

Q. What is panic-focused psychodynamic psychotherapy?

A. Panic-focused psychodynamic psychotherapy (PFPP) is a manualized treatment for panic disorder involving twice a week sessions for 12 weeks. PFPP focuses on identifying a precipitating stressful life event preceding onset of panic disorder symptoms and the meaning (conscious and unconscious) that event has for the patient. Intrapsychic conflicts from childhood as well as conflicts arising from sexual urges are probed during this treatment in order to increase emotional awareness and foster resolution (Milrod, Busch, Cooper, & Shapiro, 1997).

Q. What is the theoretical model underlying PFPP?

A. This treatment approach is based on Sigmund Freud's notion of anxiety neurosis wherein he postulated that anxiety functions to alert the ego of emerging and unacceptable unconscious wishes (Freud, 1936). Proponents of the treatment note that the principal benefit of this approach is resolution of intrapsychic conflicts, which should result in better long-term outcomes than treatments focusing on relief of the overt symptoms (Milrod et al., 1997). The goal of this short-term psychoanalytic psychotherapy is to target and foster resolution of these conflicts with the secondary benefit of symptom relief. This manualized treatment is divided into three phases: identifying the meaning of panic symptoms; identifying core conflicts underlying panic disorder; and termination (Milrod et al., 1997).

Q. Is PFPP recommended as a front-line treatment for panic disorder in the Military Health System (MHS)?

A. There is no VA/DoD clinical practice guideline (CPG) on the treatment of panic disorder.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. However, in the absence of an official VA/DoD recommendation, clinicians should look to CPGs published by other recognized organizations, and may rely on knowledge of the literature and clinical judgement.

Q. Do other organizations with CPGs for the treatment of panic disorder recommend PFPP as a front-line treatment?

A. No. CPGs published by other organizations do not recommend the use of PFPP as a front-line treatment for panic disorder.

- The American Psychiatric Association's Practice Guideline for the Treatment of Patients with Panic Disorder lists PFPP as a second-level treatment for consideration when first-line treatments have not been successful.
- The United Kingdom's National Institute for Health and Care Excellence (NICE)'s guideline on the management of generalised anxiety disorder and panic disorder in adults does not include PFPP in their recommendations (National Collaborating Centre for Mental Health, 2011).
- The Canadian Psychiatric Association's clinical practice guidelines on the management of anxiety disorders state that there is insufficient data to recommend routine use of psychodynamic therapy for the treatment of panic disorder (Canadian Psychiatric Association, 2006).

Q. Do other authoritative reviews recommend PFPP as a front-line treatment for panic disorder?

A. No. Other authoritative reviews have not substantiated the use of PFPP for panic disorder.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on panic disorder were identified.
- Cochrane: A 2016 systematic review and network meta-analysis of psychological therapies for panic disorder with or without agoraphobia in adults (Pompoli et al.) included two trials of PFPP (Beutel et al.,

2013; Milrod et al., 2007). The authors state that the treatment showed promise, but that more research is needed to determine its efficacy relative to cognitive behavioral therapy (CBT).

Q. Is there any recent research on PFPP as a treatment for panic disorder?

A. A November 2018 literature search identified one trial of PFPP for panic disorder in addition to the trials included in the Cochrane systematic review above. In this trial, 201 patients diagnosed with panic disorder were randomized to receive PFPP, CBT, or applied relaxation training (ART; Milrod et al., 2016). This study was conducted at two sites, and the authors reported that there were significant site-by-treatment interactions that complicated interpretation of the results. At one study site, patients improved at similar rates across the treatments and no significant differences were found between groups on the primary outcome measure. At the other study site, CBT and ART groups demonstrated significantly better outcomes at treatment termination compared to the PFPP group. CBT was effective across sites, but PFPP was less consistent.

Q. What conclusions can be drawn about the use of PFPP as a treatment for panic disorder in the MHS?

A. The current state of evidence on PFPP suggests that this intervention should not be recommended as a front-line treatment for panic disorder in the MHS. Although there is a growing literature base on the efficacy of PFPP for treating panic disorder, the body of evidence for PFPP does not suggest that this treatment is as effective as existing front-line psychological treatments for panic disorder. Additional comparative effectiveness trials are needed to establish an understanding of PFPP's effectiveness relative to existing front-line psychotherapies for panic disorder, and to investigate if PFPP is particularly effective for certain patient groups.

References

- American Psychiatric Association. (2009). *Practice guideline for the treatment of patients with panic disorder, second edition*. Retrieved from: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf
- Beutel, M. E., Scheurich, V., Knebel, A., Michal, M., Wiltink, J., Graf-Morgenstern, M., ... Subic-Wrana, C. (2013). Implementing panic-focused psychodynamic psychotherapy into clinical practice. *Canadian Journal of Psychiatry, 58*(6), 326–334.
- Canadian Psychiatric Association (2006). Clinical practice guidelines: Management of anxiety disorders. *The Canadian Journal of Psychiatry, 51*(2), 1S–92S.
- Freud, S. (1936). Inhibitions, symptoms and anxiety. *The Psychoanalytic Quarterly, 5*(1), 1–28.
- Milrod, B., Busch, F. N., Cooper, A. M., & Shapiro, M. D. (1997). *Manual of panic-focused psychodynamic psychotherapy*. Washington, DC: American Psychiatric Press, Inc.
- Milrod, B., Chambless, D. L., Gallop, R., Busch, F. N., Schwalberg, M., McCarthy, K. S., ... Barber, J. P. (2016). Psychotherapies for panic disorder: A tale of two sites. *Journal of Clinical Psychiatry, 77*(7), 927–935.
- Milrod, B., Leon, A. C., Busch, F., Rudden, M., Schwalberg, M., Clarkin, J., ... Shear, M. K. (2007). A randomized controlled clinical trial of psychoanalytic psychotherapy for panic disorder. *American Journal of Psychiatry, 164*(2), 265–272.
- National Collaborating Centre for Mental Health. (2011). *Generalised anxiety disorder in adults: The NICE guideline on management in primary, secondary and community care* (National clinical guideline number 113). London: The Royal College of Psychiatrists.
- Pompili, A., Furukawa, T. A., Imai, H., Tajika, A., Efthimiou, O., & Salanti, G. (2016). Psychological therapies for panic disorder with or without agoraphobia in adults: A network meta-analysis. *Cochrane Database of Systematic Reviews, 4*, CD011004.

