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LONG-TERM OUTCOME IN PHARMACOTHERAPY-RESISTANT PATIENTS WITH PANIC DISORDER TREATED WITH COGNITIVE-BEHAVIOR THERAPY: 5-YEAR FOLLOW-UP
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Background: There is a limitation of data about factors associated with treatment response in panic disorder (PD) patients at long-term follow-up period. The aim of this study was to evaluate the long-term treatment response of pharmacotherapy-resistant patients with PD after 5 years of cognitive-behavior group therapy (CBGT) and to identify factors that predict this outcome.

Method: Sixty-four patients who completed 12 sessions of CBGT were followed for 5-year. Outcome measures were evaluated by the Clinical Global Impression (CGI) and quality of life (QoL) using WHOQOL-bref. Demographic and clinical features, stressful life events were the variables investigated as predictors of CBGT response across follow-up period.

Results: Treatment was associated with significant reduction in symptoms severity (agoraphobia, anticipatory anxiety and panic attacks) with maintenance of gains at 5-year of follow-up ($p < 0.05$). Twenty-four (40%) of the sample remained in remission after 5 years, 12 (20%) relapsed during the follow-up period and 24 (40%) were non-responder to CBGT. The poor CBGT response had an important negative impact in QoL. Regression analyzes showed that comorbidity with dysthymia ($p = 0.017$) and stressful life events ($p=0.012$) as the most important predictors to worse response.

Conclusions: The improvement in all evaluations suggested that brief CBGT for pharmacotherapy-resistant patients could be an alternative as next-step strategy for residual symptoms with maintenance of the gains after 5 years as assessed across follow-up period. New strategies should be tried for resistant patients, such as those with dysthymia comorbidity, and some specific tool in order to cope with adverse events.