

## Research Request – Early intervention for agoraphobia, anxiety or schizoaffective disorder

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<b>Brief</b>	Check to see if there is any research about “early intervention” for adults with diagnosis of agoraphobia, generalized anxiety or schizoaffective disorder.
<b>Date</b>	07/08/2020
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***Please note:***

***The research and literature reviews collated by our TAB Research Team are not to be shared external to the Branch. These are for internal TAB use only and are intended to assist our advisors with their reasonable and necessary decision making.***

***Delegates have access to a wide variety of comprehensive guidance material. If Delegates require further information on access or planning matters they are to call the TAPS line for advice.***

***The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters***

## 1. Summary

- Early intervention should be delivered to individuals at risk of developing a disorder or showing early or mild signs of the problem
- Various interventions have been explored for anxiety and schizophrenia, however, there is little on agoraphobia
- Papers rarely provided an sort of timeline for when these intervention should be delivered, other than to say it should be 'early' or when symptoms were mild to moderate
  - One paper on schizophrenia noted it should occur within 3 years of psychotic illness

## 2. What is early intervention?

Early intervention is the process of providing specialist intervention and support to a person who is experiencing or demonstrating any of the early symptoms of mental illness.

Intervention is not only critical for preventing or reducing the progress of a mental illness, but for improving a person's mental and physical health, community participation and socioeconomic outcomes far into the future.

## 3. Generalised Anxiety Disorder

1. In relation to anxiety, early intervention programs are distinguished from prevention programs, as early intervention programs target individuals at risk of developing a disorder or showing early or mild signs of the problem. On the other hand, prevention programs in the true sense do not require that an individual is either at risk or showing any signs of a disorder [1].

### Aims of early intervention for anxiety [1]:

1. Increase resilience
2. Social confidence
3. Regulation of emotion
4. Ability to anticipate and solve problems

No mention of precise time frame for when delivery of early intervention should occur (e.g. within a year of symptoms developing) [1].

2. The Beyond Blue Foundation [2] performed an evidence review of prevention and early intervention strategies for depression and anxiety. This included adults with mild to moderate disease. As symptoms can emerge across the lifespan, it is suggested that opportunities to prevent and manage occur early on in the diagnosis.

*What early intervention and prevention policies, programs, or services are effective at managing anxiety in adults?*

- It is highly recommended that internet- and mobile app-delivered interventions be implemented for people experiencing mild–moderate anxiety [2].
- There is some evidence that unguided interventions are effective for anxiety, but more research needs to explore the role of therapist support in this context [2].
- As with depression, it is recommended that these interventions be implemented among non-treatment-seeking populations, or those who are otherwise unable to engage with usual, high-quality care in order to maximise the impact of these interventions on anxiety symptoms [2].
- Exercise-based interventions are also recommended for young people wanting to reduce worry [2].

#### 4. Schizoaffective Disorder

A Cochrane Review has evaluated the effects of early intervention strategies for schizophrenia [3].

In broad terms, early intervention has two objectives: the first is to prevent the onset of schizophrenia in people with prodromal symptoms (mood changes such as anxiety, depression, mood swings, sleep disturbances, irritability, anger, and suicidal ideas); the second is to provide effective treatment to people in the early stages of schizophrenia (including first episode of psychosis), with the goal of reducing the ultimate severity of the illness [3].

The 18 included studies produced emerging, but inconclusive evidence that people in the prodromal phase of psychosis can be helped by some interventions. There is some support for specialised early intervention services, but further trials would be desirable, and there is a question of whether gains are maintained. There is some support for phase-specific treatment focused on employment and family therapy, but again, this needs replicating with larger and longer trials [3].

Older literature has suggested that early intervention and early diagnosis teams are expected to meet needs of people for the first time during the **first 3 years of psychotic illness** (usually within the ages of 14-35 years) [4].

## 5. Agoraphobia

Unable to find any early intervention strategies which focus solely on agoraphobia.

One study looked at panic disorder with secondary symptoms of agoraphobia [5]. The early intervention course developed specifically for adults and was based on cognitive-behavioural principles and makes use of interventions that have appeared effective in the treatment of the full-blown panic disorder.

Participants labelled as 'early' were those presenting with subthreshold or mild panic disorder, defined as having symptoms of PD falling below the cut-off of 13 on the Panic Disorder Severity Scale-Self Report (PDSS-SR). No mention of time since diagnosis/symptom onset [5].

## 6. Reference List

1. Dadds M, Seinen A, Roth J, Harnett P. Early Intervention for Anxiety Disorders in Children and Adolescents. Clinical Approaches to Early Intervention in Child and Adolescent Mental Health, Volume 2. Australian Early Intervention Network for Mental Health in Young People, c/o CAMHS Southern, Flinders Medical Center, Bedford Park, South Australia 5042. For full text: [http://auseinet.flinders.edu.au](http://auseinet.flinders.edu.au;).; 2000.
2. Kay-Lambkin F, Gilbert J, Pedemont L, Sunderland M, Dalton H et al. Prevention and early intervention for people aged 18 and over with, or at risk of, mild to moderate depression and anxiety: An Evidence Check rapid review brokered by the Sax Institute ([www.saxinstitute.org.au](http://www.saxinstitute.org.au)) for Beyond Blue, 2018. Retrieved from [https://www.beyondblue.org.au/docs/default-source/policy-submissions/mild-moderate-depression-and-anxiety-in-adults\\_final-2.pdf?sfvrsn=d182bcea\\_6](https://www.beyondblue.org.au/docs/default-source/policy-submissions/mild-moderate-depression-and-anxiety-in-adults_final-2.pdf?sfvrsn=d182bcea_6)
3. Marshall M, Rathbone J. Early intervention for psychosis. Cochrane Database of Systematic Reviews. 2011(6).
4. Birchwood M, Todd P, Jackson C. Early intervention in psychosis: the critical period hypothesis. The British journal of psychiatry. 1998 Jun;172(S33):53-9.
5. Meulenbeek P, Willemse G, Smit F, van Balkom A, Spinhoven P, Cuijpers P. Early intervention in panic: randomized controlled trial and cost-effectiveness analysis. Trials. 2008 Dec 1;9(1):67.