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# Cognitive behavioral therapy versus paroxetine in the treatment of hypochondriasis: An 18-month naturalistic follow-up<sup>☆</sup>

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### ABSTRACT

**Background:** The present maintenance study investigated whether the reduction in hypochondriacal complaints after initial treatment with CBT or paroxetine sustained during a follow-up period and whether psychiatric severity at pretest predicted the course of hypochondriacal symptoms.

**Method:** A naturalistic follow-up period of 18 months after a 16-week RCT consisting of 33 patients initially allocated to a CBT condition and 29 patients to a paroxetine condition. The main outcome measure was the Whiteley Index.

**Results:** The initial treatment effect of CBT and paroxetine sustained during the follow-up period. No significant differences between CBT and paroxetine were found. Treatment course could not be predicted by psychiatric comorbidity.

**Conclusion:** CBT and paroxetine are both effective treatments for hypochondriasis in the long term.

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## 1. Introduction

Hypochondriasis is a serious psychiatric condition that has been associated with marked impairments in physical and psychological functioning, work performance, and its course, when untreated, has been characterized as chronic (Barsky, Klerman, Cleary, & Sarnie, 1993; Noyes et al., 1993).

The last decade several randomized controlled trials have shown that Cognitive Behavior Therapy (CBT) offers a credible rationale and useful techniques for improvement of hypochondriacal fears and behaviors. Amelioration of hypochondriacal complaints is maintained after a naturalistic follow-up period up to 12 months (Barsky & Ahern, 2004; Clark et al., 1998; Visser & Bouman, 2001; Warwick, Clark, Cobb, & Salkovskis, 1996).

In contrast to CBT, little research on the pharmacological treatment of hypochondriasis has been conducted. Several uncontrolled open-label studies showed the beneficial effect of an SSRI on the short term (Fallon et al., 1993, 1996; Oosterbaan, van Balkom, van Boeijen, de Meij, & van Dyck, 2001), but to get decisive evidence for the efficacy of this form of antidepressant medication a randomized controlled trial (RCT) needed to be conducted. A placebo-controlled randomized trial carried out by our group showed that treatment with paroxetine reduced hypochondriacal complaints in the short term. Moreover, paroxetine appeared to be as effective as CBT (Greeven et al., 2007). Recently, Fallon et al. (2008) published a double-masked placebo-controlled study of fluoxetine for hypochondriasis. After a follow-up period of 6 months the improvement of patients taking fluoxetine was maintained and the percentages of responders in the fluoxetine and the placebo group still differed significantly from each other in the advantage of the fluoxetine group. Although these results are promising, follow-up data over a longer period in comparison to other evidence-based treatments are indispensable to pass a final judgment about the relative efficacy of a pharmacological treatment.

Furthermore, until now it remains unknown which variables are associated with a favorable treatment outcome in the long term. Only a few studies have investigated which predictors are associated with a favorable treatment outcome in hypochondriasis, and to our knowledge only on the short term. These studies showed that good treatment outcome seems to be negatively associated with illness duration, comorbidity, severity of pre-treatment hypochondriasis, extent of somatization symptoms, general psychopathology, dysfunctional cognitions related to bodily functioning, psychosocial impairments, utilization of the health care system and benzodiazepine use (Greeven et al., 2007; Hiller, Leibbrand, Rief, & Fichter, 2002; Kellner, 1983). The counterproductive effect of benzodiazepine use can be explained by its relation to anxiety sensitivity. Tranquilizer use can increase anxiety sensitivity because of its anxiety preventing and suppressing role and could therefore impede exposure in CBT and decrease tolerance of side effects of antidepressant medication (Fava et al., 1994).

The present study reports on a naturalistic 18-month follow-up investigating the differential effects of CBT and paroxetine in patients with hypochondriasis and examined whether severity of psychiatric status operationalized as psychiatric comorbidity, duration of complaints and benzodiazepine use predicted the course of hypochondriacal symptoms.

## 2. Methods

### 2.1. Subjects

In the present naturalistic follow-up study we included subjects who received treatment with either paroxetine or CBT in a 16-week randomized controlled trial (RCT) conducted at three psychiatric outpatient clinics in the Western region of the Netherlands (Greeven et al., 2007). The study received approval from the ethical committees of the participating medical centers and was carried out between January 1998 and August 2005. In the RCT, we included subjects from age 18 who met the DSM-III-R criteria for hypochondriasis, established by means of the Structured Clinical Interview for DSM-IV Axis I (SCID) (First, Spitzer, Gibbon, & Williams, 1996) and excluded subjects with comorbid psychotic disorders, substance-use disorders, substance-induced disorders and cognitive disorders, or disorders due to a general medical condition. Pregnant and lactating women and subjects with severe medical illnesses were also excluded. Concomitant use of antidepressants,

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