Antidepressants: The Blue-Chip Psychotropic for the Modern Treatment of Anxiety Disorders

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**Issue:** Antidepressants were just antidepressants in the 1960s. Now antidepressants are antidepressants AND anxiolytics, useful not only for the treatment of major depressive disorder, but also anxiety disorders ranging from obsessive-compulsive disorder, to panic disorder, social phobia and posttraumatic stress disorder, and now including generalized anxiety disorder.

This issue of Brainstorms is a visual lesson amplifying last month’s written feature entitled “Mergers and Acquisitions Among Psychotropics: Antidepressant Takeover of Anxiety May Now Be Complete.”

Figure 1. Treatment of Depression and Anxiety in the 1960s

The earliest antidepressants were tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs) and were conceptualized as targeting an entirely different syndrome (major depressive disorder [MDD]) than did the earliest anxiolytics, namely, the benzodiazepines. At that time, benzodiazepines targeted anxiety disorders as a whole including generalized anxiety disorder (GAD) or anxiety neurosis, which was much more broadly defined at that time, as well as anxiety disorder subtypes.
When is an antidepressant an antidepressant, and when is an antidepressant an anxiolytic? Recently, the first antidepressant was approved for the treatment of GAD, namely, venlafaxine XR. Venlafaxine XR, as well as nefazodone and mirtazapine, has preliminary evidence of efficacy for some anxiety disorder subtypes, such as panic disorder, social phobia, and posttraumatic stress disorder. SSRIs, nefazodone, and mirtazapine have preliminary evidence of efficacy in generalized anxiety disorder. Virtually all forms of anxiety can now be treated by an antidepressant, with the documentation of efficacy of some antidepressants better than that of others. Perhaps the distinction between an antidepressant and an anxiolytic will cease to exist in the 21st century.

REFERENCE