Introduction
Remission of Anxiety-Related Disorders

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For several years, the relative degree of response to treatment of depressive disorders has been the focus of intense discussion.[1–3] For example, a consensus group convened nearly a decade ago to develop definitions for terms such as *treatment response* and *remission*, as well as *relapse* and *recurrence* of illness.[4] The development of such concepts has allowed the field to focus on the important notion of achieving and maintaining full symptomatic (i.e., "syndromal") response in depression. In the intervening period, there has been an increased recognition that depressive disorders often do not completely remit with typical single-modality interventions and, therefore, that enhancing or augmenting strategies are frequently needed.

The same cannot be said for anxiety disorders. Although the various anxiety disorders are common and can produce serious functional impairment, they have not achieved the same degree of scrutiny. The goals of treatment with anxiety disorders may, at times, be unclear and the endpoints uncertain. The goals of this supplement will be to define the nature of anxiety and depressive disorders, characterize the mechanism of action of some commonly used treatments, and define response characteristics in the various anxiety populations. We hope that, as with the depressive disorders, increased scrutiny of anxiety disorders will lead to improved recognition and treatment, including treating them aggressively to remission, if possible.

Is treatment to remission even possible? Further, how will we know if we have achieved symptomatic improvement or remission? Specifically, how do we know when to stop making changes in treatment? This supplement will begin with an article by Dr. James C. Ballenger, who will focus on a definition of response and remission in anxiety disorders. Dr. Ballenger's comments will highlight not only research definitions, but also procedures for assessing response in clinical practice. Further, he will shed light on the difference between symptomatic improvement and recovery of function.

In the next article, Dr. Laurel L. Brown and I will discuss the mechanism of action of anti-anxiety drugs, with a special focus on antidepressants. We will relate this topic to the dimensional nature of depressive and anxiety disorders and hypothesize that antidepressant drugs may be acting on a limited set of common mechanisms that relate to the symptoms of anxiety and depressive disorders, which may explain their broad spectrum of effects. We have posited that there are both shared and unique features to these disorders and that antidepressants may be producing their effects on a shared set of physiologic targets and resulting symptoms.

The role of serotonin in anxiety disorders has been amply demonstrated.[5–9] However, antidepressant drugs produce their effects on both serotonin and norepinephrine. Dr. Alan Frazer will discuss the special roles for both serotonin and norepinephrine in the treatment response of anxiety disorders. In particular, norepinephrine may have a special role when anxiety disorders such as generalized anxiety disorder are comorbid with depression.

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In recent years there has been much research into social anxiety disorder, and Dr. Mark H. Pollack will discuss this condition. In particular, Dr. Pollack will take a comprehensive look at the diagnosis and treatment of social anxiety disorder. He will help define response in this common condition and will show the impact of residual symptoms on functional outcome.

The final article will be by Dr. P. Murali Doraiswamy, who will deal with the very thorny issue of the recognition and treatment of mood and anxiety disorders in the geriatric population. It is clear that anxiety disorders are underrecognized and undertreated in this group. However, a variety of problems such as comorbid medical conditions significantly complicate the picture. Dr. Doraiswamy will provide practical suggestions for recognizing and treating anxiety in this population.

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