

Comparing Meditation versus Medicine for Patients with Anxiety Disorders

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What was the research about?

People with anxiety disorders may feel fear, worry, or nervousness. These feelings can make doing daily activities hard. Certain medicines can help reduce anxiety, but people may have side effects or other problems taking them. Meditation can also help reduce anxiety.

In this project, the research team compared two treatments for patients with anxiety disorders:

- **Mindfulness-based stress reduction, or MBSR.** MBSR is a type of meditation. Patients took an MBSR course for eight weeks. They learned about different forms of MBSR and how to practice meditation. They also received guided practice sessions on meditation for home use.
- **Escitalopram, a medicine for anxiety.** Doctors prescribed this medicine for eight weeks. Patients took 10 milligrams (mg) per day by mouth during week one. Doctors increased the dose to 20 mg per day during week two if the patient didn't have bad side effects.

The research team first wanted to learn if MBSR wasn't worse than the medicine in reducing anxiety. The team also compared MBSR delivered in person before the COVID-19 pandemic with MBSR delivered online during the pandemic.

What were the results?

After eight weeks, when delivered in person, MBSR worked about the same as the medicine to reduce anxiety symptoms. Both treatments reduced patients'

anxiety symptoms. Also, online MBSR worked about the same as in-person MBSR.

Among patients who received the medicine, 79 percent had at least one side effect compared with 15 percent of patients who received MBSR. The most common side effects for the medicine were insomnia or sleep disturbances, nausea, and fatigue. The most common side effect for MBSR was increased anxiety during treatment.

Who was in the study?

The in-person study included 208 patients, and the online study included 197 patients. Patients had different types of anxiety, including general, social, panic attacks, or fear of crowds. Among patients, 59 percent were White, 20 percent were Asian, 16 percent were Black, and 7 percent were another race; 9 percent were Hispanic or Latino. The average age was 34, and 76 percent were women. All received care at one of three health centers in Washington, DC, New York City, and Boston.

What did the research team do?

The research team assigned patients by chance to receive MBSR or the medicine. Patients had regular check-ins with a clinician, such as a doctor or nurse, during the study. During the pandemic, the team repeated the study and delivered treatments online.

At four and eight weeks, an independent clinician assessed patients' anxiety symptoms. The clinician didn't know which treatment patients received.

Patients with anxiety disorders, clinicians, a healthcare system representative, and an anxiety disorder outreach organization helped design the study.

What were the limits of the study?

Most patients in the study were women and had a college degree. Results may differ for patients of other backgrounds.

Future research could include patients of other backgrounds.

How can people use the results?

Doctors and patients can use the results when considering treatments for anxiety disorders.

To learn more about this project, visit www.pcori.org/Hoge476.