

PRACTICAL ALGORITHM OF SHORT-TERMED INTEGRATIVE PSYCHOTHERAPY FOR NEUROTIC ANXIETY DISORDERS

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Abstract

The article examines methods and techniques of short-term integrative psychotherapy of anxiety disorders based on the study of evidence-based research. The main targets and stages of psychotherapeutic intervention within the framework of the studied method are formulated. An algorithm for conducting short-term integrative psychotherapy for anxiety disorders (using generalized anxiety disorder as an example) is presented. The degree of evidence for the effectiveness of specific psychotherapeutic methods and the strength of recommendations are indicated.

Introduction

Due to their high prevalence in the population, the most significant anxiety disorders for clinical practice are the following: generalized anxiety disorder (GAD); post-traumatic anxiety disorder; panic disorder; obsessive compulsive disorder; social phobias; anxiety-depressive disorder [1, 2, 3].

Of the entire spectrum of anxiety disorders, it is GAD that remains the least understood by clinicians. This is due to the fact that the symptomatology of GAD is perceived primarily as a syndrome that can develop within the framework of various nosological coordinates: neuroses, psychogenic reactions, decompensation of character accentuations, psychopathies of anxiety-suspicious type, affective psychosis, neurosis-like schizophrenia, etc. The high prevalence of subclinical forms of GAD and high comorbidity with other anxiety disorders, recurrent depression, substance abuse, somatic diseases and other pathological disorders emphasize the establishment of the diagnosis of GAD and the individual decision of the question of starting pharmacotherapy and psychotherapy. Also, it is equally important to find effective methods of psychotherapy for GAD based on evidence-based research.

The aim of this work is to develop an algorithm for short-termed integrational therapy of anxiety disorders (on the example of GAD) based on evidence-based studies.

Materials and methods used to collect / select evidence: search in electronic databases. The evidence base is the publications included in the Cochrane Library,

the EMBASE and MEDLINE databases . The search depth was 5 years. Sources for analysis of evidence: reviews of published meta-analyses; systematic reviews with tables of evidence. To create an algorithm short-termed integrational therapy of anxiety disorders, the following rating system for assessing evidence was used, according to the hierarchy of scientific data reliability :

A) The evidence is compelling: There is strong evidence for the proposed claim that comes from one well-designed or multiple randomized clinical trials (RCTs) or a large systematic review (meta-analysis) of RCTs.

C) Relative Strength of Evidence: There is sufficient evidence to recommend this hypothesis. Evidence comes from at least one controlled study or a systematic review of cohort studies or RCTs.

C) Evidence from uncontrolled studies or case reports / expert opinions

C1 - Uncontrolled research

C2 - Case reports

C3 - Expert opinion or clinical experience

D) Inhomogeneous results Positive RCTs are outweighed by roughly equal numbers of negative studies

F) Negative evidence. Sufficient negative evidence: There is sufficient evidence to recommend that the drug or treatment should not be used in a particular situation.

F) Insufficient evidence

General information. GAD is a common anxiety disorder in the population that has a chronic or recurrent course, accompanied by stable anxiety and emotional stress, leading to severe maladjustment and an increased suicidal risk.

The average lifetime risk of developing GAD ranges from 4.1% to 6.6%. GAD occurs at the initial admission in 10% of cases [4, 5]. Like major depression, GAD is much more common in women than in men, with a ratio of about 2 to 1. [6]. In addition to age and female sex, low living standards and loneliness are also considered risk factors [7]. It should be noted that GAD among other anxiety disorders accounts for a significant proportion - from 12 to 25% [8, 9, 10]. GAD can develop at any age, most often before the age of 30. The disease usually begins gradually, the symptoms progress slowly and become chronic. GAD is manifested by conscious excessive anxiety, which is characterized not by episodic, but by a continuous course. The leading symptoms of GAD are feelings of constant, excessive, poorly controlled anxiety, tense anticipation and fears about possible adverse events that may occur in the future. Anxiety is generalized . Exaggerated fears, not justified by the situation and inadequate to life circumstances, may relate to any spheres of activity. Patients are worried about possible accidents, they fear the occurrence of unlikely diseases, professional incapacity, and inability to complete their studies. Anxious expectation of failure and exaggerated fears are poorly controlled and are not adequate to the objective circumstances of the patient's life. At the same time, anxiety is never an isolated symptom and is necessarily combined with other manifestations of GAD.

The diagnosis of GAD is based on the presence of inadequate anxiety and anxiety, as well as accompanying them constantly for at least six months, somatic and vegetative symptoms.

The main therapeutic strategy for GAD currently involves a combination of pharmacotherapy and psychotherapy. Antidepressants (SSRIs, SNRIs, TCAs), benzodiazepine tranquilizers, pregabalin, cognitive-behavioral therapy (CBT), various relaxation methods (for example, modification of auto-training) are currently considered to be the methods recognized as effective in the treatment of GAD.

Short-termed integrational psychotherapy for anxiety disorders. (Level of Evidence - A. Strength of Recommendations - 1)

Modern meta-analyses of evidence-based studies assess the effectiveness of short-termed integrational psychotherapy in anxiety disorders very highly [11], and for generalized anxiety disorder and panic disorder, the productivity of this method is comparable to the results of pharmacotherapy using SSRIs. An important advantage of short-termed integrational psychotherapy is the possibility of group psychotherapy, which is comparable in effectiveness to the individual form of work, but has a natural advantage - a greater coverage of patients [12]. It has been shown that in the treatment of anxiety disorders, the use of group short-termed integrational psychotherapy in combination with psychopharmacotherapy significantly reduces the number of readmissions and reduces the likelihood of relapses [13]. Empirically based cognitive models of mental disorders provide high results for short-termed integrational psychotherapy methods, which allow the construction of scientifically based models of psychotherapeutic interventions. For example, short-termed integrational psychotherapy's cognitive models of social phobias and generalized anxiety disorder have been supported by evidence-based studies; on the basis of these models, the methods of short-termed integrational psychotherapy with proven efficiency were constructed [14].

In general short-termed integrational psychotherapy approach, taking a leading position, continues to develop: research team David D. (D. The by David) and co-authors argues that improvements in therapy in the future will be towards ever greater integration of science-based psychotherapeutic approaches based on the methodology of short-termed integrational psychotherapy [15].

Algorithm for short-termed integrational psychotherapy of GAD

Cognitive model of generalized anxiety disorder. The mindset of a patient with GAD is dominated by themes of danger, that is, he presupposes events that will turn out to be detrimental to him, to his family, to his property and other values. Anxious individuals find it difficult to recognize safety signals and other clues that reduce the threat of danger [14, 15].

Results and Discussion

The targets of cognitive-behavioral psychotherapy for GAD are: low tolerance for uncertainty; positive beliefs about anxiety; lack of focus on problem solving; cognitive avoidance.

Table 1 Algorithm of short-termed integrational psychotherapy for generalized anxiety disorder

Stage	Stage goal	Stage objectives
1	Psychoeducation	Explaining Short-Termed Integrational Psychotherapy Clarification of the nature of anxiety disorders, including their description and characteristics Anxiety awareness training (with notes on the timing and content of disturbing thoughts)
2	Awareness of one's own low tolerance to uncertainty and to overcome it	Linking Low Tolerance to Uncertainty and Exaggerated Anxiety Awareness and acceptance of the inevitability of situations of uncertainty in human life Development of the ability to recognize various situations of manifestation of a state of intolerance to uncertainty Identifying situations that provoke states of anxiety about uncertainty and immersion in them based on the exposure method
3	Overestimating the value of worry	Identifying All Arguments For Concern Identifying counterarguments and analyzing the negative consequences of anxiety Articulating new beliefs about anxiety as an ineffective strategy for coping with danger
4	Solution of problems	Preparing For The Inevitability Of Certainty In The Problem-Solving Process Identifying existing problems and formulating a goal to overcome them Elaboration of various possible ways to achieve these goals Choosing the optimal path Application of the selected means and evaluation of the result
5	Overcoming cognitive avoidance and developing the ability to tolerate unpleasant thoughts and images	Discussing Images Of Scary Situations Description of feelings and subjective assessment of the level of anxiety Training resistance to these images and feelings based on the exposure method
6	Relapse prevention	Consolidation Of All Acquired Knowledge And Skills Discussion of possible triggers and provocations that may contribute to the return of old ineffective coping styles Discussion of ways of dealing with situations in which the old style of reaction is manifested

To achieve the goals in the treatment of GAD, the following techniques are used in the framework of short-termed integrational psychotherapy (Level of Evidence - A. Strength of Recommendations - 1):

Cognitive restructuring. Interventions are performed to correct misconceptions and interpretations of bodily sensations. May be supplemented with in vivo exposure to provide additional information that will disprove erroneous judgments.

Breathing training. It is shown in the case of pronounced hyperventilation onnogo component GAD structure. Due to the fact that dyspnea occurs against the background of stress, which is

assessed as threatening health and provokes or intensifies fear caused by external anxiety stimuli, it is recommended to conduct training in breathing control with subsequent cognitive reattribution of the meaning of symptoms. The training can be supplemented by forced hyperventilation with the acquisition of the skills to control symptoms through breathing in a bag.

Applied relaxation. Using progressive muscle relaxation and teaching patients the skills to control their physical condition. Interoceptive exposure. Exercise that provides a sensation similar to a panic attack, such as inhaling carbon dioxide, doing cardiovascular stress testing or exercise, hyperventilating, rotating a chair, and re- infusing sodium lactate .

Exposure in vivo conducting repeated behavioral training close to reality, especially indicated in the presence of agoraphobia. It can be carried out in a different mode, with the participation of a psychotherapist or a specially trained nurse, or independently, dosed or massively, with prolonged immersion in the situation or with the ability to leave it.

Attraction / distraction of attention. During exposure, the patient's attention can be completely focused on phobic experiences, when the patient is fully focused on his feelings and thoughts, reminds himself of the need not to be distracted. Another option is to distract attention by performing cognitive tasks such as counting, rhyming words, instructing yourself to be distracted from disturbing thoughts and images.

Conclusion

The described algorithm of short-termed integrational psychotherapy and its techniques can be included in the complex of psychotherapeutic measures aimed at treating patients with GAD along with biological therapy and socional interventions. Such involvement of specialists of various orientations on the basis of a brigade approach provides an effective therapeutic effect based on the biopsychosocial concept of the development of mental disorders and creates the possibility of using personalized therapy.

References

1. Beck, A. T., & Emery, G. Anxiety Disorders and Phobias: A Cognitive Perspective. New York: Basic Books, 2005.
2. Barlow, D. H. Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic. New York: Guilford Press, 2004.
3. Hofmann, S. G., & Smits, J. A. Cognitive-behavioral therapy for adult anxiety disorders: A meta-analysis of randomized placebo-controlled trials. *Journal of Clinical Psychiatry*, 2008, 69(4), 621–632.
4. Lazarus, A. A. Brief but Comprehensive Psychotherapy: The Multimodal Way. New York: Springer Publishing Company, 1997.
5. Clark, D. M., & Ehlers, A. An integrative cognitive model of panic disorder and its application to psychotherapy. *Behaviour Research and Therapy*, 2004, 42(4), 1129–1146.
6. Craske, M. G., & Barlow, D. H. *Mastery of Your Anxiety and Panic: Therapist Guide*. Oxford: Oxford University Press, 2007.

7. Leahy, R. L. *Overcoming Resistance in Cognitive Therapy*. New York: Guilford Press, 2009.
8. Perls, F., Hefferline, R. F., & Goodman, P. *Gestalt Therapy: Excitement and Growth in the Human Personality*. London: Souvenir Press, 1994.
9. Linehan, M. M. *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: Guilford Press, 1993.
10. Kazantzis, N., Whittington, C., & Dattilio, F. M. Meta-analysis of homework effects in cognitive and behavioral therapy: A replication and extension. *Clinical Psychology: Science and Practice*, 2010, 17(2), 144–156.
11. Sudak, D. M. *Cognitive Behavioral Therapy for Clinicians*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2012.
12. Watkins, C. E. The generic model of psychotherapy: An integrative approach. *Journal of Integrative Psychotherapy*, 1990, 18(3), 11–22.
13. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing, 2013.
14. Eysenck, H. J. The effectiveness of psychotherapy: The controversy persists. *Psychological Inquiry*, 1994, 5(2), 95–108.
15. Hayes, S. C., Strosahl, K. D., & Wilson, K. G. *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change*. New York: Guilford Press, 2011.