

# Better than Lexapro?

## Mindfulness techniques as good as Lexapro (escitalopram) for anxiety

*Anxiety is common and causes a lot of distress and can significantly impair function. It arises from thoughts that trigger an unpleasant reaction to things that are not currently happening. We all experience anxiety in some form at times but for some people, it can be disabling. Over the past 30 years, new medications for anxiety, mainly SSRI (selective serotonin reuptake inhibitors) have become commonly used. I'm often asked about non-pharmacologic treatments for anxiety. This study compares a treatment head-to-head with escitalopram (Lexapro) at two dosages to find out the outcome. Can anxiety be improved without medication?*



### Abstract

- **Objective:** To determine whether MBSR is noninferior to escitalopram, a commonly used first-line psychopharmacological treatment for anxiety disorders.
- **Design, Setting, and Participants:** This randomized clinical trial (Treatments for Anxiety: Meditation and Escitalopram [TAME]) included a noninferiority design with a prespecified noninferiority margin. Patients were recruited between June 2018 and February 2020. The outcome assessments were performed by blinded clinical interviewer at baseline, week 8 end point, and follow-up visits at 12 and 24 weeks. Of 430 individuals assessed for inclusion, 276 adults with a diagnosed anxiety disorder from 3 urban academic medical centers in the US were recruited for the trial, and 208 completed the trial.
- **Interventions:** Participants were 1:1 randomized to 8 weeks of the weekly MBSR course or the antidepressant escitalopram, flexibly dosed from 10 to 20 mg.
- **Main Outcomes and Measures:** The primary outcome measure was anxiety levels as assessed with the Clinical Global Impression of Severity scale (CGI-S), with a predetermined noninferiority margin of  $-0.495$  points.
- **Results:** The primary noninferiority sample consisted of 208 patients (102 in MBSR and 106 in escitalopram), with a mean (SD) age of 33 (13) years; 156 participants (75%) were female; 32 participants (15%) were African American, 41 (20%) were Asian, 18 (9%) were Hispanic/Latino, 122 (59%) were White, and 13 (6%) were of another race or ethnicity (including Native American or Alaska Native, more than one race, or other, consolidated owing to low numbers). Baseline mean (SD) CGI-S score was 4.44 (0.79) for the MBSR group and 4.51 (0.78) for the escitalopram group in the per-protocol sample and 4.49 (0.77) vs 4.54 (0.83), respectively, in the randomized sample. At end point, the mean (SD) CGI-S score was reduced by 1.35 (1.06) for MBSR and 1.43 (1.17) for escitalopram. The difference between groups was  $-0.07$  (0.16; 95% CI,  $-0.38$  to  $0.23$ ;  $P = .65$ ), where the lower bound of the interval fell within the predefined noninferiority margin of  $-0.495$ , indicating noninferiority of MBSR compared with escitalopram. Secondary intent-to-treat analyses using imputed data also showed the noninferiority of MBSR compared with escitalopram based on the improvement in CGI-S score. Of patients who started treatment, 10 (8%) dropped out of the escitalopram group and none from the MBSR group due to adverse events. At least 1 study-related adverse event occurred for 110 participants randomized to escitalopram (78.6%) and 21 participants randomized to MBSR (15.4%).
- **Conclusions and Relevance:** The results from this randomized clinical trial comparing a standardized evidence-based mindfulness-based intervention with pharmacotherapy for the treatment of anxiety disorders found that MBSR was noninferior to escitalopram.

*This randomized trial of 276 adults with anxiety disorders compared an 8-week mindfulness-based stress reduction (MBSR) course to 10 mg and 20 mg dosages of escitalopram, a commonly used medication for anxiety. At 8, 12, and 24 weeks, anxiety levels decreased by similar amounts in both groups. The medication group had a 78% rate of side effects as compared to 15% in the mindfulness group. After 24 weeks, there were fewer people (28%) practicing meditation regularly compared with those taking escitalopram (52%); however, the benefits remained and there were no significant differences between groups. This is quite interesting. Could mindfulness training create changes in how the brain functions? This study suggests that offering MBSR as an active therapeutic intervention for anxiety has similar benefits to*

*escitalopram in certain populations while causing fewer side effects. In addition, this mindfulness training has the potential for longer-lasting benefits even after the cessation of regular meditation practice.*

*There are MBSR courses both in-person and online. Here is a great resource for a [free online MBSR course](#). It is a time-consuming course but if you are having trouble with anxiety, it could be life changing. There are also some people locally if you prefer that approach.*

*Practicing even a [1-minute meditation](#) daily can be beneficial and is a good place to start...we all have a minute!*

Mindfulness-Based Stress Reduction vs Escitalopram for the Treatment of Adults With Anxiety Disorders: A Randomized Clinical Trial. *JAMA Psychiatry*. Published online November 09, 2022. doi:10.1001/jamapsychiatry.2022.3679.