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# A Comparison of the Efficacy of Clonazepam and Cognitive-Behavioral Group Therapy for the Treatment of Social Phobia

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**Abstract**—There is a growing body of evidence that social phobia may be treated effectively by either pharmacologic or cognitive-behavioral interventions, but few studies have examined the relative benefits of these treatments. In this study, we examined the relative efficacy of pharmacotherapy with clonazepam and cognitive-behavioral group therapy (CBGT) for treating social phobia. In addition, we examined potential predictors of differential treatment response. Outpatients meeting *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., revised) criteria for social phobia were randomly assigned to treatment. Clinician-rated and patient-rated symptom severity was examined at baseline and after 4, 8, and 12 weeks of treatment. All clinician-rated assessments were completed by individuals blind to treatment condition. Patients in both conditions improved significantly, and differences between treatment conditions were absent, except for greater improvement on clonazepam on several measures at the 12-week assessment. Symptom severity was negatively associated with treatment success for both methods of treatment, and additional predictors—sex, comorbidity with other

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anxiety or mood disorders, fear of anxiety symptoms, and dysfunctional attitudes—failed to predict treatment outcome above and beyond severity measures. In summary, we found that patients randomized to clinical care with clonazepam or CBGT were equally likely to respond to acute treatment, and pretreatment measures of symptom severity provided no guidance for the selection of one treatment over another. © 2000 Elsevier Science Ltd. All rights reserved.

*Keywords:* Social phobia; Cognitive-behavioral therapy; Clonazepam; Social anxiety disorder; Benzodiazepine

The lifetime prevalence of social phobia is approximately 13%, making it the third most common psychiatric disorder in the community after major depression and alcohol dependence (Kessler et al., 1994). It is characterized by a persistent fear of one or more social or performance situations that invoke intense anxiety, distress, or avoidance, and which result in significant impairment in social or role functioning (American Psychiatric Association, 1994). The impairment resulting from social phobia may be extensive and includes disruption in educational and occupational achievement as well as family and social relationships (Davidson, Hughes, George, & Blazer, 1993; Schneier et al., 1994). Comorbid anxiety, mood, and substance use disorders are also common among individuals with social phobia (Davidson et al., 1993; Schneier, Hohnson, Hornig, Liebowitz, & Weisman, 1992).

Two modes of treatment, pharmacotherapy and cognitive-behavior therapy (CBT), have demonstrated efficacy in the treatment of social phobia (Gould, Buckminster, Pollack, Otto, & Yap, 1997). In controlled clinical trials, monoamine oxidase inhibitors (i.e., phenelzine; Liebowitz et al., 1992; Versiani et al., 1992) and high potency benzodiazepines (Davidson et al., 1993; Munjack, Baltazar, Bohn, Cabe, & Appleton, 1990) have demonstrated efficacy for social phobia. Initial support also has been provided for selective serotonin reuptake inhibitors (SSRIs), including fluvoxamine (van Vliet, den Boer, & Westenberg, 1994), sertraline (Katzelnick, Kobak, & Greist, 1995), and paroxetine (Stein et al., 1998). Beta-blockers, although effective for performance anxiety, appear less effective for social phobia (Pollack & Gould, 1996).

Cognitive-behavioral treatments for social phobia have typically emphasized cognitive-restructuring and exposure interventions, either alone or in combination, in either individual or group formats (Heimberg & Juster, 1995; Juster & Heimberg, 1995). Treatment programs emphasizing these interventions have met with consistent success (for metaanalytic reviews see Feske & Chambless, 1995; Gould et al., 1997; Taylor, 1996). For example, in a comparison of cognitive-behavioral group treatment (CBGT) with an educational-supportive psychotherapy program, significantly greater improvement was found for the CBGT program at both endpoint and 5-year follow-up assessments (Heimberg et al., 1990; Heimberg et al., 1993).

As specific pharmacologic and cognitive-behavioral treatments for social phobia are established, questions arise about the relative efficacy of these treat-

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