

Abstracts

ANXIETY DISORDERS

Given space limitations and varying reprint permission policies, not all of the influential publications the editors considered reprinting in this issue could be included. This section contains abstracts from additional articles the editors deemed well worth reviewing.

Panic Disorder: A Review of DSM-IV Panic Disorder and Proposals for DSM-V

Craske MG, Kircanski K, Epstein A, Wittchen HU, Pine DS, Lewis-Fernández R, Hinton D; DSM V Anxiety; OC Spectrum; Posttraumatic and Dissociative Disorder Work Group.

Depress Anxiety. 2010 Feb; 27(2):93–112

This article is being co-published by *Depression and Anxiety* and the American Psychiatric Association.

This review covers the literature since the publication of DSM-IV on the diagnostic criteria for panic attacks (PAs) and panic disorder (PD). Specific recommendations are made based on the evidence available. In particular, slight changes are proposed for the wording of the diagnostic criteria for PAs to ease the differentiation between panic and surrounding anxiety; simplification and clarification of the operationalization of types of PAs (expected vs. unexpected) is proposed; and consideration is given to the value of PAs as a specifier for all DSM diagnoses and to the cultural validity of certain symptom profiles. In addition, slight changes are proposed for the wording of the diagnostic criteria to increase clarity and parsimony of the criteria. Finally, based on the available evidence, no changes are proposed with regard to the developmental expression of PAs or PD. This review presents a number of options and preliminary recommendations to be considered for DSM-V.

Specific Phobia: A Review of DSM-IV Specific Phobia and Preliminary Recommendations for DSM-V

LeBeau RT, Glenn D, Liao B, Wittchen HU, Beesdo-Baum K, Ollendick T, Craske MG.

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The present review was conducted in order to evaluate the current diagnostic criteria for specific phobia (SP) in light of the empirical evidence gathered since DSM-IV and to propose changes to DSM-V where change is clearly and reliably indicated by the evidence. In response to questions put forth by the DSM-V Anxiety, OC Spectrum, Posttraumatic, and Dissociative Disorder Work Group, four primary areas were determined for this review: the accuracy and utility of the current SP type classification system, the validity of test anxiety as a type of SP, the boundary between agoraphobia and SP, and the reliability and utility of the diagnostic criteria for SP. Developmental issues are addressed within each area. Literature reviews examining academic findings published between 1994 and 2009 were carried out and the results are included herein. The review presents a number of options and preliminary recommendations to be considered for DSM-V. All of these recommendations should be considered tentative as they await the field trials and expert consensus necessary prior to their inclusion in the DSM-V. The present review also reveals a great need for future research in the area of SP and directions for such research is provided.

Social Anxiety Disorder: Questions and Answers for the DSM-V

Bögels SM, Alden L, Beidel DC, Clark LA, Pine DS, Stein MB, Voncken M.

Depress Anxiety. 2010 Feb; 27(2):168–89

This article is being co-published by *Depression and Anxiety* and the American Psychiatric Association.

Background: This review evaluates the DSM-IV criteria of social anxiety disorder (SAD), with a focus on the generalized specifier and alternative specifiers, the considerable overlap between the DSM-IV di-

agnostic criteria for SAD and avoidant personality disorder, and developmental issues. **Method:** A literature review was conducted, using the validators provided by the DSM-V Spectrum Study Group. This review presents a number of options and preliminary recommendations to be considered for DSM-V. **Results/Conclusions:** Little supporting evidence was found for the current specifier, generalized SAD. Rather, the symptoms of individuals with SAD appear to fall along a continuum of severity based on the number of fears. Available evidence suggested the utility of a specifier indicating a “predominantly performance” variety of SAD. A specifier based on “fear of showing anxiety symptoms” (e.g., blushing) was considered. However, a tendency to show anxiety symptoms is a core fear in SAD, similar to acting or appearing in a certain way. More research is needed before considering subtyping SAD based on core fears. SAD was found to be a valid diagnosis in children and adolescents. Selective mutism could be considered in part as a young child’s avoidance response to social fears. Pervasive test anxiety may belong not only to SAD, but also to generalized anxiety disorder. The data are equivocal regarding whether to consider avoidant personality disorder simply a severe form of SAD. Secondary data analyses, field trials, and validity tests are needed to investigate the recommendations and options.

Should OCD Be Classified as an Anxiety Disorder In DSM-V?

Stein DJ, Fineberg NA, Bienvenu OJ, Denys D, Lochner C, Nestadt G, Leckman JF, Rauch SL, Phillips KA. *Depress Anxiety*. 2010 Jun; 27(6):495–506.

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In DSM-III, DSM-III-R, and DSM-IV, obsessive-compulsive disorder (OCD) was classified as an anxiety disorder. In ICD-10, OCD is classified separately from the anxiety disorders, although within the same larger category as anxiety disorders (as one of the “neurotic, stress-related, and somatoform disorders”). Ongoing advances in our understanding of OCD and other anxiety disorders have raised the question of whether OCD should continue to be classified with the anxiety disorders in DSM-V. This review presents a number of options and preliminary recommendations to be considered for DSM-V. Evidence is reviewed for retaining OCD in the category of anxiety disorders, and for moving OCD to a separate category of obsessive-compulsive (OC)-spectrum disorders, if such a category is included in DSM-V. Our preliminary recommendation is that OCD be retained in the category of anxiety disorders but that this category also includes OC-spectrum disorders along with OCD. If this change is made, the name of this category should be changed to reflect this proposed change.

Empirically Supported Psychological Interventions for Social Phobia in Adults: A Qualitative Review of Randomized Controlled Trials

Ponniah K, Hollon SD.

Psychol Med. 2008 Jan; 38(1):3–14. Epub 2007 Jul 20

This article is being co-published by *Depression and Anxiety* and the American Psychiatric Association.

Background: Social phobia is a chronic disorder that results in substantial impairment. We conducted a qualitative review of randomized controlled trials (RCTs) of psychological interventions for social phobia. **Method:** Articles were identified through searches of electronic databases and manual searches of reference lists. They were classified by psychological interventions evaluated. Data regarding treatment, participants and results were then extracted and tabulated. We identified which psychological interventions are empirically supported, using the scheme proposed by Chambless & Hollon (*Journal of Consulting and Clinical Psychology* 1998, 66, 7–18). **Results:** Thirty studies evaluating the efficacy of social skills training (SST), exposure therapy and/or cognitive treatments were identified. Cognitive behavior therapy (CBT), involving cognitive restructuring and exposure to feared and avoided social situations or behavioral experiments, we found to be an efficacious and specific treatment for social phobia. Exposure therapy was found to be an efficacious treatment since most of the evidence of its efficacy was from comparisons with no treatment. There were mixed findings regarding the relative efficacy of CBT and in vivo exposure. Some studies reported that the interventions were equivalent, while others found that patients treated with CBT had a better outcome. There was little evidence to support the use of SST. **Conclusions:** CBT is the psychological intervention of choice for social phobia. The findings of this review are compared to those of other major reviews and limitations are discussed.