Paroxetine was effective for reducing symptoms in social phobia


QUESTION: In patients with social phobia, is paroxetine effective for reducing symptoms?

Main outcome measures
Mean change in scores on the Liebowitz Social Anxiety Scale (LSAS, maximum score 144 points) and the proportion of responders on the Clinical Global Impression (CGI) scale (maximum score 7 points). Secondary outcomes included the score on the Social Avoidance and Distress Scale (maximum score 28 points).

Main results
More patients in the paroxetine group than in the placebo group were treatment responders (p < 0.001) (table). Paroxetine led to greater improvement from baseline than did placebo in scores on the LSAS (difference in mean change from baseline 13.8, 95% CI 6.1 to 21.5) † the Social Avoidance and Distress Scale (difference in mean change from baseline 3.3, 1.4 to 5.3) † and the CGI (difference in mean change from baseline 0.7, CI 0.4 to 1.0).‡

Conclusion
In patients with social phobia, paroxetine was effective for reducing symptoms.

†Information supplied by author.
‡Difference in mean change and CI calculated from data in article.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Paroxetine</th>
<th>Placebo</th>
<th>RBI (95% CI)</th>
<th>NNT (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment response</td>
<td>66%</td>
<td>32%</td>
<td>103% (57 to 166)</td>
<td>4 (3 to 5)</td>
</tr>
</tbody>
</table>

§Abbreviations defined in glossary; RBI, NNT, and CI calculated from data in article.

COMMENTS

Social phobia is a situationally linked, intense, irrational, persistent fear of being scrutinised or negatively evaluated by others1 and is associated with fear of humiliation or embarrassment.2,3 Thus, socially demanding situations become disabling. Patients are cognitively aware of the irrationality of their fear. Prevalence rates are about 13% for lifetime1–3 and 7% at 1 year.4–6 The presence of social phobia increases the risk for mental, drug, and alcohol comorbid illnesses.2 If the condition remains untreated, it can become chronic and unremitting, leading to education and employment difficulties.1,4

Cognitive behaviour therapy with or without antidepressants is the most effective treatment.1 However, properly administered therapy is not available, affordable, or obtainable for most people with social phobia. Current drug options are selective serotonin reuptake inhibitors (SSRIs), monoamine oxidase inhibitors, and benzodiazepines. Little evidence exists for the effectiveness of tricyclic antidepressants.3

The study by Baldwin and colleagues and the current deluge of consumer education and marketing illuminate this hidden, underdiagnosed anxiety disorder. A crossover design would yield even more information and would perhaps address the effects after 12 weeks of treatment or after discontinuation. As is often the case, the sample was selected: patients had pure social phobia, no comorbid conditions, and no history of failed SSRI therapy for any illness. Excluding previous non-responders biases the results toward SSRI efficacy. This luxury does not exist in the office where initial treatment occurs. However, the overall results of this study support using paroxetine to treat social phobia initially; other data also support using other SSRIs and treatments.1 The main message is the importance of recognising and diagnosing this under recognised, debilitating illness because of the tremendous implications for quality of life.

Stephen A Wilson, MD
University of Pittsburgh Medical Center, St. Margaret Pittsburgh, Pennsylvania, USA

3 MCP Hahnemann University Social Anxiety Treatment Program. http://www.mcphu.edu/shp/fear/43.