 2000), we found that the absolute number of GAD publications had generally increased from year to year from 1980 to 1997. However, although the relative number of GAD publications (relative to other anxiety disorder publications) had increased in the 1980s, it had remained fairly stable in the 1990s. In fact, we found that the percentage of anxiety disorder publications devoted to GAD in the 1990s did not exceed 8.5% in any given year. Thus, data from independent researchers indicate that the number of publications devoted to GAD relative to other anxiety disorders has been modest in the two decades following the inception of GAD in DSM-III (APA, 1980).

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In terms of the topics covered by GAD publications from 1980 to 1997, the data show that 57% of GAD publications dealt with descriptive issues (e.g., epidemiology, diagnosis, comorbidity), 31% with treatment issues (e.g., clinical trials, meta-analyses, treatment algorithms), 10% with process issues (e.g., biological substrates, cognitive vulnerability, interpersonal functioning), and 2% presented general reviews (Dugas, 2000). It appears that although we are just beginning to understand the biological, psychological and social factors involved in the etiology of GAD, relatively few publications were devoted to the processes or risk factors implicated in the development and maintenance of GAD. One could argue that research on the etiology of a condition should normally precede research into its treatment – this does not seem to have been the case for GAD as only 1 of 10 publications addressed process issues whereas 3 of 10 publications dealt with treatment.

The review presented above suggests that GAD has received modest research attention compared to other anxiety disorders. In addition, within the GAD literature, studies of the biological, psychological and social factors involved in the etiology of the disorder are under-represented (at least from 1980 to 1997). Although publication output is only one indicator of research activity, it can be used as a stand-alone marker of research interest. For example, publication rates have been used to measure research interest in the areas of addictions (Zurián, Aleixandre, & Castellano, 2004), personality disorders (Blashfield & Intoccia, 2000), and clinical medicine (Fava, Guidi, & Sonino, 2004). Given that publication rates appear to be a valid indicator of research interest, GAD (and in particular the etiology of GAD) has been under-studied from 1980 to 1997. Considering that GAD is highly prevalent, distressing for the individual, and costly to society (see e.g., Wittchen, 2002), the relative lack of research interest in GAD in previous decades is surprising.

The goal of the present study is to extend previous work examining publication rates for the anxiety disorders and publication topics for GAD. Specifically, we will examine anxiety disorder publication rates and investigate the frequency of GAD publications devoted to descriptive, process, and treatment issues, as well as general reviews from 1998 to 2008. It is predicted that: (1) the number of GAD publications will be among the lowest of the anxiety disorders; (2) GAD publications will show increases in absolute terms (the actual number of GAD publications), but *not* in relative terms (the number of GAD publications relative to other anxiety disorder publications); and (3) most GAD publications will be devoted to descriptive and treatment issues.

1. Method

Following the procedure used in earlier studies (Dugas, 2000; Norton et al., 1995), we searched MEDLINE and PsycINFO databases from 1998 to 2008. PsycINFO, which is published by the American Psychological Association, includes abstracts from approximately 1300 journals devoted to areas such as social, clinical, cognitive, developmental, and educational psychology, as well as neuropsychology. MEDLINE is published by the U.S. National Library of Medicine, and contains abstracts from 5200 biomedical journals. An overlap of approximately 13% between the two databases has been reported by other sources (Brettle & Long, 2001; Norton et al., 1995). However, in the present study, an overlap of 23.7% was found between MEDLINE and PsycINFO databases for articles devoted specifically to GAD.

In order to identify articles focusing on specific anxiety disorders, we carried out a search using terms from the title, abstract or keywords of the publications. The following search words were used: generalized anxiety disorder, generalised anxiety disorder, GAD; panic disorder, agoraphobia; post traumatic stress disorder,

posttraumatic stress disorder, PTSD; obsessive-compulsive disorder, OCD; social phobia, social anxiety disorder; simple phobia, and specific phobia. Although the term “social anxiety disorder” was not used in our earlier study (Dugas, 2000), we deemed it important to include this label to guarantee that all abstracts pertaining to this disorder were captured. In addition, we limited our search to English-language abstracts in peer-reviewed journals. When an abstract focused equally on more than one anxiety disorder, it was classified as “multiple anxiety disorders.” When an abstract focused on one anxiety disorder (e.g., GAD) and one non-anxiety disorder (e.g., depression), it was included in the category for the anxiety disorder (e.g., GAD). However, if the main focus of the abstract was on the non-anxiety disorder (e.g., a study of depression using a GAD group as a clinical control condition), the article was excluded from the review. When an abstract focused on three or more disorders, it was included in the “multiple anxiety disorders” category if more than 50% of the disorders were anxiety disorders (e.g., a study of GAD, social phobia, and avoidant personality disorder). Of note, abstracts included in the “multiple anxiety disorders” category were not also included in other categories (e.g., a study of OCD and PTSD was not also included in the “OCD” and “PTSD” categories). Letters, comments, introductions to special journal issues, and editorials were excluded. Lastly, duplicates within each database were removed.

Following the initial search, GAD abstracts were classified into one of four categories: (1) descriptive issues, (2) process issues, (3) treatment issues, and (4) general reviews and commentaries. Descriptive issues included socio-demographic features (e.g., epidemiology, onset) and clinical features (e.g., diagnostic issues/criteria). Process issues included the form and function of worry, the biological substrates of GAD (e.g., brain structures, neurotransmitters), and the cognitive, behavioral and emotional variables associated with the disorder (e.g., cognitive avoidance, intolerance of uncertainty, emotion dysregulation). Treatment issues encompassed treatment outcome studies (psychosocial and pharmacological), meta-analyses, reviews of treatment issues, as well as recommended pharmacological interventions and algorithms. The final category, general review articles and commentaries, included articles that presented a general review of descriptive, process, and treatment studies concerning GAD. In order to assess the reliability of the categorization procedure, the second author, who was blind to the initial categorization, reclassified 15% of the GAD abstracts in each database.

2. Results

The first step of the analysis involved calculating the yearly frequency of abstracts for each anxiety disorder, which is presented in Table 1. In general, the rate of publication for anxiety disorders increased from 1998 to 2008 (see Fig. 1). In fact, there was a statistically significant increase in the number of publications for PTSD ($\beta = .97, p < .001$), OCD ($\beta = .96, p < .001$), social phobia ($\beta = .94, p < .001$), specific phobia ($\beta = .90, p < .001$), and GAD ($\beta = .83, p < .005$). We found a statistically significant decrease in number of publications for only one anxiety disorder; namely, panic disorder with/without agoraphobia ($\beta = -.79, p < .005$).

By far, the most commonly studied anxiety disorder between 1998 and 2008 was PTSD (8147 abstracts in PsycINFO and MEDLINE). This was followed by OCD (4813 abstracts) and panic disorder (3374 abstracts). The disorders that received the least amount of attention during this period were specific phobia (642 abstracts), GAD (1252 abstracts) and social phobia (2134 abstracts). We then calculated the annual percentage of GAD publications across both databases relative to all anxiety disorder publications. These results are depicted in Fig. 2. Of all anxiety disorder abstracts,

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