

PW01-50 - BROADENING OF GENERALIZED ANXIETY DISORDERS DEFINITION DOES NOT AFFECT THE RESPONSE TO THERAPY: FINDINGS FROM THE ADAN STUDY

E. Álvarez¹, J.L. Carrasco², J.M. Olivares³, M. Perez⁴, V. Pérez-Gómez⁴, I. Vilardaga⁵, J. Rejas⁶

¹*Department of Psychiatry, Hospital de la Santa Creu i San Pau, Barcelona,* ²*Department of Psychiatry, Hospital Clínico San Carlos, Madrid,* ³*Department of Psychiatry, Hospital Meixoeiro, Complejo Hospitalario Universitario, Vigo,* ⁴*Department of Neuroscience, Medical Unit, Pfizer Spain, Alcobendas (Madrid),* ⁵*Department of Biometric and Statistic, European Biometric Institute, Barcelona,* ⁶*Health Outcomes Research Department, Medical Unit, Pfizer Spain, Alcobendas (Madrid), Spain*

Purpose: To elucidate the consequences of broadening DSM-IV criteria for generalized anxiety disorder (GAD), we examined the evolution of GAD symptoms in two groups of newly diagnosed patients; one group according to DSM-IV criteria and the other, according to broader criteria.

Methods: Multicentre, prospective and observational study conducted in outpatient psychiatric clinics. Patients with GAD according to DSM-IV criteria and subjects with anxiety symptoms fulfilling broader criteria were compared. Broadening criteria was considered 1-month of excessive or non-excessive worry and only 2 associated symptoms listed on DSM-IV for GAD. Socio-demographic data, medical history and functional outcome measures were collected three times during a 6-month period.

Results: 3,549 patients were systematically recruited; 12.8% excluded because not fulfilling inclusion criteria, 1,815 patients in DSM-IV group (DG) and 1,264 in broad group (BG). Both groups were similar on their sociodemographic characteristics at baseline and most patients (about 80%), even newly diagnosed were exposed previously to pharmacological therapies (mainly benzodiazepines) of their anxiety symptoms. As a result of treatment at psychiatric clinics, the percentage of patients without symptoms of anxiety as per HAM-A scale were 49.0% and 58.0%, respectively at the 6 month visit ($p=0.261$). Similarly, responder rate ($\geq 50\%$ reduction of baseline scoring) were, respectively, 59.7% and 67.7% ($p=0.103$). Improvement in MADRS scores were observed in both group to a similar extent; 12.1 and 12.5 points average reduction respectively ($p=0.264$).

Conclusion: Broadening of GAD criteria could lead to earlier diagnosis that will benefit patients by starting appropriate treatment sooner.