Collaborative care led to greater recovery, improvement, and adherence than usual care at 12 months in panic disorder


**QUESTION:** In primary care patients with panic disorder, is collaborative care (involving pharmacotherapy) effective for improving clinical and functional outcomes?

**Design**
Randomised (unclear allocation concealment*), blinded (outcome assessors)*, controlled trial with 12 months of follow up.

**Setting**
3 primary care clinics in Seattle, Washington, USA.

**Patients**
115 patients who were 18–65 years of age (mean age 41 y, 57% women), met DSM-IV criteria for panic disorder with ≥ 1 panic attack in the past month, spoke English, and had a telephone. Exclusion criteria were presence of illnesses that were life threatening or limited patient participation, current psychiatric treatment, or disability benefit claims. Follow up was 80% at 6 months and 79% at 12 months (random regression analysis was used to include all patients in the analysis).

**Intervention**
Patients were allocated to a multifaceted collaborative care intervention (n = 57) or usual care (n = 58). The collaborative care intervention comprised an initial psychiatric visit at which paroxetine was prescribed (10 mg/d to start, with increases to a maximum of 40 mg/d), an educational videotape on panic disorder, 2 follow up psychiatric telephone calls, and an offer of a second visit if necessary in the first 8 weeks. The primary care physician received a consultation note after each psychiatric visit. Psychiatrists telephoned the patients 5 times during months 3–12.

**Main outcome measures**
Recovery (Anxiety Sensitivity Inventory score < 20) and improvement (40% reduction in Panic Disorder Severity Scale).

**Main results**
Analysis was by intention to treat. More patients in the collaborative care group than the usual care group were recovered or improved at 6 and 12 months (table). Patients in the collaborative care group were more likely to adhere to medication than those in the usual care group at 6 months (table).

**Conclusions**
In patients with panic disorder, collaborative care was better than usual care for clinical improvement and recovery and promoting adherence.

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