Introduction

A New Concept in the Treatment of Anxiety

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Nonpanic anxiety disorders, particularly those subsumed in the DSM-IV under Generalized Anxiety Disorder (GAD), Anxiety Not Otherwise Specified (NOS), and Adjustment Disorders, have always been of less interest to psychiatrists than depression and other mental disorders. Yet the aggregate incidence, chronicity, and functional disability suggest that the public-health effect of generalized anxiety approaches that of major depression. One reason for this lack of interest on the part of psychiatrists might be that most GAD and other anxious patients are treated in family practice and are referred to the psychiatrist only as a last resort, usually when the anxiety is complicated by significant comorbidity. The diagnostic classification of anxiety disorders according to DSM-IV appears less than optimal to guide the nonpsychiatric physician in the treatment of his or her anxious patients. Common acute and chronic course-of-illness patterns for generalized anxiety are not well described using current nosology. This symposium attempts to address this problem in terms of both diagnosis and treatment.

The paper by Rickels and Schweizer discusses alternative options for the diagnosis of generalized anxiety and suggests that not only acutely anxious patients, but also half of all chronically anxious patients, probably can be managed with short-term, intermittent use of anxiolytics, particularly when prescribed within a warm, supportive atmosphere and with limited and realistic treatment goals in mind.

Although we do have effective anxiolytics available today, they either cause rebound anxiety and physical dependence with extended use or have a slow onset of action. For this very reason, the next papers by Lydiard et al., Small and Bystritsky, and Pollack et al. are of particular interest. They report on three large-scale, U.S. multicenter trials conducted with the experimental beta carboline abecarnil. The data they present seem to indicate that abecarnil, a member of a new class of anxiolytics, might well be an anxiolytic that combines both early onset of efficacy and a reduced incidence of physical dependence, thereby filling a void that currently exists. Clearly, further research with abecarnil is indicated to delineate its advantages and disadvantages compared with currently available anxiolytics.

Since a high placebo-response rate was observed in these three multicenter studies, the article by Schweizer and Rickels focuses on the placebo response in GAD-treatment studies and how this response affects the outcome of clinical efficacy trials. They argue that the placebo response is of utmost importance because frequently it is not the ineffectiveness of the new drug under study but an extremely high placebo response that determines whether or not an effective drug can be differentiated from a placebo.

This supplement reflects the broad perspective that must be taken when considering anxiolytic therapy. It presents clinical results obtained with the beta carboline abecarnil, which indicate that this agent might well have an important role to play in the short-term management of generalized anxiety conditions.

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