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Treating comorbid anxiety and depression: Psychosocial and pharmacological approaches

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#### Abstract

Comorbid anxiety with depression predicts poor outcomes with a higher percentage of treatment resistance than either disorder occurring alone. Overlap of anxiety and depression complicates diagnosis and renders treatment challenging. A vital step in treatment of such comorbidity is careful and comprehensive diagnostic assessment. We attempt to explain various psychosocial and pharmacological approaches for treatment of comorbid anxiety and depression. For the psychosocial component, we focus only on generalized anxiety disorder (GAD) based on the following theoretical models: a) "The Avoidance Model"; b) "The Intolerance of Uncertainty Model"; c) "The Meta-Cognitive Model"; d) "The Emotion Dysregulation Model" and e) "The Acceptance Based Model". For depression, the following theoretical models are explicated: a) "The Cognitive Model"; b) "The Behavioral Activation Model" and c) "The Interpersonal Model". Integration of these approaches is suggested. The treatment of comorbid anxiety and depression necessitates specific psychopharmacological adjustments as compared to treating either condition alone. Serotonin reuptake inhibitors (SRIs) are considered first-line treatment in uncomplicated depression comorbid with a spectrum of anxiety disorders. Short-acting benzodiazepines (RZDs) are an important "bridging

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