The Diagnosis and Treatment of Generalized Anxiety Disorder

by Prof. Dr. med. Dipl.-Psych. Borwin Bandelow, Dr. med. Dr. scient. ph. Dipl.-Psych. Reinhard J. Boerner, Prof. Dr. med. Siegfried Kasper, Prof. Dr. med. Michael Linden, Prof. Dr. med. Hans-Ulrich Wittchen, Prof. Dr. med. Hans-Jürgen Möller in volume 17/2013

Numerous Competing Interests

This CME article makes plain, in our opinion, the problem of continuing medical education that is guided by obvious interests. On reading the article backwards from the end, starting with the authors’ conflicts of interest, one cannot help but notice that all six authors reported numerous financial links to the pharmaceutical industry.

Consequently, we were in a critical mood when we noticed some interesting aspects on reading the article:

- According to one of the claims in Box 2, 45% of anxiety disorders are not recognized as such in primary care. The source material cited for this is a study conducted by the WHO that dates back 20 years, from which the authors conclude underprovision of care at present and thus suggest to the reader a substantial additional requirement for diagnostic evaluations and therefore therapies.

- Among the therapeutic options, the authors repeatedly named escitalopram (Cipralex) as the drug of first choice—although, according to current state of knowledge, this drug does not offer any advantage with regard to patient relevant end points, but costs more than three times the price of a generic citalopram medication.

- The ranking of pregabalin as the medication of first choice in general anxiety disorders was surprising to us. The obviously desired learning objective regarding pregabalin is strengthened by the subtle emphasis on the preparation in the subsequent questions. The repeated warnings from the Drug Commission of the German Medical Association (Arzneimittelkommission der Deutschen Ärzteschaft) about the potential for misuse of and dependency on pregabalin are not mentioned. All six authors reported links to Pfizer, the manufacturer of Lyrica (pregabalin).

Our conclusion: Mere transparency about competing interests alone is not sufficient. As a next step we need stricter rules for the medical associations for awarding CME certifications, and we would ask Deutsches Ärzteblatt as the journal of the German Medical Association to ensure that its CME offers are not tied to financial interests.

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Dr. med. Niklas Schurig, Bietigheim, schurig@mezis.de
Manja Dannenberg, Wismar

Conflict of interest statement

Both authors sit on the board of the ME2S e.V. (“I pay for my own meals”) initiative.

One-sided Publication

In their CME article on generalized anxiety disorder, the authors claim that 45% of such disorders are not recognized in primary care. Leaving aside the fact that the study cited in support of this statement is 20 years old, and that the diagnosis and treatment of anxiety disorders have changed over these two decades—from a general practitioner’s perspective, a detection rate of 55% for anxiety disorders, which often present somatically, seems a good result in primary care.

The recommended drugs of first choice are SSRIs, SNRIs, and pregabalin. Among the SSRIs, escitalopram was favored. There are no scientifically proven differences in effectiveness between citalopram and the notably more expensive escitalopram as a levorotatory isomer. The authors did not discuss this in their article. However, the fact that the potential for addiction, which has been proven for pregabalin (1, 2), was not mentioned at all is almost criminal.

Both substances are among those whose prescription has been viewed as uneconomical, according to publications by the Associations of Statutory Health Insurance Physicians. Their use could be justified in case of medical benefits, but not where those are lacking.

Two years ago, the BMJ published a systematic review on the topic of generalized anxiety disorders (3), which was methodologically far more valuable than the results of a selective literature search presented in the CME article. The results: fluoxetine was the preferred drug in terms of effectiveness, sertraline in terms of tolerability. The authors did not mention this meta-analysis.

In sum, the published article does not merit the sign of approval of a CME article; rather, it carries a sense of one-sided presentation.

It is most welcome that authors publishing in Deutsches Ärzteblatt have to declare their competing interests. The comprehensive list reported by the authors of this article gives readers a clear idea of what might be the cause of the authors’ bias.

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Dr. med. Günther Egidi
Bremen
familie-egidi@nord-com.net

Conflict of interest statement

The author declares that no conflict of interest exists.