

인지행동치료 후 약물 중단 예측 요인에 관한 연구

최영희*† · 박기환** · 김한석* · 하오령**

Predicting Factors of Discontinuation of Medication after Cognitive Behavioral Therapy for Panic Disorder

Young Hee Choi, M.D.,*† Kee Hwan Park, Ph.D.,** Han Seok Kim, M.D.,* Oh Ryeong Ha, M.A.**

ABSTRACT

Objective : The authors experienced that cognitive behavioral therapy(CBT) could replace medication for controlling panic attacks and anticipatory anxiety symptoms. The objective of this study was finding out predicting factors of discontinuation of medication after CBT for patients with panic disorder.

Method : A hundred forty - eight patients who met DSM - criteria for panic disorder with or without agoraphobia for at least 3 months had completed 12 weekly sessions of Panic Control Therapy(PCT ; Barlow et al). Eighty - one patients who could discontinue medication and sixty - seven patients who could not discontinue medication were measured with several scales as the pre - and post - treatment assessment. The scales were Beck Depression Inventory(BDI), Clinical Global Impression(CGI), Spielberger State Anxiety Inventory(STAI - state), Anxiety Sensitivity Index(ASI), Body Sensation Questionnaire (BSQ), Panic Belief Questionnaire(PBQ), Agoraphobic Cognition Questionnaire(ACQ), Fear Questionnaire(FQ), Toronto Alexithymia Scale(TAS).

Results : At the pre - treatment assessment, the scores of BDI, CGI, STAI - state, ACQ, BSQ were higher in the patients who could discontinue medication than in the patients who could not discontinue medication($t = -2.68$, $t = -4.88$, $t = -3.07$, $t = -3.68$, $t = -3.35$, $p < 0.01$).

Conclusion : Patients with panic disorder who were less depressed, less anxious, less agoraphobic and who had less negative cognitions for the bodily sensation and who had higher scores in the therapist's assessment could discontinue their medications.

KEY WORDS : Panic disorder · Cognitive behavioral therapy · Discontinuation of medication.

서 론

Department of Neuropsychiatry, Seoul Paik Hospital, Inje University, Seoul, Korea

Department of Neuropsychology, Seoul Paik Hospital, Inje University, Seoul, Korea

† : , 100 - 032 2가 85
) (02) 2270 - 0289,) (02) 2270 - 0344

가
(TCA), 가
(SSRI)
(MAOI)
(Benzodiazepine)
가
가 (Ball -
enger 1987 ; Noyes 1989 ; Schatzberg 1993 ; Shee -
han 1980),
가

(Kaplan Sadock 1993 ; Schatzberg 1993).

(Fontaine 1984 ; Pecknold 1990 ; Rickels 1990 ; Schatzberg 1993 ; Schweiser 1990).

가 (Bruce 1995).

가 (Ballenger 1992) 6 1

가 (Burrow 1990 ; Roy - Byrne Wingerson 1992 ; Schatzberg Ballenger 1991 ; Schweizer 1993).

(Nagy 1989), 가 (Brown 1992 ; Clum 1988).

가 (Otto 1993 ; Spiegel 1994).

가 (1998 ; Clark 1994 ; Craske 1991 ; Sokol 1989 ; Telch 1993),

(Barlow 1989 ; Beck 1992 ; Craske 1991 ; Margraf 1993 ; Pollack 1993 ; Tesar 1991),

(1999).

가 (Spiegel 1994),

가

가

가

(Spiegel 1994),

가

가

가

연구대상 및 방법

1. 연구 대상

DSM - 3 178

1

2. 연구 방법

178 18

12 148

. 148 12 (1)

(Panic Control Therapy ; Barlow 1989)

78

70

Beck Depression Inventory (BDI), Clinical Global Impression(CGI), Spielberger State - Trait Anxiety Inventory - State(STAI - state), Anxiety Sensitivity Index(ASI), Body Sensation Questionnaire(BSQ), Panic Belief Questionnaire(PBQ), Agoraphobic Cognition Questionnaire(ACQ), Fear Questionnaire(FQ), Toronto AI - exithymia Scale(TAS)

SPSS PC+ version 9.0 Independent t - test

결 과

1. 사회인구학적 특징

81 (54.7%), 67 (45.3%) 가 122

82.4% 가 24 16.2% 37.

3 , 36.9 53.2

53 (35.8%) 가 가 36 (24.3%), 21 (14.2%)

Table 1. Demographic data

	Number(%)
Sex	
Male	81(54.7)
Female	67(45.3)
Age(mean year ± SD)	
Male	37.3 ± 6.5
Female	36.9 ± 6.5
Duration Of illness(month ± SD)	53.2 ± 50.9
Matital status	
Married	122(82.4)
Unmarried	24(16.2)
Divorced	2(1.4)
Occupation	
Office workers	53(35.8)
Housewives	36(24.3)
Sellers	21(14.2)
Experts	13(8.8)
Students	5(3.4)
Labors	2(1.4)
Unemployed	12(8.1)
Others	6(4.1)

SD : Standard deviation

Table 2. A comparison of scores between two groups before treatment

Scale	Discontinuation group	Continuation group	t
	M(SD)	M(SD)	
BDI	14.27(7.91)	18.75(10.36)	- 2.68**
CGI	5.26(1.06)	6.22(1.26)	- 4.88***
STAI-state	47.12(12.92)	54.37(13.09)	- 3.07**
ASI	29.35(12.76)	30.34(15.06)	- 0.89
PBQ	147.10(35.04)	157.49(38.29)	- 1.54
ACQ	14.32(17.18)	27.39(21.59)	- 3.68***
BSQ	19.81(23.88)	34.69(26.08)	- 3.35**
FQ	48.29(22.00)	46.62(21.23)	0.22
TAS	51.87(10.29)	55.60(8.89)	- 1.72

BDI : Beck Depression Inventory ; CGI : Clinical Global Impression ; STAI-state : Spielberger State-Trait Anxiety Inventory-State ; ASI : Anxiety Sensitivity Index ; BSQ : Cognition Questionnaire ; FQ : Fear Questionnaire ; TAS : Toronto Alexithymia Scale

* : p<0.05, ** : p<0.01, *** : p<0.001

M : Mean ; SD : Stand-ard deviation

13 (8.8%) 12 (8.1%)
5 , 6 , 2
(1).

2. 약물 중단군과 약물 지속군의 치료 전 특성

가 BDI, CGI, STAI-state, ACQ, BSQ ASI, PBQ, FQ, TAS

Table 3. A comparison of scores between two groups after treatment

Scale	Discontinuation group	Continuation group	t
	M(SD)	M(SD)	
BDI	8.76(6.73)	14.23(8.94)	- 3.78***
CGI	1.71(0.63)	2.22(0.74)	- 5.26***
STAI-state	39.99(10.17)	45.75(10.47)	- 3.09**
ASI	13.12(9.41)	18.66(12.83)	- 1.55
PBQ	86.51(33.54)	103.49(33.31)	- 2.51*
ACQ	8.28(10.08)	21.64(14.22)	- 5.79***
BSQ	11.80(15.90)	28.09(17.85)	- 5.07***
FQ	25.21(25.94)	35.07(24.74)	- 1.19
TAS	44.86(10.94)	55.55(9.76)	- 2.72*

* : p<0.05, ** : p<0.01, *** : p<0.001

M : Mean ; SD : Standard deviation

가 (2).

3. 약물 중단군과 약물 지속군의 치료 후 특성
12

BDI, CGI, STAI, ACQ, BSQ, TAS, PBQ . TAS PBQ
가

(3).

고 찰

가 Alprazolam Clonazepam
benzodiazepine benzo-diazepine
(Ballinger 1987 ;
Schweizer 1993), (Schweizer 1993).
가 8 , 20 30%
6 50%
(Spiegel 1994 ; Marks 1994).

가 가

12

ber : 27-30

- Pollack MH, Otto MW, Tesar GE, Cohen LS, Meltzer-Brody S, Rosenbaum J F(1993)** : Long-term outcome after acute treatment with clonazepam and alprazolam for panic disorder. *Am J Psychiatry*. In press
- Rickels K, Schweizer B, Case WG, Greeblatt DJ(1990)** : Long-term therapeutic use of benzodiazepines. I. Effects of abrupt discontinuation. *Arch Gen Psychiatry* 47 : 899-907
- Roy-Byrne PP, Wingerson D(1992)** : Pharmacotherapy of anxiety disorders, in *Review of Psychiatry*, edited by Tasman A, Riba MB, vol 11, Washington DC, American Psychiatric Press, pp262-267
- Schatzberg AF(1993)** : Pharmacological treatment of anxiety disorder : Emphasis on panic disorder; presented in American Psychiatric Association 1993 Annual Meeting, San Francisco, CA
- Schatzberg AF, Ballenger JC(1991)** : Decision for the clinician in the treatment of panic disorder : When to treat, which treatment to use, how long to treat, *J Clin Psychiatry* 52 (2, suppl) : 26-31
- Schweizer E, Rickels K, Case WG, Greeblatt DJ(1990)** : Long-term therapeutic use of benzodiazepines. II. Effects of gradual taper. *Arch Gen Psychiatry* 47(10) : 908-915
- Schweizer E, Rickels K, Weiss S, Zavadnick S(1993)** : Maintenance drug treatment of panic disorder, I. Results of a prospective, Placebocontrolled comparison of alprazolam and imipramine. *Arch Gen Psychiatry* 50 : 51-60
- Sheehan DV, Ballenger J, Jacobsen G(1980)** : Treatment of endogenous anxiety with phobic, hysterical and hypochondrical symptoms. *Arch Gen Psychiatry* 37 : 51-59
- Sokol L, Beck AT, Greenberg RL, Wright FD, Berchick RJ(1989)** : Cognitive therapy of panic disorder : A nonpharmacological alternative. *J Nerv Ment Dis* 177 : 711-716
- Spiegel DA, Bruce TJ, Gregg SE, Nuzzarello A(1994)** : Does cognitive behavior therapy assist slow-taper alprazolam discontinuation in panic disorder? *Amer J Psychiatry* 151(6) : 876-881
- Telch MJ, Lucas JA, Schmidt NB, Hanna HH, Jaimez TL, Lucas RA(1993)** : Group cognitive-behavioral treatment of panic disorder. *Behav Res and Ther* 31 : 279-287
- Tesar GE, Rosenbaum JF, Pollack MH(1991)** : Double-blind placebo-controlled comparison of clonazepam and alprazolam for panic disorder. *J Clin Psychiatry* 52 (2) : 69-76