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The Potential of Cognitive-Behavioral Intervention for Anxiety in Parkinson's Disease

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Objectives: Anxiety is a prevalent but understudied non-motor symptom of Parkinson's disease (PD), for which pharmacological treatments yield mixed results. Cognitive-behavioral therapy (CBT) has shown promise in improving depression in PD, and case studies suggest that it may also alleviate anxiety. Because of the deleterious effects of anxiety on cognition and quality of life, there is need for evidence-based psychological interventions.

Methods: This study explores the utility and feasibility of a transdiagnostic intervention to improve anxiety in PD using a multiple-baseline, single-case experimental design. Following a two-, four-, or six-week baseline phase, five individuals with PD who met DSM-5 criteria for an anxiety disorder received/are receiving 12 weekly sessions of CBT₁, followed by a post-intervention assessment and a 6-week no-contact follow-up. Weekly levels of anxiety and depression are measured throughout the study, with measures of cognition, quality of life, sleep, and motor function completed at all pre- and post-intervention assessments.

Results: Results to date (2 completers, 3 currently enrolled) suggest that CBT may produce clinically meaningful changes in anxiety, depression, quality of life, and fear of falling (Figure 01). Results are mixed regarding effects on cognition, sleep, and motor function. Treatment satisfaction has been high.

Conclusions: CBT may improve anxiety, depression, quality of life, and fear of falling among adults with PD and clinical anxiety. These findings warrant further exploration of CBT for anxiety across various stages of PD.

References: 1. Barlow, D. H., Farchione, T. J., Fairholme, C. F., Ellard, K. K., Boisseau, C., Allen, L.B., & Ehrenreich- May, J. (2011). *The unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide*. New York: Oxford University Press.

