

# Behavioral Therapy and Sertraline in Childhood Anxiety

Andreea CIOBANU, MD

Emergency University Hospital, Bucharest, Cardiology and Internal Medicine Department and "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania

**D**espite their high prevalence amongst children (10 to 20%), anxiety disorders are still under recognized and undertreated. They are a major cause of social impairment and lead to poor both school and family relationships. Also, they are followed by substantial morbidity and predict adult anxiety disorders and major depression. Thus, it is most certain their efficient treatment could improve the public health condition.

Treatment options for the anxiety disorders include cognitive behavioral therapy and the use of selective serotonin-reuptake inhibitors (SSRIs). Several trials available nowadays show that monotherapy alone leads to no significant improvement in the children's evolution.

A combination of these methods was for the first time assessed in a study called "Child-Adolescent Anxiety Multimodal Study". 488 children and adolescents aged between 7 and 17 years old, diagnosed with separation anxiety disorder or generalized anxiety disorder or social phobia were randomized in several university american centers to receive cognitive behavioral therapy, sertraline, a combination of both of them or a placebo drug for a period of 12 weeks.

The results showed that all the three active therapies are definitely superior to placebo on the short-term. Thus, 80.7% of the children had a good and very good rate of improvement of their general being (assessed using "Clinician Global Impression-Improvement Scale") using the combined therapy ( $p < 0.001$ ), 54.9% for sertraline ( $p < 0.001$ ); all types of treatment had far better results than placebo (23.7%). The superiority of the combined therapy could be justified based on the additive beneficial effects of both cognitive behavioral therapy and sertraline. As far as adverse events are concerned, no suicidal attempt occurred and suicidal ideation was not significantly higher in sertraline group when compared to placebo. There were fewer cases of insomnia, fatigue and restlessness reported in the group of children with cognitive behavioral therapy as opposed to the sertraline group ( $p < 0.005$  for all comparisons).

In conclusion, these results, first of all, confirm both cognitive behavioral therapy and sertraline are effective for anxiety disorder treatment in children. Moreover, the combination therapy has the highest rate of success. □

*Comment on the paper:*

Walkup JT, Albano AM, Piacentini J, et al – Cognitive Behavioral Therapy, Sertraline or a Combination in Childhood Anxiety. *www.nejm.org*. October 30, 2008