

10. Recommendations for future research

10.1. Generalized Anxiety Disorder (GAD)

10.1.1. Psychological therapies

Additional studies should be done to determine whether psychodynamic therapies and other techniques such as brief family therapy and counseling are effective for treating patients with GAD, and comparative studies should also be done on these therapies with CBT to determine which is the most useful for treating this disorder.

Within the context of Primary Care in Spain, future studies should advance in the knowledge of the effect of these psychological therapies, measuring the long-term effects, including control groups, blind procedures, all assessing the effect on the consumption of psycho-active drugs.

10.1.2. Pharmacological treatment

Since GAD is generally a chronic disorder, longer RCTS need to be done to draw conclusion regarding the long-term effectiveness of the drugs, and questionnaires need to be used that include indicators to measure the quality of life of the patients with the medication used.

More studies are needed to compare the effectiveness of new anti-depressants, such as duloxetine, with that of other anti-depressants for which there is already sufficient evidence available.

10.1.3. Combined treatment

More studies are needed to directly compare the combined treatment of CBT and pharmacotherapy with both therapies separately, taking into account the long-term results and the organizational mechanism reflected by clinical practice.

These studies should also examine patient preferences for each one of the possible therapies.

10.2. Panic Disorder with or without agoraphobia (PD)

10.2.1. Psychological therapies

Longer studies need to be done on psychological interventions based on CBT for patients with PD, to evaluate the long-term effects of treatment and the consequences of interruption of the treatment. Also, as result variables, frequency of panic attacks, along with other variables such as anticipatory anxiety should also be included, in addition to criteria for all of the aspects of the illness (cognitive, behavioral, and “arousal” or activation state).

The effectiveness of psychodynamic psychotherapy on patients with PD should be better evaluated, homogenizing the study design and always using randomized controlled studies whenever possible. The effectiveness of other therapies such as brief family therapy and counseling for patients with PD should also be evaluated.

The effect of the psychological interventions currently available in Primary Care should be studied with methodologically appropriate controlled and randomized trials, also evaluating the effect on the consumption psycho-active drugs in patients with PD.

10.2.2. Pharmacological treatment

As already mentioned in the case of GAD, studies need to be done on anti-depressants in patients with PD, studying the long-term effect of these drugs. The effectiveness of the anti-depressants also needs to be compared not only with a placebo, but also among the different drugs.

10.2.3. Combined treatment

The existence of possible long-term negative effects of the combination of CBT and pharmacotherapy should be evaluated. Proper blind RCTS should be done with a number of completely recovered PD patients, without additional treatment during the follow-up, to confirm that the combined treatment does not complicate or interfere with psychotherapy in the long term.

Strategies need to be developed and evaluated to treat patients with refractory PD or patients who respond only partially to therapies.

More studies are needed to research the effects of the combination of anti-depressants with non-cognitive-behavioral therapies, such as psychodynamic therapies.

10.3. Panic attack

The effectiveness of both pharmacological (BDZ, other drugs) and non-pharmacological interventions in patients with panic attacks needs to be evaluated using variables such as time to recovery from the crisis and prevention of panic attacks.

10.4. Other treatments

10.4.1. Self-help treatment-bibliotherapy

Longer-duration studies are needed, based on larger samples that are able to control the large number of variables that may be skewing the results, to precisely evaluate the clinical effectiveness, maintenance of the benefits achieved long-term, and the optimal selection of material for each type of patient.

In the context of Primary Care, the viability of the directed use of self-help should be examined, evaluating the benefits of its use, determining the optimum length of the intervention in each case, as well as how much professional participation is required to produce a positive change in patients with anxiety disorders.

10.4.2. Herbal medicines

Additional studies are required, if possible, well-designed trials with a sufficient number of patients, to compare the effect of medicinal herbs with other treatments used in anxiety disorders, to make it possible to draw more robust conclusions regarding the effectiveness and safety of this therapy as a treatment option.