

Efficacy and Tolerability of Pregabalin vs Sertraline in Generalised Anxiety Disorder Concise Communication

Mina Cvjetković-Bošnjak

Psychiatry Clinic, Clinical Centre of Vojvodina, Novi Sad, Medical faculty Novi Sad Hajduk Veljkova 1-7, Novi Sad, Serbia

Generalised Anxiety Disorder (GAD) represents a chronic mental illness characterized with pathological fear, extremely persistent worry usually about minor everyday problems and with numerous vegetative symptoms [1-17]. It represents a difficult problem in Mental Health, as the life occurrence of GAD is 5-7%. Symptoms of GAD, according to ICD-X and DSM-V even today can be misdiagnosed, and inadequately treated [8-24]. If the symptoms are long-lasting and untreated, often comorbidity with depression, alcohol abuse, and high suicidality level make an extremely serious mental problem [2-9]. GAD interfered significantly with everyday activities and causes substantial personal distress so proper diagnosis and adequate treatment have to become a priority in medical practice. WFSBP (World Federation of Societies of Biological Psychiatry) recommends SSRI (Selective Serotonin Reuptake Inhibitors), SNRI (Serotonin and Norepinephrine Reuptake Inhibitors) and pregabalin, atypical anxiolytic as first-line treatment, in combination with psychotherapy [7-19]. In the present study, efficacy and tolerability of pregabalin vs. sertraline in patients with diagnoses of GAD was observed. The study included 107 in-patients aged 20-60, both genders. Duration of disorder was on average 4,7±0,3 years in the group of patients treated with sertraline and about 4,6±0,4 in the group treated with pregabalin. In previous episodes, 98% of all included patients were treated with SSRI and SNRI, in adequately therapeutic doses. Actually, patients were admitted to daily treatment due to a new episode of GAD. In included patients, wash-up period was one week. At the beginning of the study, all patients were required to have a Covi Anxiety Scale, total score >9 and total score on HAMA (Hamilton Anxiety Scale) >20. In the first group, patients were treated with sertraline, (doses began from 50 mg up to a mean value of 150 mg/die). Doses were titrated during one week. In the second group, patients were treated with pregabalin, doses at the first day were 75 mg, and titrated to 225 mg/die during one week. In all included patients, cognitive-behavioral therapy, individual and group was performed, during investigation. The primary analysis was change in Hamilton Rating Scale for Anxiety (HAMA), a total score from baseline to endpoint. Secondary indicator of efficacy was change in HAMA psychic (emotional) and somatic (physical) scores weekly till endpoint. Global clinical assessment was conducted by using the Clinical Global Impression change rating (CGI).

HAMA was repeated every week to evaluate therapeutic effects used by two independent psychiatrists. Each patient was randomly assigned to 4 weeks of treatment with pregabalin (n=47) or sertraline (n=60). Adverse events were reported in 26% of all patients, with no significant differences among two groups of patients. Among patients treated with sertraline, the most common adverse event was nausea (13%) and dizziness (5%), and in the group there also appeared dizziness (13%) and somnolence (10%). In these patients, adverse events were short-lasting, dose-dependent and mild intensity. With reduction of doses, adverse events disappeared and therapeutic effects persisted. There were no withdrawal events during this study.

Results of this study showed that both pregabalin and sertraline showed good effect in treating symptoms of Generalized Anxiety Disorder. Time of acting onset was shorter in treatment with pregabalin compared to treatment with sertraline. In the patient treated with sertraline, anxiolytic effect was detectable after at least 14 days in the present

study, and pregabalin showed first good results during the first week of treatment. Adverse effects were reported in 28% of patients treated with pregabalin and 27% of patients treated with sertraline, with no significant difference.

In the present study, efficacy and tolerability of pregabalin were high. Compared to sertraline, pregabalin showed more rapid time of action and equal efficacy. Adverse events are short-lasting and dose-dependent. Our investigation showed that pregabalin, an atypical anxiolytic, is efficacious and well-tolerable in the treatment of G.A.D.

In perspective, longer-term studies will be required to assess the long-term safety and efficacy of pregabalin in the treatment of GAD.

References

1. Jeffrey R Strawn, Thomas D Geraciotti (2007) The treatment of generalised anxiety disorder with pregabalin, an atypical anxiolytic. *Neuropsychiatr Dis and Treat* 3: 237-243.
2. Stahl SM (2004) Anticonvulsants as anxiolytics, part 2: Pregabalin and gabapentin as alpha (2) delta ligands at voltage-gated calcium channels. *J Clin Psychiatry* 65: 460-461.
3. COSTART (1996) Coding symbols for Thesaurus of Adverse Reaction Terms, 4th ed. Washington DC, US Department of Health and Human Services, Food and Drug Administration.
4. Neter J, Wasserman W, Kutner MH (1990) *Applied Linear Statistical models*, Boston, Irwin: 861-898.
5. Rickels K, Pollack MH, Feltner DE, Lydiard RB, Zimbroff DL, et al (2005) Pregabalin for treatment of generalized anxiety disorder: a 4-week, multicenter, double-blind placebo-controlled trial of pregabalin and alprazolam. *Arch Gen Psychiatry* 62:1022-1030.
6. Boskovic K, Cigić T, Grajić M, Tomašević-Todorović S, Knežević A (2010) The quality of life of patients after a lumbar microdiscectomy: A four-year monitoring study. *Clin Neurol Neurosurg* 112: 557-562.
7. Barrera TL, Norton PJ (2009) Quality of life impairment in general anxiety disorder, social phobia and panic disorder. *J Anxiety Disorder* 23: 1086-90.
8. Kroenke K, Spitzer RL, Williams JB, Monahan PO, Löwe B, et al. (2007) Anxiety disorder in primary care: prevalence, impairment, comorbidity and detection. *Ann Intern Med* 146: 317-325.
9. Boshen MJ (2008) Publication trends in individual anxiety disorders; 1980-2005. *J Anxiety Psychopharmacol* 25:151-158.
10. Boshen MJ, Neuman DL (2009) Relapses of successfully treated anxiety and fear: theoretical issues and recommendations for clinical practice. *Aust N Z J Psychiatry* 43: 89-100.

*Corresponding author: Mina Cvjetković-Bošnjak, Psychiatry Clinic, Clinical Centre of Vojvodina, Novi Sad, Medical faculty Novi Sad Hajduk Veljkova 1-7, Novi Sad, Serbia, Tel: +381214843286; (063) 153 35 98; E-mail: minacvjet@gmail.com

Received October 26, 2015; Accepted December 19, 2015; Published December 27, 2015

Citation: Cvjetković-Bošnjak M (2015) Efficacy and Tolerability of Pregabalin vs Sertraline in Generalised Anxiety Disorder Concise Communication. *J Yoga Phys Ther* 5: 221. doi:10.4172/2157-7595.1000221

Copyright: © 2015 Cvjetković-Bošnjak M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

11. Pfizer (2010) Inc Prescribing Information-LYRICA (pregabalin), New York, Pfizer.
12. Pohl RB, Feltner DE (2005) Efficacy of pregabalin in the treatment of generalised anxiety disorder: double-blind, placebo-controlled comparison of BID versus TID dosing. J Clin Psychopharmacol 25: 151-158.
13. Cvjetković-Bošnjak M et al (2004) Anxious-depressive disorder, clinical features and prognosis, Current topics in neurology, psychiatry and related disciplines, edo neurology, Clinical Center of Vojvodina Serbia, XII: 34-38.
14. Bandelow D, Wedekind D, Leon T (2007) Pregabalin for the treatment of generalized anxiety disorder: a novel pharmacologic intervention Expert Rev Neurother 4:769-781.
15. Kirsh I et al (2005) Comprehensive meta-analysis (version 2), Englewood (NJ): Biosta.
16. Mitte K (2005) Meta-analysis of cognitive-behavioral treatments for generalized anxiety disorder: a comparison with pharmacotherapy. Psychol Bull 131:785-795.
17. Feltner D, Witchen HU, Kavoussi R (2008) Long-term efficacy of pregabalin in generalized anxiety disorder Int Clin Psychopharmacol 23:18-28.
18. Hidalgo RB, Tupler LA, Davidson JR (2007) An effect-size analysis of pharmacologic treatments for generalized anxiety disorder. J Psychopharmacol 21: 864.
19. Zimmerman M, Posternak MA (2003) Placebo response in antidepressants efficacy trials: relationship to number of active treatment groups, Annual Meeting New Research Program and Abstracts, Arlington, VA, American Psychiatric Association 2008, number 893.
20. Rynn M.A, Siqueland L, Ricketts K (2001) Placebo-controlled trial of sertraline in the treatment of children with generalized anxiety disorder. Am J Psychiatry 158: 2008-2014.
21. National Institute for Health and Clinical Excellence (NICE) (2004) Clinical guideline for Anxious disorders.
22. Pollack MH1, Zaninelli R, Goddard A, McCafferty JP, Bellew KM, et al. (2001) Paroxetine in the treatment of generalized anxiety disorder: results of a placebo-controlled, flexible-dosage trial. J Clin Psychiatry 62: 350-357.
23. Montgomery SA, Tobias K, Zomberg GL, Kasper S, Pande AC (2006) Efficacy and safety of pregabalin in the treatment of generalized anxiety disorder: a 6-week, multicenter, randomized, double-blind, placebo-controlled comparison of pregabalin and venlafaxine. J Clin Psychiatry 67: 771-782.
24. Somers JM, Goldner EM, Waraich P, Hsu L (2006) Prevalence and incidence of anxiety disorders: a systematic review of the literature Can J Psychiatry 1:100-113.

Citation: Cvjetković-Bošnjak M (2015) Efficacy and Tolerability of Pregabalin vs Sertralin in Generalised Anxiety Disorder Concise Communication. J Yoga Phys Ther 5: 221. doi:[10.4172/2157-7595.1000221](https://doi.org/10.4172/2157-7595.1000221)

OMICS International: Publication Benefits & Features

Unique features:

- Increased global visibility of articles through worldwide distribution and indexing
- Showcasing recent research output in a timely and updated manner
- Special issues on the current trends of scientific research

Special features:

- 700 Open Access Journals
- 50,000 editorial team
- Rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at PubMed (partial), Scopus, EBSCO, Index Copernicus and Google Scholar etc
- Sharing Option: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: <http://www.omicsonline.org/submit/>