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## **Efficacy of Cognitive-Behaviour Therapy in Treating Mixed Anxiety and Depression: A Case Study**

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### **ABSTRACT**

The aim of this case study was to assess the effectiveness of cognitive-behavioral therapy in the treatment of mixed anxiety-depression disorder. The client was a 35 yrs. old male, suffering from mixed anxiety and depression symptoms as diagnosed by the Psychiatrist. The assessment comprised of Hamilton anxiety scale and Beck depression inventory. The therapeutic program consisted of 12 sessions. The result showed that Cognitive-behavior therapy was effective in reducing anxiety and depression.

*Keywords: Mixed Anxiety-Depression Disorder, Cognitive-Behavioral Therapy.*

According to the World Health Organization (WHO), anxiety and depressive disorders are the most common and prevalent mental disorders, with anxiety disorders as the most prevalent mental disorder. The rate of comorbidity between anxiety and depressive disorders is also significant. For example, the average rate of comorbidity between major depressive disorder and anxiety disorders exceeds 50%. The combination of typical depressive symptoms, such as low mood, lassitude and pessimism about the future, and anxious ones, such as tension, insomnia and irritability, is so common that about one in seven of the population is suffering from them at any one time (Meltzer et al, 1994).

Subsyndromal anxiety and depression, though clinically failing to meet formal diagnostic criteria, has a significant potential to impair day-to-day functioning (Dozis D et al, 2004). Despite the fact that subsyndromal anxiety and depressive symptoms have a tendency to become chronic, they often receive little clinical attention, prompting the need to develop effective treatment strategies (Goldney et al 2004, Lavretsky, et al, 2002). Moreover, patients with subsyndromal anxiety and depressive symptoms are at greater risk than the general population for developing clinical anxiety and depressive disorders when faced with psycho-social stressors (Katon W. et al, 1991).

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Cognitive and behavior therapy have demonstrated effectiveness in treating anxiety and depressive disorders (Butler, et al, 2006). There is evidence suggesting that current psychotherapy models can reduce subsyndromal symptoms (Konnert C, et al, 2009).

Outcome studies have indicated the efficacy of Cognitive Therapy for a variety of mental disorders, including major depressive disorder, generalized anxiety disorder, panic disorder and social anxiety disorder.

CT is also effective in the treatment of mixed anxiety–depressive disorders and in heterogeneous anxiety disorders in group format. Furthermore, preventive studies with at-risk populations indicate the potential effectiveness of CT-based programs.

### **CASE HISTORY**

Index patient I.P., aged 36 years, married male, working in a BSF-Army, having two daughter, belonging to Middle SES, living in BSF Camp, came to the hospital alone with the chief complaints of body pain, low mood, excessive negative thinking, fatigability, nervousness in social situation, palpitations, decreased sleep & appetite and Low Self-confidence since 2 years. The client was asymptomatic before 2 years after which he started worrying that he will not be able to do any work what has been assigned to him during training period. Thereafter, he also showed symptoms like increased heart rate, sweating and nervousness. He remained preoccupied with excessive negative thoughts about his work. He started experiencing sadness of mood, feelings of hopelessness, worthlessness and irritability. However the headache persisted, he was unable to sleep peacefully during night. He would also experience symptoms of nausea and weakness.

Patient's home atmosphere was congenial. His attitude towards parents and other family members was positive. Mr. I.P. started going to school at the age of 4 yrs. He was an average student in school. From his childhood itself he had fear of facing social situation and also failed in the 6<sup>th</sup> std. He studied upto B.Com. He did not show interest in extra-curricular activities. He joined BSF-Army at the age of 32 yrs. as a clerk. He used to feel that he is less competent than his colleagues and thus spent most of the time alone in office.

On Mental Status Examination, he was well-kempt, tidy and looked age appropriate. His hair was groomed properly. Eye contact was maintained. Attitude towards examiner was cooperative. Rapport was easily established. His psychomotor activity was decreased. His speech was audible, relevant, coherent and goal-directed. Reaction time was normal. His subjective mood was sad and appeared to be anxious. He was well oriented to time, place and person. His attention was easily aroused and was sustained. Thought content revealed feelings of helplessness, worthlessness, anxiety and worry. Immediate, recent and remote memory was Intact. On the basis of information, comprehension, vocabulary and calculation, his intelligence was on average level. His personal, social and test judgment was intact. The patient's insight was at grade IV level.

### **PRE ASSESSMENT**

To assess severity of impairment caused due to disorder pre assessment was done.

Test administered:

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1. Hamilton Anxiety Rating Scale (HARS)
2. Beck Depression Inventory (BDI-II)

Hamilton Anxiety Rating Scale (HARS) test was administered to measure the depression level of the patient. On this test total score was found to be 29 which indicate patient is having severe level of depression.

Beck Depression Inventory (BDI-II) test was administered to measure the anxiety level of the patient. The total score on this test was found 34 which show severe level of anxiety.

### **Management**

Procedure of Cognitive-Behavior Therapy was implemented, to help patient deal with symptoms of anxiety and depression.

#### ***Initial phase***

Initial phase was conducted in 2 sessions; duration of each session was 45-50 minutes. In the initial phase, detailed history taking, Mental Status Examination and psychological testing were carried out.

#### **Psycho education**

Detailed psycho education was given to the patient in which he was informed about his problem, its mode of onset, course, progress and prognosis. Also possible reason behind the problem was discussed to develop insight about illness.

The client was also informed about the therapy and the ways he can help in the therapy. Use and importance of the therapy and drugs were also discussed.

#### ***Middle phase***

At first graded exposure was used. The client used to feel nervous in different situations especially when he has to work on the assigned task which also included interaction and presentation. So he was gradually exposed to all those situations such as he was gradually made to speak in front of 2 people, 3 people and more. It was observed that after repeated exposure to these situations, his anxiety was reduced as rated by the client.

Secondly deep breathing training was used. Mr. I.P. was taught deep breathing exercise combat the symptoms such as difficulty in breathing, excessive sweating and nervousness. This technique is helpful to bring physical symptoms of anxiety under control. He was told to do this himself once taught. After the patient was able to relax on his own, he was told to use this at home also.

Thirdly Self instructional training was used. Mr. I.P. was told to give positive self statement to increase his own self-confidence. In starting he has to instruct himself verbally. When he became able to use it effectively, he was told to use it without verbalization.

Fourthly, thought stopping and thought distraction was used. Patient was taught how to stop his negative thoughts. He was taught to say 'stop' when these negative thoughts come into his mind. After getting the command on thought stopping process he has to distract his mind into another

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activity that is pleasurable to him it may include watching T.V, talking to others and helping his mother, etc.

Fifthly, analysis and Modification of Dysfunctional thoughts were used. Mr. I.P. was explains about cognitive behavior model and how emotions, thoughts, and behaviors all influence each other. It was asked to maintain a dairy in which he had to write all negative thoughts related emotions. Then he was taught how to challenge and modify those negative thoughts by realistic and rational way.

Lastly, social skills training were used. To reduce the avoidance of social situations and fear of negative reactions from others, he was helped to gain social skills. It includes properly dressing, learn how to shake hands, make eye contact, how to start a conversation and be a good listener.

### ***Termination phase***

In this phase, Mr. I.P. was explained about the arousal and maintaining factors in the illness in detail and the ways to prevent them. The role of medication for relapse prevention was also told. He was also told to consult doctor and the therapist whenever warning signs are evident.

## **OUTCOME OF THE THERAPY**

Total 12 sessions were held, the patient's nervousness when performing assigned task decreased, his academic performance while in training improved, self-confidence increased and severity of body pain was also reduced as reported by him. To evaluate the progress post assessment by using Beck Depression Inventory and Hamilton Anxiety Rating Scale was done. Scores obtained were 8 and 10 respectively which indicated no symptoms of depression and anxiety. Patient was encouraged to comply with the medicine and come for follow up if necessary.

## **DISCUSSION**

The client had body pain, low mood, excessive negative thinking, fatigability, nervousness in social situation, palpitations, decreased sleep & appetite and Low Self-confidence since 2 years. The examination of pretest and posttest revealed that the client enrolled in the cognitive behavior therapy program experienced a reduction in mixed anxiety and depression symptoms as measured by Hamilton anxiety rating scale and Beck depression inventory. It was also found that skills utilization increased over time after treatment sessions, this finding could be interpreted as the client has been strengthening his skills use, and he has been generalizing skills taught in the therapeutic program to new situations over follow period. Cognitive-behavior therapy is an effective treatment for these symptoms.

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***Conflict of Interest***

The author declared no conflict of interest.

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