

EFEXOR XR
in the Treatment of
Panic Disorder

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Panic Disorder Background

- **PD Prevalence of 1% -2%**
 - ✓ Uncommon in late life.
 - ✓ Twice as frequent in women.
- **Diagnosis**
 - ✓ Recurrent attacks, Anticipatory anxiety, Avoidance Behavior
 - ✓ Clear symptomatology
 - ✓ More easily diagnosed by the PCP relative to other anxiety disorders
- **Comorbidity Common**
 - ✓ Up to 2/3 of primary care PD pts meet diagnostic criteria for depression.
- **Comorbidity leads to greater symptomatology**
 - ✓ Extremely anxious, prevalent somatic symptoms
 - ✓ Social and Work impairment
- **Considerable Morbidity and Increased Mortality.**
 - ✓ Chronic illness and increased use of medical services

Treatment Targets:

Five core areas

- I. Full & limited symptom panic attacks
- II. Anticipatory anxiety
- III. Phobias related to panic
- IV. General well-being
- V. Psychosocial disability

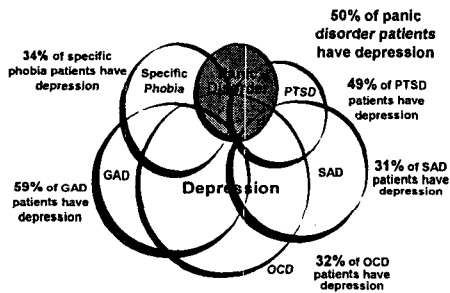
Ballenger et al. 1998

Initial Drug Selection *based on*

- ❖ Full discussion with pts.
- ❖ Prior response
- ❖ Proneness to abuse medication
- ❖ Tolerability
- ❖ Safety
- ❖ Comorbidity
- ❖ Presenting clinical pictures

Davidson & Connor 2004

Depression & Anxiety – Significant Comorbidity

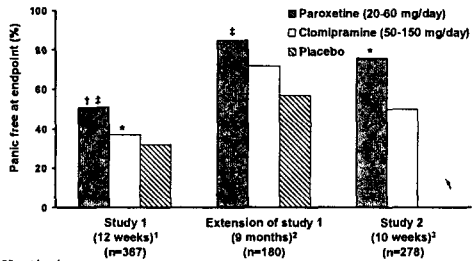


Source: National Comorbidity Survey

Examples of antidepressant agents evaluated for the treatment of PD

- TCAs
 - Imipramine, clomipramine
- MAOIs
 - phenelzine
- SSRIs
 - paroxetine, fluvoxamine, fluoxetine, sertraline, citalopram
- Other agents
 - reboxetine
 - mirtazapine
 - venlafaxine

SSRIs increase the proportion of patients remaining panic free



¹p<0.05 vs placebo

²p<0.05 vs clomipramine

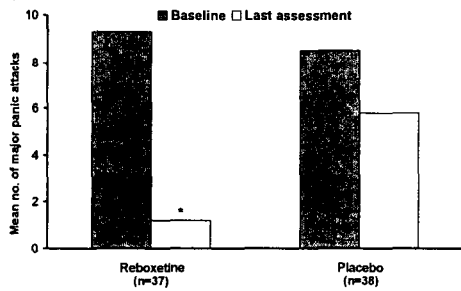
³p<0.01 vs placebo

¹Lacubner et al. *Acta Psychol Scand* 1997; 95: 145-152

²Lacubner et al. *Acta Psychol Scand* 1997; 95: 153-160

³Basinger et al. *Am J Psychiatry* 1998; 155: 36-42

Reboxetine reduces the number of major panic attacks



LOCF analysis in patients receiving at least 3 weeks of treatment

¹p<0.0002, reboxetine vs placebo

Versani et al. *J Clin Psychiatry* 2002; 63 (1): 31-37

Clinical Trials for Panic Disorder

First-line

- Large well designed double blind, placebo controlled trials
 - Paroxetine
 - Fluoxetine
 - Sertraline
 - Fluvoxamine
 - Citalopram

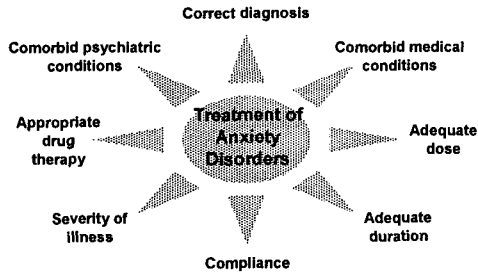
Second-line

- SNRI
 - Venlafaxine: FDA approved
- High potency benzodiazepines
 - FDA approved: Alprazolam, Clonazepam
 - Others: Diazepam...
- TCA
 - Clomipramine > Imipramine
 - Maprotiline: no effects
- MAOI
 - Phenelzine, Tranylcypromine, Moclobemide, Brofaromine
 - severely ill or comorbid with depression

Others

- Atypical antidepressants
 - Mirtazapine, Nefazodone : cases or small studies
 - Bupropion = placebo
 - Bupirone: no effects as monoTx
- Anticonvulsants
 - Valproate, Gabapentine?
- Antipsychotics
 - case reports
- Lithium
- Cholecystokinin antagonist

Long-term Treatment of Anxiety Disorders



Konsten & Schneider. *J Clin Psychiatry* 2001, 62 (Suppl 16) 18-25

Conclusions

- Venlafaxine XR will be the first SNRI approved in the treatment of PD
- Venlafaxine XR has been proven effective for the short-term & long-term (6 months) treatment of PD
- The efficacy and safety of venlafaxine XR in treating PD are well established, having been demonstrated by 5 randomized, placebo controlled clinical trials
