

Q. What is cognitive behavioral therapy?

A. Cognitive behavioral therapy (CBT) is one of the most researched treatments in psychotherapy (Butler, Chapman, Forman, & Beck, 2006). CBT is commonly used to treat generalized anxiety disorder (GAD) as a monotherapy or alongside anti-anxiety medication. Meta-analyses demonstrate CBT's effectiveness in reducing anxiety symptoms (Carpenter et al., 2018; Cuijpers et al., 2014) and its magnitude is comparable to antidepressant drugs (Williams, Stein, & Ipser, 2018). Benefits of CBT are maintained over six to 12 months (Covin, Ouimet, Seeds, & Dozois, 2008). In clinical practice, the specific CBT components (i.e., behavioral activation; challenging negative automatic thoughts, cognitive errors, and misattributions; problem solving; interpersonal interventions) used should be based on the problems experienced by the individual patient (Persons, Davidson, & Tompkins, 2000). A meta-analysis comparing components common in CBT treatments for GAD showed modest or no differences (Borkovec, Newman, Pincus, & Lytle, 2002).

Q. What is the theoretical model underlying CBT for GAD?

A. CBT is based on Beck's theory of depression (Beck, 1967; Beck, 2008) but has been adapted to support the underlying features of GAD. CBT for GAD targets faulty cognitions common to GAD, exposure to worry-related stimuli or situations, emotion-regulation approaches, and problem solving skills (Canadian Psychiatric Association, 2006).

Q. Is CBT recommended as a front-line treatment for GAD in the Military Health System (MHS)?

A. There is no VA/DoD clinical practice guideline (CPG) on the treatment of GAD.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. However, in the absence of an official VA/DoD recommendation, clinicians should look to CPGs published by other recognized organizations, and may rely on knowledge of the literature and clinical judgement.

Q. Do other organizations with CPGs for the treatment of GAD recommend CBT?

A. **Yes.** CPGs published by other organizations recommend the use of CBT for GAD.

- A search of the Agency for Health Care Research and Quality's National Guideline Clearinghouse did not locate any CPGs on the treatment of GAD.
- The United Kingdom's National Institute for Health and Care Excellence (NICE) recommends CBT as a "Step 3" intervention for GAD (for patients diagnosed with GAD who have not improved after education and active monitoring in primary care) or as a first-line intervention for GAD in patients with marked functional impairment (National Collaborating Centre for Mental Health, 2011).
- The Canadian Psychiatric Association recommends CBT as the first-line choice for psychological treatment of GAD (Canadian Psychiatric Association, 2006).

Q. Do other authoritative reviews recommend CBT as a front-line treatment for GAD?

A. **Yes.** Other authoritative reviews have substantiated the use of CBT for GAD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on GAD were identified.
- Cochrane: A 2007 systematic review of psychological therapies for GAD concluded that psychological therapies using a "CBT approach" are effective in reducing anxiety symptoms for short-term treatment

of GAD. There were no studies with long-term assessments, and there was little evidence comparing CBT with other psychological therapies (Hunot, Churchill, Teixeira, & Silva de Lima, 2007).

Q. **Is there any recent research on CBT as a treatment for GAD?**

A. A number of systematic reviews have found CBT to be an effective treatment for GAD (e.g., Hunot et al., 2007; Cuijpers et al., 2014). A very recent systematic review and meta-analysis of CBT for anxiety and related disorders found that CBT is efficacious for the treatment of GAD, with a large effect size (Carpenter et al., 2018). Unlike previous reviews, this review only included placebo-controlled trials. By not including trials using treatment-as-usual or waitlist conditions, which do not control for patient expectations and are often not closely monitored, the authors attempted to more accurately estimate the true effect of CBT. However, this review only identified two placebo-controlled trials of CBT for GAD, with a total of 57 patients.

Q. **What conclusions can be drawn about the use of CBT as a treatment for GAD in the MHS?**

A. Based on an established evidence base, CBT should be considered a front-line treatment for the treatment of GAD. However, it is unclear which front-line treatments for GAD, including psychotherapy and medications, are more effective for which patients, under which circumstances, and in which combinations. Clinicians should consider several factors when choosing a front-line treatment for their patient. Treatment decisions should take into account practical considerations such as availability and patient preference that might influence treatment engagement and retention.

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