Pharmacological treatment of depression with comorbid anxiety disorders is quite different. To begin with, the anxious subject has generally an amplified perception of bodily sensations. The person will thus be more concerned about side-effects of the medication. This will incite the clinician to start treatment with smaller doses to enable a gradual adaptation to side-effects.

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However, efficacy studies of cognitive-behavior are reassuring. We know that it is effective for the treatment of the primary problem it is addressing. But we are discovering that it also has an indirect effect on comorbid conditions. For example, several subjects cease to suffer from social phobia or depression during treatment of panic disorder with agoraphobia. It is thought that the therapeutic effects are widespread, because the sufferers learn to adapt the new strategies they have developed in therapy to the comorbid conditions. A domino effect may also occur: treatment of the main problem may have an effect on what causes and maintains the comorbid conditions.

It has long been thought that the presence of comorbid disorders highly reduced the efficacy of psychotherapy. It is true, that the presence of comorbid disorders can complicate the elimination of avoidance behaviors and of thoughts provoked by the anxiety symptoms.

Louise just came out of the doctor’s office, after having received a diagnosis of major depression. She feels relieved to know that she will finally be able to get help for her problems. On the other hand, she remains ambivalent about what she could have told the doctor and did not dare to talk about, like the aggression she experienced that continues to haunt her every day, her frequent alcohol consumption and her uneasiness when talking to strangers for fear of being laughed at. She said to herself: «to receive one diagnosis is enough» and «they will think I am crazy». Yet, it is not rare or embarrassing to suffer from more than one problem at the same time. This is called a comorbidity.

What is a comorbidity?

The term comorbidity refers to the difficulties and the symptoms experienced by a person, resulting from two or more health problems for which the health professional will establish more than one diagnosis. The word morbidity is simply a medical term indicating that a person is suffering from a medical problem or an illness. The multiple diagnoses given make up the clinical picture. Thus a person can suffer from panic disorder and from major depression at the same time.

Primary and secondary diagnoses are terms used by health professionals in presence of comorbidities. The decision to consider a health problem as the primary diagnosis rests on the evaluation of the disorders, based on the order of their appearance, the relation of cause and effect and the severity of each condition. All these elements may of course influence the type of treatment used.

Is it an important phenomenon?

We know that 56% of the people suffering from a mental health problem have also experienced at least one other problem of the same nature in their lifetime. These disorders can occur at different periods or simultaneously. Certain individuals sometimes present three comorbid conditions or more. The fact that comorbidity is a very common phenomenon supports the hypothesis that different anxiety disorders and also depression may have common origins.
Anxiety Disorders and Comorbidities

In the case of anxiety disorders, the presence of another mental problem at a certain point in life seems to be the norm rather than the exception. In fact, more than 70% of subjects with an anxiety disorder may also present a comorbid condition. In certain instances, more than 80% of the persons with generalized anxiety or post-traumatic stress disorder have been reported to suffer from comorbid disorders (especially specific phobia, social anxiety, depression or alcoholism). Certain studies have also shown rates of comorbidity as high as 60%, with high percentages of depression, generalized anxiety and social anxiety, in persons suffering from panic disorder with agoraphobia.

Comorbidity is particularly high between different anxiety disorders. Those considered most often as secondary problems are social phobia (on average 33% of cases) and specific phobia (on average 27% of cases). In addition, panic attacks and a certain social uneasiness are also manifested in the majority of anxiety disorders.

As for comorbidity between depression and anxiety disorders, it unfortunately often goes unnoticed. Up to 45% of subjects with an anxiety disorder also suffer from depression at one point or another during their lifetime. The comorbidity rates between generalized anxiety and panic disorder exceed 55%. In addition, 20% of subjects suffering from a manic-depressive illness also experience anxiety and panic attacks.

These high rates do not mean that all anxious persons are necessarily depressed or suffering from several anxious disorders at the same time. On the other hand, an anxiety disorder is often accompanied with another anxiety disorder or depression. On the contrary, persons suffering essentially from depression do not develop a secondary anxiety disorder as often.

Sometimes, alcohol consumption will serve as a means to overcome anxiety and its manifestations. But this behavior can lead to other health problems and even to alcoholism. In fact, certain studies conducted among people suffering from alcoholism show comorbidity rates with anxiety disorders that sometimes exceed 30%, social phobia and agoraphobia being the most common comorbid disorders. Finally, personality traits often more rigid in certain individuals can also complicate the clinical picture and treatment.

Comorbidity with anxiety disorders can also involve other mental illnesses (bipolar disorder, etc.), although in lesser proportions, and not to be forgotten, certain physical illnesses, like cardiovascular diseases and diabetes.

What are the implications of comorbidity?

Among comorbid disorders, the relation between depression and anxiety seems to be particularly complex and remains a subject of debate and controversy in scientific literature. Certain authors even suggest recognizing entities like «anxious depression» or «mixed anxious-depressive disorder» to better interpret clinical reality.

How can we make sense of this mixture of anxious and depressive elements? It is important to remember that these disorders are related to the mechanism of action of substances that transmit information between neurons. Only a small number of these neurotransmitters are known, and they all influence one another. One theory suggests that depression can be the result of excessive use of certain neurotransmitters involved in anxiety.

The presence of an anxiety disorder increases the risk of developing another anxiety disorder or a major depression. Comorbidity also brings about a lesser quality of life, greater distress and an increased risk of suicide. Finally, sufferers may hesitate to talk about all their problems for fear of being judged by family members or mental health professionals, a factor that also contributes to their isolation.

To recognize that you are suffering from more than one problem may paradoxically be reassuring. This will enable you to identify more clearly what your are experiencing and better understand your reactions and what causes them; it will also help you comply more effectively with the treatment plan suggested by the health professional.

What are the implications for therapeutic intervention?

For general practitioners and psychiatrists, comorbidity between anxiety disorders has an impact on the dosage of prescribed medication, the time it will take to obtain a noticeable improvement and the duration of treatment.
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**Conclusion**

Comorbidity simply means suffering from more than one mental problem at the same time. It is a very common phenomenon. An anxiety disorder is often accompanied with another anxiety disorder or depression. It is thus important when consulting health professionals to insure that all the symptoms that affect our functioning and mental stability are evaluated.

Comorbidity has a direct impact on the distress level experienced and the quality of life, and it can also influence treatment. It is not always necessary to treat all comorbid conditions at the same time. The health professionals usually prefer to establish a primary diagnosis and plan the treatment accordingly. If comorbid disorders do not subside with pharmacotherapy or psychotherapy, a revision of the diagnosis and an adjustment of the treatment should be considered.

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