

P.E.A.R.L.S. Practical Evidence About Real Life Situations



Combined psychotherapy plus antidepressants or psychotherapy alone is an effective first line treatment for panic disorder with or without agoraphobia, depending on patient preferences

Clinical Question	Should I consider psychotherapy or combined psychotherapy and antidepressants for my patients with panic disorder with or without agoraphobia?
Bottom Line	At the end of the acute treatment phase, the combined therapy was superior to psychotherapy or antidepressant treatment alone (NNT=7). After termination of the acute treatment phase, the combined therapy was superior to antidepressants alone and was as effective as psychotherapy alone.
Context	Panic disorder is a common psychological problem in general practice, estimated to affect around 2% of the population over one year, and around 2-5% of the population at some time during their lifetime. One third to one half of individuals diagnosed with panic disorder in community samples also have agoraphobia.
Caveat	The combined therapy produced more dropouts due to side effects than psychotherapy alone (NNH=26).
Reference	Furukawa TA et al. Combined psychotherapy plus antidepressants for panic disorder with or without agoraphobia. Cochrane Reviews, 2007, Issue 1. Kessler RC et al. Arch Gen Psych 2006 ;63 :415-24.
Date (Author)	February 2007 (Brian R McAvoy)

NNT = numbers needed to treat to benefit one person

NNH = numbers needed to harm one person

Both NNT and NNH are only reported if the studies or pooling of studies is statistically significant

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