

2019-03-31

Cognitive-behavioral therapy for anxiety in Parkinson's disease

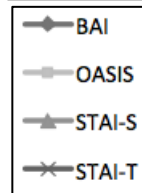
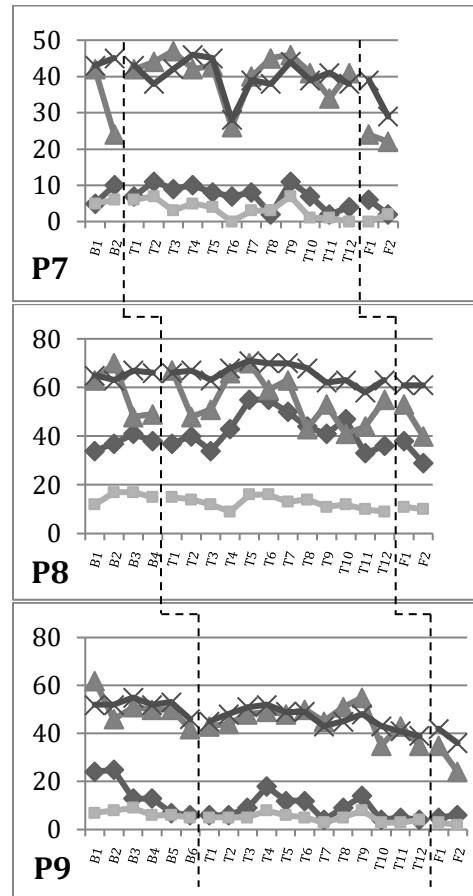
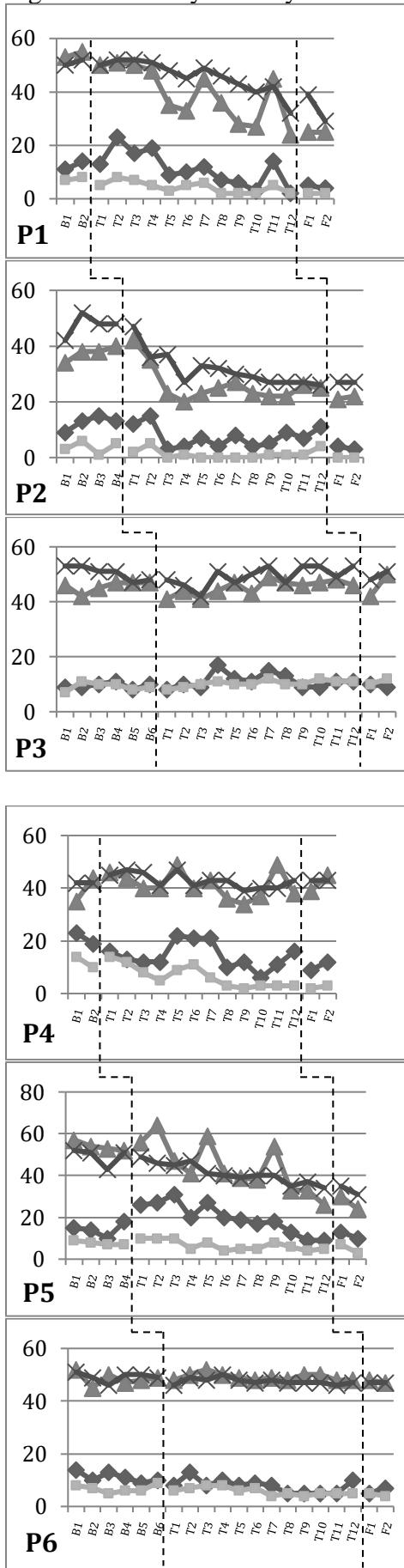
Reynolds, G. O., Saint-Hilaire, M., Thomas, C. A., Barlow, D. H., & Cronin-Golomb, A. (2019).

Cognitive-Behavioral Therapy for Anxiety in Parkinson's Disease. Behavior Modification. <https://doi.org/10.1177/0145445519854455>

<https://hdl.handle.net/2144/39253>

"Downloaded from OpenBU. Boston University's institutional repository."

Figure 2. Weekly Anxiety Scores



P2: Rapid response to treatment (weeks 2 and 3) corresponded with sessions on motivation and psychoeducation. P5: Elevated BAI at the beginning of treatment (sessions 1-5) coincided with external stressor. BAI trended downward from sessions 3-12. P8: Initial increase in slope on BAI/STAI-S (weeks 2/3-5) coincided with increased “off” periods related to DBS reprogramming. There was a subsequent decline in BAI/STAI-S/OASIS from weeks 5-12. Throughout treatment, she reported several medically-warranted adjustments in dopaminergic dose and DBS settings, which worsened motor complications. These changes likely affected her anxiety ratings, but these changes were consistent from weeks 1-10 of the intervention phase, and the downward trend in anxiety scores began in week 5.

