Augmentation of Exposure-Based Cognitive Behavioral Therapy with D-cycloserine in Patients with Panic Disorder

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Introduction

- > Current treatments for panic disorder are considered equally efficacious, with approximately 50 to 80% of patients responding to treatment.¹
- > Combination treatment with pharmacotherapy and cognitive behavioral therapy has not been shown to be superior to either alone.¹
- \succ One new approach that is currently of interest is the augmentation of cognitive behavioral therapy with D-cycloserine, an NMDA receptor partial agonist.²
- Animal studies have shown that D-cycloserine enhances fear extinction, probably by acting on NMDA receptors in the lateral and basolateral amyqdaloid nuclei.²
- > In 2010, Otto and colleagues conducted a pilot study for patients with panic disorder, demonstrating a benefit when administering Dcycloserine alongside exposure-based cognitive behavioral therapy, compared to placebo.³

Hypothesis

> Compared to cognitive behavioral therapy alone, the administration of D-cycloserine prior to cognitive behavioral therapy will improve clinical outcomes in patients with panic disorder, as evaluated by the Panic Disorder Severity Scale, both during a 12-week treatment period and at follow-up assessments.

Specific Aims

- > Evaluate the efficacy of D-cycloserine augmentation in patients with panic disorder undergoing exposure-based cognitive behavioral therapy, compared to placebo, as assessed by the Panic Disorder Severity Scale.
- \succ Assess the long-term safety and tolerability of D-cycloserine therapy in patients with panic disorder by examining adverse events.





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Data Analysis

> The primary outcome measure will be the Panic Disorder Severity Scale score, which will be assessed at baseline, six weeks, one week posttreatment, six weeks post-treatment, and six months post-treatment.

> Based on data from a previous study, a power of 0.8, and an alpha level of 0.05, the desired sample size was calculated to be 250 subjects.

> A paired student's t test will be used for assessing each arm's change from baseline. A classic student's t-test will be used for comparing the mean difference between the two arms.

Conclusions and Limitations

- > It is expected that the administration of D-cycloserine prior to exposure-based cognitive behavioral therapy will improve outcomes for patients with panic disorder, as indicated by decreased scores on the Panic Disorder Severity Scale.
- > D-cycloserine is expected to be well-tolerated by subjects, demonstrating no significant safety concerns or adverse side effects.
- > A significant limitation to this study includes a potential lack of generalizability due to the exclusion of a significant proportion of patients with panic disorder.

Future Directions

- Further studies should include a broader population of patients with panic disorder by eliminating exclusion criteria for common co-morbidities.
- > Optimal D-cycloserine dosage, duration of therapy, and the timing of administration relative to psychotherapy should be further evaluated.
- > The use of D-cycloserine in clinical practice should be encouraged to improve outcomes for patients with panic disorder.

