Perhaps this debate needs to move on to a creative engagement with this process.

Blom-Cooper, L., Brown, M., Dolan, R., *et al* (1992) *Report of a Committee of Inquiry into Complaints about Ashworth Hospital*. London: HMSO.

Exworthy, T. & Gunn, J. (2003) Taking another tilt at high secure hospitals. The Tilt Report and its consequences for secure psychiatric services. *British Journal of Psychiatry*, **182**, 469–471.

Fallon, P., Bluglass, R., Edwards, B., *et al* (1999) *Report of the Committee of Inquiry into the Personality Disorder Unit, Ashworth Special Hospital*. London: Stationery Office.

Rapoport, R. (1960) *Community as Doctor*. London: Social Science Paperbacks.

Scott, P. D. (1975) *Has Psychiatry Failed in the Treatment of Offenders?* (The Fifth Denis Carroll Memorial Lecture). London: Institute for the Study and Treatment of Delinquency.

Tilt, R. (2003) High-security hospitals (letter). *British Journal of Psychiatry*, **182**, 548.

Tilt, R., Perry, B., Martin, C., *et al* (2000) *Report of the Review of Security at the High Security Hospitals*. London: Department of Health.

D. Beales Mersey Care NHS Trust, Ashworth Hospital, Parkbourn, Maghull, Merseyside L31 1BD, and Bolton, Salford and Trafford Mental Health NHS Trust, UK

Sertraline and exposure therapy in social phobia

I read with interest the article by Haug *et al* (2003), but was puzzled by the conclusion they drew from their data.

After a 24-week study comparing sertraline, sertraline plus exposure, exposure plus placebo, and placebo in patients with social anxiety disorder (Blomhoff *et al*, 2001), patients were followed up at week 52. In the summary the authors conclude that 'Exposure therapy alone yielded a further improvement during follow-up, whereas exposure therapy combined with sertraline and sertraline alone showed a tendency towards deterioration after the completion of treatment'. This seems to be a misleading interpretation of their data.

Haug and colleagues did not mention the primary efficacy measures of their study in their paper. Reading the original paper by Blomhoff *et al*, I find that the primary efficacy measures were numbers of responders or partial responders on the Clinical Global Impression – Social Phobia (CGI–SP) and the Social Phobia Scale (SPS). In the first study, treatment with sertraline was superior to placebo, but exposure was not. For example, 45.5% of the patients treated with sertraline plus exposure were responders compared with 33.0% of the patients treated with exposure plus placebo. I wonder why it was not mentioned in the second paper whether the three active groups differed from placebo and from each other on the primary efficacy measures.

Instead, Haug *et al* report only relative changes of mean scores without adjusting for the large absolute differences at termination of the acute study (week 24). After 52 weeks, exposure patients only caught up to the already better scores of the sertraline groups. From both papers, I calculated the following total mean changes for weeks 0–52 by adding the mean changes for weeks 0 to 24 and the ones for weeks 24 to 52 and found: 1.68 for placebo, 2.02 for sertraline plus exposure, 1.92 for sertraline, and 1.88 for exposure plus placebo on the CGI–SP overall severity. For the SPS, I found the following mean changes: 12.09 for placebo, 15.56 for sertraline plus exposure, 14.12 for sertraline, and 15.91 for exposure plus placebo. These scores may change a little bit after correction for participants who withdrew from the trial. I doubt that any of these scores differs significantly from each other or from placebo. By no means is it true that 'Exposure therapy given alone is more effective in the long term than when given in combination with sertraline'. The opposite is the case: it takes 1 year for the exposure patients to reach the level of improvement that the sertraline and the combination patients have already reached after half a year. Perhaps the patients treated with exposure only showed further improvement during the 'treatment-free' follow-up period because one-fifth of them now received treatment with selective serotonin reuptake inhibitors. Remarkably, there was no deterioration in the sertraline groups on the primary efficacy measures, despite the fact that only one-fifth of this group remained on medication.

I have calculated a Bonferroni-corrected critical *P*-value of 0.0073 when seven scales are used. Thus, all *P*-values <0.05 and <0.01 given in the paper may be not significant.

I would suggest that the authors analyse their primary efficacy measures and reinterpret their data.

Declaration of interest

B.B. is or has been a speakers' bureau participant with Aventis, AstraZeneca Pharmaceuticals, Bayer AG, Boehringer-Ingleheim GmbH, Bristol-Myers-Squibb, Eli Lilly and Company, GlaxoSmithKline, Janssen-Cilag, Lundbeck, Meiji-Seiko Pharmaceuticals, Novartis Pharmaceuticals Corp., Organon, Pfizer Inc., Roche, Sanofi-Synthélabo, Solvay, and Wyeth Pharmaceuticals.

Blomhoff, S., Haug, T. T., Hellstrøm, K., *et al* (2001) Randomised controlled general practice trial of sertraline, exposure therapy and combined treatment in generalised social phobia. *British Journal of Psychiatry*, **179**, 23–30.

Haug, T. T., Blomhoff, S., Hellstrøm, K., *et al* (2003) Exposure therapy and sertraline in social phobia: 1-year follow-up of a randomised controlled trial. *British Journal of Psychiatry*, **182**, 312–318.

B. Bandelow Department of Psychiatry and Psychotherapy, The University of Göttingen, von-Siebold-Str. 5, D-37075 Göttingen, Germany.

Author's reply: The primary efficacy measures from our paper about treatment effect at week 24 (Blomhoff *et al*, 2001) are reported in the method section of the paper about the follow-up study (Haug *et al*, 2003). In the pairwise comparisons, combined sertraline and exposure and sertraline alone were significantly superior to placebo, while a non-significant trend towards increased efficacy of exposure alone compared with placebo was reported.

The four study groups had a significant reduction in scores on all social phobia scales from baseline to follow-up. Furthermore, there was no significant difference in scores on primary efficacy measures between the active treatment groups in any of the time-point analyses between week 0 and week 24. In the follow-up analyses we were therefore mainly interested in the changes after cessation of treatment. For the exposure group and the placebo group there was a further improvement in scores on social phobia from week 24 to week 52 and the changes on several of the subscales were highly significant. On SF–36, which demonstrates changes in a more global functioning, there was a significant improvement for the exposure alone and the placebo groups, while there was a significant deterioration in both the sertraline-treated groups. Changes in scores on other social phobia scales for the sertraline-treated groups were non-significant, but there was a tendency towards deterioration (Tables 1 and 2, pp. 314–315). We agree that the changes in sertraline-treated groups during the follow-up period were marginal. However,

https://doi.org/10.1192/bjp.184.3.271 Published online by Cambridge University Press