

IAFP BEHAVIORAL HEALTH PICO DE POEM



NOV 2020

One Third of Patients with Anxiety Disorder will Relapse When Antidepressant Treatment Stops

PRESENTING QUESTION

How common is relapse in patients with anxiety disorder following the discontinuation of treatment with an antidepressant?

STUDY DESIGN

Meta-analysis (randomized controlled trials)

FUNDING SOURCE

Self-funded or unfunded

SYNOPSIS

The authors searched 3 databases, including PubMed, Cochrane, and Embase, as well as clinical trial registries, to identify published and unpublished studies of patients with "panic disorder, agoraphobia, social phobia, generalized anxiety disorder, obsessive-compulsive disorder", post-traumatic stress disorder, or a specific phobia who responded to antidepressant treatment and were subsequently selected for randomized trials to either continue long-term antidepressant treatment or be switched to placebo.

Two researchers independently selected research for inclusion, extracted data, and evaluated study quality. The 24 published and 4 unpublished included studies involved a total of 5233 patients (2625 in the antidepressant group and 2608 in the placebo group), and followed them for 8 weeks to 52 weeks.

Discontinuation of antidepressant treatment resulted in higher relapse rates of 36.4 % compared with the 16.4% of treatment continuation (odds ratio 3.11; 95% CI 2.48 - 3.89). There was no significant difference in relapse rates based on "type of anxiety, duration of previous treatment, duration of follow-up, mode of discontinuation, or concurrent psychotherapy". The rate of relapse varied across the studies (hazard ratio 3.63, 95% CI 2.58 - 5.10), likely due to the different durations of follow-up. Pharmaceutical companies were involved in all but 2 of the studies and 6 were previously unpublished of which two could not be included due to lack of data; additional unpublished studies were identified but data could not be obtained, increasing the risk of publication bias.

KEY TAKEAWAY

Discontinuing of antidepressant treatment in patients with anxiety disorders results in relapse in approximately one-third of patients. However, approximately 1 in 6 patients previously treated successfully will also relapse despite continued treatment. Regardless, there is a clear benefit of continuing treatment up to one year for both relapse rate and time to relapse.

Designed by Sreedivya Veturi, 2020-2021 IAFP Public Health Extern

© Illinois Academy of Family Physicians

Permission granted to reproduce, share, and distribute for personal and educational use only.

Batelaan NM, Bosman RC, Muntingh A, Scholten WD, Huijbregts KM, van Balkom AJLM. Risk of relapse after antidepressant discontinuation in anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder: systematic review and meta-analysis of relapse prevention trials. *BMJ* 2017 Sep 13;358:j3927

Batelaan NM, Bosman RC, Muntingh A, Scholten WD, Huijbregts KM, van Balkom AJLM. Risk of relapse after antidepressant discontinuation in anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder: systematic review and meta-analysis of relapse prevention trials. *BMJ* 2017 Sep 25;358:j4461

