

# ALTERNATIVE VIEWPOINTS

## Trials of Adjunctive Atypical Antipsychotics for Treatment Resistant Generalized Anxiety Disorder Not Located by a Medline Search

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We both enjoyed Lorenz and colleagues' recent review of the *Adjunctive use of Atypical Antipsychotics for Treatment-Resistant Generalized Anxiety Disorder (GAD)*.<sup>1</sup> As up to half of those with GAD fail to respond to evidence-based treatments such as the serotonin reuptake inhibiting antidepressants (AD) and benzodiazepines (BZD), it is clear that trials of novel treatment strategies are needed.

While the authors' search of MEDLINE yielded 12 unique trials, we wish to briefly summarize three additional trials relevant to their review but not captured by their search. In 2005, Thomas<sup>2</sup> reported the results of the 4-week randomized, double-blind, placebo-controlled phase of a trial of 432 individuals with GAD resistant to treatment with evidence-based pharmacotherapy. In this study, addition of up to 2 mg of risperidone per day to existing treatment was not superior to placebo for their primary efficacy endpoint (changes in Most Troubling Symptoms Scale score).

An 8-week open trial by Kinrys and colleagues<sup>3</sup> followed twelve subjects who received add-on

aripiprazole for suboptimal response to treatment with an AD, with or without a BZD. In this study, 9 out of 12 participants demonstrated evidence of clinical response and 7 met criteria for remission.

Finally, an 8-week, randomized, double-blind, placebo-controlled trial containing 409 participants assessed the addition of quetiapine XR to existing AD and/or BZD treatment.<sup>4</sup> Nearly 24% of those treated with a dose of 150 mg demonstrated a clinical response compared to 17% with placebo, a difference that was not statistically significant. They were also 1.7 (95% CI=1.16–2.51) times more likely to discontinue quetiapine during the trial (27% vs. 16%).

Given that comprehensive reviews of the medical literature benefit from the use of more than one database,<sup>5,6</sup> we encourage this practice as well as adherence to the items contained in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline.<sup>7</sup>

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### Authors' Reply

The authors appreciate the additional information provided by Drs. Van Lieshout and Lalonde on the use of atypical antipsychotics in treatment resistant generalized anxiety disorder

(GAD). The three additional trials that are presented above were not published in peer reviewed journals, although their quality seems comparable to the published studies we reviewed. As mentioned above, our search of MEDLINE would not have revealed these trials since they are published only as posters at national meetings or as data on file with pharmaceutical companies. We agree that it is important to gather all available data before making clinical decisions and the additional studies complement the trials presented in our review very well. We thank Drs. Van Lieshout and Lalonde for their comments which provide further data on the use of atypical antipsychotics in GAD.

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