

Introduction

Advances and Emerging Treatments in Social Phobia

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After having been overlooked in the past, social anxiety disorder (also known as social phobia) has at last become better recognized as one of the most common and chronic psychiatric disorders and one that robs people of their potential. Nevertheless, social anxiety disorder continues to remain largely ignored in medical practice, and it is quite likely that many practitioners do not take it as seriously as they should. This is particularly unfortunate because, in the large majority of cases, social anxiety disorder responds extraordinarily well to relatively straightforward treatment.

On January 10, 2000, a roundtable meeting entitled *Advances and Emerging Treatments in Social Phobia* was held in Atlanta, Georgia. The articles that follow were developed from presentations at that meeting.

In the first article, Drs. Ariel J. Lang and Murray B. Stein discuss the prevalence of social anxiety disorder in the community. They elaborate on the 2 types of social anxiety—generalized and specific—and review the demographics of the disorder, including its prevalence in the young and its adverse effect on school performance. An important conclusion drawn by the authors is that prevalence rates are determined, in part, by the assessment criteria one uses, e.g., whether social experiences cause “moderate interference or distress,” “marked interference or distress,” or simply “marked interference.” The sizable differences in prevalence rates found in various studies remind us of how careful we must be in choosing diagnostic criteria. Drs. Lang and Stein also discuss studies that looked at social anxiety in the primary care setting.

Drs. David J. Katzelnick and John H. Greist focus on primary care studies and observe that social anxiety disorder is generally unrecognized in the primary care and health maintenance organization settings. The authors point out that social anxiety disorder starts earlier in life than most other forms of anxiety, and they present what is known about predictors of outcome. They also make the very important observation that social anxiety disorder is associated with an increase in suicide attempts, confirming the potential seriousness of the disorder and the likelihood that other psychopathologies, including suicide, accumulate around social anxiety disorder. Drs. Katzelnick and Greist point out that impairments in daily functioning, quality of life, and health status are also associated with social anxiety disorder.

Dr. R. Bruce Lydiard provides a detailed account of the relationship between social anxiety disorder and comorbid states. There is interesting evidence that social anxiety disorder

may develop secondarily in people with posttraumatic stress disorder. Sexual trauma seems to have a particularly high association with social anxiety disorder. Comorbidity with a number of medical conditions is also addressed. It is clear that early detection and treatment of social anxiety disorder may prevent the subsequent development of this chronic state and may protect individuals against further functional deterioration.

A comprehensive review of the neurobiology of social anxiety disorder is provided by Dr. Nicholas J. Coupland. Both genetic and environmental factors play a role, and social anxiety disorder is associated with increases in autism and fragile X syndrome. Behavioral inhibition is an important risk factor and, most probably, an early manifestation of social anxiety in a number of individuals. Dr. Coupland discusses some evidence—most particularly from neuroimaging studies—of abnormalities in the dopaminergic system of patients with social anxiety disorder.

Dr. Richard G. Heimberg reviews the literature on cognitive-behavioral therapy (CBT). He describes a landmark multisite collaborative study conducted by himself and Dr. Michael R. Liebowitz. Results of the study showed that pharmacotherapy and psychosocial treatments were of approximately equal efficacy (although some response differences existed in subgroups), but that CBT was associated with lower rates of relapse during treatment-free follow-up. Dr. Heimberg concludes by describing some new directions and exciting technical innovations in therapy.

Medication for the treatment of social anxiety disorder is discussed by Dr. Franklin R. Schneier as well as by Dr. James W. Jefferson. Dr. Schneier reviews the role of antidepressants and reports strong evidence of benefits from monoamine oxidase inhibitors and selective serotonin reuptake inhibitors, with the latter being the treatment of choice owing to a favorable safety and tolerability record. A newer development in the pharmacotherapy of social anxiety disorder is the emergence of γ -aminobutyric (GABA)-enhancing, mood-stabilizing anti-convulsants such as gabapentin and pregabalin. Dr. Jefferson reviews a study of gabapentin that found the drug to be effective in generalized social anxiety disorder. The evidence of efficacy for some of the older benzodiazepines, such as clonazepam and bromazepam, is also reviewed, and the limitations and advantages of drugs such as the benzodiazepines and gabapentin are described.

Together these review articles remind us that much progress has been made over the past decade in regard to social anxiety disorder. Although a range of effective therapies now exist for this often disabling condition, however, we need to remember that it continues to be a seriously overlooked and undertreated disorder.

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