Introduction

Treating Depression and Anxiety to Remission

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Depression and anxiety disorders are often unrecognized and untreated, despite the development of safer and more tolerable medications. More troubling, even when patients are properly diagnosed, they are frequently undertreated, prescribed doses that are too low or given treatment for too short a duration. Patients may then endure unnecessarily lengthy periods of disability and poor functioning in all aspects of life. Also, depressed patients who do not achieve remission are more likely to relapse.

About twice as many women as men experience depression. Depression in women may be associated with reproductive events, such as childbirth and perimenopause. In this supplement, Dr. Lee S. Cohen comprehensively reviews the management of depression in women, describing reproductive-associated mood disturbances such as premenstrual dysphoric disorder (PMDD), postpartum depression, and perimenopausal mood disturbance. For each disorder, he discusses symptoms, diagnosis, and risk factors and provides a thorough analysis of available treatments. Extra consideration is given to the special concerns associated with the treatment of depression in pregnant women and nursing mothers. The possibility of exposure of an infant or fetus to psychotropic medications must be weighed against the risk of the mother's relapse, with its attendant negative effects on both mother and child.

Remission is increasingly used as an end point in clinical trials and has become the expressed goal of treatment in clinical practice guidelines as well. Researchers typically describe remission in terms of symptom reduction, but Dr. John M. Zajecka describes the treatment end point in terms of the patient's functional recovery. Thus the end point assesses whether the patient has returned to a premorbid level of function. To reach this end point, tailoring treatment to the individual patient is necessary, along with open-ended questioning to determine the need for adjustments to treatment.

Patients who fail to reach remission and who are left with residual symptoms are more likely to suffer relapses or recurring episodes of depression. Dr. Andrew A. Nierenberg and colleagues, Drs. Tim J. Petersen and Jonathan E. Alpert, review the course of major depression and treatment options for the prevention of relapse in patients at high risk. Long-term maintenance pharmacologic therapy can prevent or delay relapse. In addition, cognitive-behavioral therapy (CBT) and some recent modifications of traditional CBT show promise in preventing relapse whether therapy is administered alone or in combination with antidepressant medications.

Remission is also becoming the target end point in the treatment of a number of common anxiety disorders, e.g., generalized anxiety disorder, social anxiety disorder, panic disorder, and posttraumatic stress disorder. Dr. Mark H. Pollack and Ms. Alicia C. Doyle describe the burden associated with these disorders and review strategies for successful treatment, including patient education. They, too, focus on improvements in a patient's ability to function

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in work, family, and social situations and explain why exposure therapy is a critical strategy for many patients with anxiety disorders.

Anxiety disorders are prevalent among patients in primary care, in keeping with the high rates of anxiety disorders in community surveys. These patients are high utilizers of primary care services. Dr. Murray B. Stein reports that diagnosis and treatment may be complicated because these patients typically present with comorbid disorders and numerous somatic symptoms rather than with psychological concerns. Both patients and their physicians tend to focus on the somatic symptoms, failing to consider the possibility of a psychiatric disorder. Studies have shown, however, that there is a correlation between the number of unexplained somatic symptoms and the likelihood that a patient is suffering from a depressive or anxiety disorder.

Increasingly, primary care physicians are using pharmacotherapy to treat anxiety disorders. Generally, primary care physicians cannot provide psychotherapy but may refer their patients to a mental health professional for such treatment. Collaborative care, in which combination treatment is provided by a psychiatrist and primary care physician in conjunction, is frequently successful in managing patients with anxiety disorders.

With more focused and effective pharmacologic and psychosocial treatments for depression and anxiety disorders, there is a greater likelihood of achieving remission. In addition, current treatments provide the potential for enormous benefits in lessening costs to society and easing burdens on the health care system. The strategies that are described in these reports can help physicians enable their patients to reach remission and participate fully in all aspects of daily life.