

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

It is very surprising that Craske and Stein¹ 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.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.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”.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 disorders³ and across mental disorders.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.^{3,5} [ENREF 4](#) 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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In press, The Lancet

1. Craske MG, Stein MB. No psychotherapy monoculture for anxiety disorders - Authors' reply. *Lancet* 2017; **389**(10082): 1883.
2. Cuijpers P, Cristea IA, Karyotaki E, Reijnders M, Huibers MJ. How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence. *World Psychiatry* 2016; **15**(3): 245-58.
3. Keefe JR, McCarthy KS, Dinger U, Zilcha-Mano S, Barber JP. A meta-analytic review of psychodynamic therapies for anxiety disorders. *Clin Psychol Rev* 2014; **34**(4): 309-23.
4. Steinert C, Munder T, Rabung S, Hoyer J, Leichsenring F. Psychodynamic Therapy: As Efficacious as Other Empirically Supported Treatments? A Meta-Analysis Testing Equivalence of Outcomes. *Am J Psychiatry* in press: appi.ajp.2017.17010057.
5. Munder T, Brusch O, Leonhart R, Gerger H, Barth J. Researcher allegiance in psychotherapy outcome research: an overview of reviews. *Clin Psychol Rev* 2013; **33**(4): 501-11.