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S U P P L E M E N T

Treating Depression and Anxiety
to Remission

*Editor's Choice for Independent Study:
A Supplement From The Journal of Clinical Psychiatry*

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Editor's Choice

Depressive illness, often comorbid with anxiety disorders, adversely colors the lives of many of our primary care patients and their families throughout the course of their lives. Similarly, the spectrum of anxiety disorders, even when present without depression, can have similar pervasive negative effects on our patients. Our goal in primary care is to see our patients return to full function and enjoyment in life, not only in the short term, but permanently. The articles in this supplement, chosen as an Editor's Choice supplement, provide important insights into treatment strategies by which we can promote such long-term well-being, and the characteristics of patients particularly at risk if we do not provide such treatment.

Dr. Lee S. Cohen in his article on gender-specific issues emphasizes that women, particularly premenopausal women, experience depression differently from men and respond to treatment at different rates from men and postmenopausal women. The insights provided help the primary care clinician recognize the different symptom profiles of depression in women across the life cycle and the impact of hormonal status on such symptoms and on response to treatment. Premenstrual dysphoric disorder and perimenopausal symptom complexes also respond to treatment, and such treatment can lead to long-term improved outcomes. Of particular value is Dr. Cohen's summation of our understanding of depression during pregnancy and the consistent reporting of the safety of its treatment with selected antidepressants. Contrary to preconceived notions that pregnancy is a time of emotional well-being, pregnancy does not offer protection from depression, and women whose well-meaning clinicians discontinue or do not initiate treatment are at high risk, including for adverse pregnancy outcomes. Similarly, at a time when hormonal supplementation in perimenopausal and postmenopausal women is being fundamentally reassessed, Dr. Cohen reaffirms the importance and feasibility of the primary care clinician in recognizing and directly treating depression in such women.

Dr. John M. Zajecka, in his review, provides clinically useful insights into the dimensions of remission from depression and summarizes our understanding of the impact on our patients of not attaining remission. Currently, about half of treated patients fall into this category of response without remission and go on to experience worse functioning in their personal and work lives, accrue higher medical care costs, and possibly develop treatment resistance. Dr. Zajecka provides a very useful, pragmatic guide for the primary care management of depressed patients in the initial treatment phase, during which evolution of symptom control with minimization of side effects is a priority, and over the next several months, during which active management can promote the full attainment of remission and continued adherence to treatment. To be effective, the clinician must attend not only to treatment adjustment, but to patient education and the recognition of patients for whom psychotherapy or pharmacotherapy augmentation is necessary.

Dr. Andrew A. Nierenberg and colleagues address management beyond the initial phases of treatment in their discussion of the prevention of depression relapse and recurrence. Once they are depressed, recurrence is virtually assured among patients who are left untreated. Consequently, primary care clinicians must institute practice mechanisms not only to support their patients in initially getting to remission, but to then sustain remission over the entire course of their lives and recognize and treat depression should it recur. Pharma-

cotherapy and psychotherapy both have roles to play in promoting long-term well-being. Nierenberg and colleagues' description of these therapies, and their particular strengths, provides useful insights for clinicians seeking to mobilize therapies that fit the needs of their patients.

While depression is commonly an episodic illness, recurring in patients' lives, anxiety disorders tend to be more chronic and persistent. In their article, Alicia C. Doyle and Dr. Mark H. Pollack present practical considerations in determining remission for anxiety disorders. Such remission includes relief not only from the core symptoms of the anxiety disorder, but from any accompanying symptoms of depression. While we in primary care are still developing our understanding of the long-term consequences of anxiety disorders, it is clear that they have a marked impact limiting the lives of those who suffer from them. Doyle and Pollack emphasize that treatment must be selected carefully based on the full range of comorbidities and that treatment response in anxiety often follows a longer, slower path to remission than that in depression. Nevertheless, remission is the goal, and the goal is attainable with persistent, active management of the anxious patient.

Such management is the focus of Dr. Murray B. Stein's discussion of anxiety in primary care. He emphasizes not only the varied presentations of anxiety, but also the remarkably high prevalence of these conditions in primary care practice. Treatment can lead to marked improvement, whether the patient is suffering from generalized anxiety disorder, panic, social anxiety, or posttraumatic stress disorder. Such treatment may require psychotherapy in addition to pharmacotherapy, particularly if the onset of the disorder was early in a patient's life and the patient's adult personality has grown around the disorder. However, even in such cases, pharmacotherapy can be very effective in relieving symptoms and moving a patient toward improved function. Such patients in particular may benefit from a collaborative model of care. As described by Dr. Stein, such a model engages both primary care and mental health professionals in coordinated therapeutic efforts that yield benefit for the patient surpassing that of either professional in isolation.

As articulated in this supplement, we in primary care must view the care of our patients with depression and anxiety disorders as an undertaking that must continue throughout their lives. Such an undertaking must be tailored not only to the age, gender, and hormonal characteristics of the patient, but also to the complex of comorbid symptoms and disorders affecting the patient. Fortunately, with the maturation of our understanding of the effectiveness of not only the selective serotonin reuptake inhibitors, but also the serotonin-norepinephrine reuptake inhibitor venlafaxine, other newer antidepressants, and psychotherapies, we have entered a treatment era in which long-term treatment is recognized as not only safe but effective over the long term. Our challenge is to work with our psychiatric colleagues to tailor treatment to each individual patient. Such treatment can be one of the most powerful interventions we have to improve the quality of life of our patients, not only in the short term, but over their life span.

Larry Culpepper, M.D., M.P.H.
Editor in Chief

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