Primary Care Networks
EDMONTON AND AREA

Evidence-based treatment options for Social Anxiety Disorder (SAD)

Guidance for Psychiatrists, Family Physicians, and Nurse Practitioners

Developed by:

MANOR CLINIC

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According to the Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders (2014), the following treatment approaches could be beneficial for individuals with social anxiety disorder (SAD):

A. Psychological treatment:

Cognitive Behavioral Therapy (CBT) is considered the gold-standard nonpharmacological treatment for SAD. Cognitive techniques involved in CBT for SAD include restructuring and challenging maladaptive thoughts, while the behavioral component is typically in the form of exposure therapy. Several studies of acute SAD treatment have also found a similar efficacy between CBT and pharmacotherapy.

A form of CBT focused on interpersonal behavior found similar improvements in social anxiety compared to standard CBT but also increased relationship satisfaction and social approach behaviors.

While less effective than traditional CBT, mindfulness-based therapy (MBT) has been associated with improvements in symptoms of SAD.

B. Pharmacological treatment:

1. **First line:**
   - **a. Antidepressants:** RCT evidence supports the use of the SSRIs escitalopram, fluvoxamine, fluvoxamine CR, paroxetine, and sertraline, as well as the SNRI venlafaxine XR for the first-line treatment of SAD.
   - **b. Pregabalin:** Pregabalin has also demonstrated efficacy versus placebo for treating SAD in RCTs at higher (600 mg/day) but not lower dose levels (150-300 mg/day).

2. **Second-line agents:**
   - **a. Benzodiazepines:** In RCTs, the benzodiazepines clonazepam, alprazolam and bromazepam have demonstrated efficacy in treating SAD.
   - **b. Antidepressants:** Despite limited evidence for citalopram in SAD, it is likely as effective as the other SSRIs.
   - **c. Anticonvulsants:** Gabapentin was significantly more effective than placebo in an RCT.

3. **Adjunctive therapy:** Adjunctive strategies have generally been studied in patients who have had an inadequate response to antidepressant treatment and can be considered for patients with treatment-resistant SAD. Patients with refractory SAD may benefit from third-line adjunctive treatments with aripiprazole, risperidone, buspirone or paroxetine.