

Cognitive Behaviour Therapy for Mood & Anxiety Disorders

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Some 8% of Canadian adults suffer from a mood disorder.¹ Anxiety disorders are even more common, with a one-year prevalence rate of 9% in men and 16% in women.² Early detection and treatment are critical for reducing distress, impairment, and the development of secondary disorders.



Tania's Torment

Tania, 17, had severe obsessive-compulsive disorder (OCD) that included contamination obsessions and rituals of washing her hands with bleach, sometimes for several hours/day. Tania led a very restricted life as she feared contamination from touching almost anything in public places, especially public washrooms.

For more on Tania, go to page 70.

What role can you play?

The family physician plays an important role in early detection of mood and anxiety disorders by being alert for symptoms and screening when indicated. Once a case is identified, a family physician can implement a course of psychopharmacotherapy or refer for specialized psychiatric treatment.

However, due to waiting lists, lack of specialized resources (particularly in rural settings), and the cost of private psychological treatment, family physicians may often manage patients without sufficient resources or skills. Cognitive behaviour therapy (CBT) is an empirically supported treatment for mood and anxiety disorders that may provide a viable treatment option within primary care settings.

Some 8% of all Canadian adults suffer from a mood disorder.

Table 1

Common thoughts associated with depression & anxiety

Depression

- I am a failure
- Things will never get better for me
- I am worthless

Anxiety

- The world is a dangerous place
- Physical symptoms of anxiety are dangerous
- Bad things will happen to me

Table 2

Behavioural strategies for depression & anxiety

Depression

- Activity scheduling
- Increased emphasis on mastery (achievement) activities
- Increased emphasis on pleasure activities
- Focus on the connection between mood and activity

Anxiety

- Situational exposure
- Interoceptive exposure to physical symptoms of anxiety
- Imagined exposure to memories, thoughts, or images
- Combination of situational and interoceptive exposure

What is CBT?

CBT is an evidenced-based approach to understanding and treating various psychological disorders. The key premise of CBT is that emotional states are influenced by an individual's cognition (beliefs, attitudes, and appraisals). How an individual responds to situations or triggers (*i.e.*, behaviour) also plays a role in the development and maintenance of psychological disorders.

Specific CBT interventions can identify and modify maladaptive patterns of thought and behaviour. Treatment is typically guided by a CBT protocol validated for the specific disorder. Homework assignments provide data for therapy sessions and help patients apply strategies between sessions. A course of 10 to 15 sessions is often enough to provide significant symptom reduction.

Helping Tania

Dr. Smith is a GP in a small northern community in Ontario. She tried helping Tania with a number of medication approaches, all with only moderate impact. Dr. Smith attended a workshop on CBT for anxiety disorders, where she learned specific techniques for OCD called "exposure-response prevention". Dr. Smith consulted a CBT protocol for OCD and met with Tania to discuss the new approach.



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Which CBT strategies work?

Cognitive strategies focus on patients identifying unhelpful thought patterns (Table 1) linked to depression or anxiety, with the goal of creating a scientific attitude towards thoughts and more balanced thinking strategies.

Self-monitoring is commonly used to help patients identify thought patterns connected to particular situations or triggers and consequent fluctuations in mood. Patients are guided to examine the evidence for and against the thought in an effort to generate a more balanced view. Behavioural strategies include behavioural activation and gradual exposure to a feared stimulus (Table 2).

How can you incorporate CBT?

Standard CBT consists of 50-minute sessions that last up to 90 minutes for certain exposures (*e.g.*, exposure for OCD). An abbreviated time format may be necessary in primary care.

Tania's Progress

Dr. Smith and Tania collaborated on a set of goals and a treatment plan. They constructed a hierarchy of exposures to situations designed to activate some of Tania's contamination fear, but without the attendant response of washing.

Initially, Tania's anxiety was quite high, even when only a very small amount of contamination was involved. However, over sessions, Tania experienced less anxiety and was able to stop the cleaning rituals altogether. Tania was subsequently able to use public washrooms as well as other public facilities she previously feared.

Initial sessions of 30 to 40 minutes may be followed by shorter 20-minute sessions to monitor progress, review and set new homework, and build skills.

Self-help manuals can be used to structure and guide the sessions, providing the patient with background reading between sessions (Table 3). [CME](#)

References

1. Parikh S, Lam RW, CANMAT Depression Workgroup: Clinical practice guidelines for the treatment of depressive disorders—Definitions, prevalence, and health burden. *Can J Psychiatry* 2001; 46(Suppl1):13S-20S.
2. Offord DR, Boyle MH, Campbell D: One-year prevalence of psychiatric disorder in Ontarians 15 to 64 years of age. *Can J Psychiatry* 1996; 41(9):559-63.
3. Pierce D, Pearce C: Cognitive behavioural therapy: A study of rural general practitioners' understanding and expectations. *Aust J Rural Health* 2003; 11(5):215-7.

Further references available—contact *The Canadian Journal of CME* at cme@sta.ca.

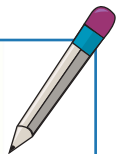
Table 3

Steps for developing CBT Skills

- Complete professional readings
- Focus on a particular disorder and read a self-help book to illustrate technique application
- Attend a CBT workshop or course
- Take part in advanced training through a university CME program

A course of 10 to 15 sessions can often significantly improve symptoms.

Take-home message



- CBT is an empirically supported treatment for mood and anxiety disorders.
- CBT may be offered alone or in combination with medication.
- CBT resources may not be easily accessible or available, particularly in rural settings.