Science, not propaganda, is what we need in the treatment of anxiety disorders

It is very surprising that Craske and Stein\textsuperscript{1} assert that “Given the paucity and quality of studies of PDT [psychodynamic therapy] for anxiety disorders compared with CBT, the weight of the evidence enables us to confidently recommend only CBT at this time for the treatment of anxiety disorders.” (emphasis added). In their response, they did not provide any evidence for either the poor(er) quality of studies of PDT for anxiety, nor for superiority of CBT. A recent meta-analysis by Cuijpers et al.\textsuperscript{2} found that more than 80% of CBT trials in anxiety disorders used waiting-list control groups, a weak comparator. Only 17% (21 of 121) of studies of CBT in anxiety disorders were of high quality.\textsuperscript{2} This led these authors to conclude that CBT is only “probably effective” in anxiety disorders, and that “because of the small number of high-quality trials, these effects are still uncertain and should be considered with caution”\textsuperscript{2}. Note the marked difference in conclusion by a group of authors that includes major proponents of CBT. Furthermore, recent meta-analyses have found PDT to be as efficacious as CBT in anxiety disorders\textsuperscript{3} and across mental disorders\textsuperscript{4}. In sum, Craske and Stein’s presentation of CBT in comparison to PDT raises serious concerns about researcher allegiance, a pernicious problem in psychotherapy research, which may prevent further research on and patient access to effective treatments\textsuperscript{3,5}. Instead of propagating a particular approach, more research is needed to explain why interventions with quite different assumptions appear to be similarly effective.

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