

PREDICTION OF OUTCOME IN COMPLEX TREATMENT PROGRAM FOR PHARMACORESISTANT PANIC DISORDER PATIENTS

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Causes of pharmacoresistance or resistance to cognitive behavioral therapy in patients with panic disorder have not been yet explained. Therapeutic response during antidepressants treatment is worsened by high severity of symptoms, comorbidity of agoraphobia, other anxiety disorders, depression and personality disorders, high level of dissociative symptoms, unemployment and long duration of the disorder.

Method: The aim of the study was to assess the efficacy of the in-patients therapeutic program for in patients suffering with pharmacoresistant panic disorder. The therapy was conducted in a group setting and systematic CBT steps were adapted to each individual patient in the group. Pharmacological treatment underwent no or minimal changes during the trial period. Outcome measures included the Clinical Global Impressions-Severity of Illness scale (CGI-S), Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), and Dissociative Experience Scale (DES). The primary outcome measure for treatment response was a rating of 25% improvement in BAI. A remission was defined by CGI-S scores 1 or 2.

Results: 67 patients with pharmacoresistance panic disorder entering into the study. Five patients drop out. 62 patients were treated with inpatients therapeutic program consisting from intensive CBT and pharmacotherapy. All patients finished 6 weeks of CBT and showed statistically significant improvement on BAI, BDI and CGI-S scales. The main predictors of achieving the response or remission were scores less than 20 in BDI, dropping more than 5 point during the first week of treatment in BAI, not been married and low level of dissociation.

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