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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Declared competing interests of authors: Peter Tyrer and Irwin Nazareth were members of the National Institute for Health Research Health Technology Assessment commissioning board that commissioned this research.

Published August 2017
DOI: 10.3310/hta21450
Plain English summary

Sertraline vs. CBT for anxiety after no response to low-intensity treatments
Health Technology Assessment 2017; Vol. 21: No. 45
DOI: 10.3310/hta21450

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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.
Health Technology Assessment

ISSN 1366-5278 (Print)
ISSN 2046-4924 (Online)

Impact factor: 4.236

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, The Cochrane Library and the Clarivate Analytics Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 13/28/02. The contractual start date was in August 2014. The draft report began editorial review in September 2016 and was accepted for publication in March 2017. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health.

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