

Pilot of a randomised controlled trial of the selective serotonin reuptake inhibitor sertraline versus cognitive behavioural therapy for anxiety symptoms in people with generalised anxiety disorder who have failed to respond to low-intensity psychological treatments as defined by the National Institute for Health and Care Excellence guidelines

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Plain English summary

Sertraline vs. CBT for anxiety after no response to low-intensity treatments

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Plain English summary

Generalised anxiety disorder (GAD) is common, distressing and can stop people leading a full life. It is often chronic and may be accompanied by depression. Current National Institute for Health and Care Excellence guidelines outline the best initial treatments, but it is not clear whether medication or psychological therapy works best for those not responding to simpler, low-intensity treatments. Both have been found to be beneficial in randomised trials but have never been directly compared, so it is unclear what to advise patients if simpler treatments have not worked. Currently the choice is left to the patient and their doctors.

We planned a randomised trial of the medication sertraline versus intensive cognitive behavioural therapy (CBT) for people with GAD that had not been responding to low-intensity psychological treatments. People scoring highly on a specific anxiety measure (Generalised Anxiety Disorder-7), despite having received a low-intensity intervention, were asked by the psychological practitioners treating them if they would consider being assessed for the trial and randomised (allocated by chance) to either medication or high-intensity CBT. We aimed to recruit via the Improving Access to Psychological Therapies services, starting with four sites in London, the south-west and central England.

Fewer potential participants were identified than expected. Most who were identified declined involvement, mainly because they did not want to risk being allocated to take medication, although some did not want any research involvement. Only seven participants were recruited in 7 months. It may be easier to answer this important question by recruiting people from primary care rather than from those already engaged in a psychological treatment service.

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