

## Cognitive Behavioral Therapy For Depression and Anxiety Disorders

### Review 4

Gould, R. L., Coulson, M. C., & Howard, R. J. (2012). Efficacy of cognitive behavioral therapy for anxiety disorders in older people: A meta-analysis and meta-regression of randomized controlled trials. *Journal of the American Geriatrics Society*, 60, 218–229. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/22283717>.

<b>Objectives</b>	Examine the effectiveness of cognitive behavioral therapy (CBT) for anxiety disorders in older people, as compared with active and nonactive control conditions at different follow-up points, and determine what factors impact efficacy.
<b>Studies Included</b>	Twelve U.S. and international studies from 1996 to 2010
<b>Participants in the Studies</b>	Adults 55 and older diagnosed with anxiety disorders
<b>Settings</b>	Community outpatient clinics in the United States and Europe
<b>Outcomes</b>	Anxiety and depression symptoms
<b>Limitations of the Studies</b>	Small number of included studies, particularly at follow-up; variations in study quality may have resulted in heterogeneity, which would reduce the likelihood of detecting significant differences between groups; incomplete outcome data; selective outcome reporting; lack of blinding of outcome assessors; lack of reporting on randomization procedures and allocation concealment; some studies permitted concurrent pharmacotherapy, and symptom improvement may have been attributable to this factor; results may only generalize to populations from which the samples were drawn as most studies failed to recruit demographically representative samples; most studies permitted self-referral, so results may not generalize to populations not self-referred; nonspecific therapeutic effects not controlled for may make the identification of the mechanism of change unclear

### Results

Meta-analyses indicated that at the end of treatment, CBT was significantly and modestly more effective at reducing anxiety symptoms than treatment as usual or wait-list control. However, CBT was not significantly more effective when compared to an active control condition at the end of treatment. At the 6-month, but not the 3- or 12-month follow-up points, CBT was significantly more effective at reducing anxiety symptoms than an active control condition, although the effect size was small. CBT was significantly and modestly more effective at reducing depression symptoms than treatment as usual or wait-list control at the end of treatment, but was no longer significantly better at 6- or 12-month follow-up. With respect to what impacts

the efficacy of CBT, larger effect sizes in favor of CBT were found when CBT was compared to nonactive rather than active control conditions. However, this may be the result of methodological differences between the studies. No predictive factors were significantly related to CBT efficacy for depression outcomes.