Anxiety symptoms and disorders are common in primary care and hospital services, but they often go unnoticed. They are disabling and frequently associated with depression and substance abuse. Conventional treatment is with antidepressants or benzodiazepines, but this therapy is usually only partially successful, with adverse effects described by many patients (1).

The meta-analysis by Pittler and Ernst suggests that kava extract may be a useful addition to the therapeutic options. The main result is derived from 3 relatively small trials, which is similar to the evidence base for antidepressants in anxiety (1). Most of the trials have been done in Germany; studies in other countries are both warranted and necessary. A mean reduction of 9 points on the HAM-A for the comparison of kava extract with placebo is likely to represent a clinically significant benefit, although the presentation of results does not allow direct comparison with other interventions for anxiety.

Some doctors may be skeptical that an herbal extract could be as effective as a synthetic drug. From that perspective, it is worth noting that some adverse effects were reported in 2% to 12% of the patients in the trials reviewed by Pittler and Ernst. Skepticism is fine if we are similarly wary for all new interventions and avoid double standards. Equally, we must guard against unbridled enthusiasm for a “natural” remedy. It is possible that some persons with anxiety will try kava extract before consulting their doctor. If they are started on other medications, the potential exists for substantial drug interaction, as has been seen with St. John’s wort in the treatment of depression.

Physicians have a new treatment option for anxiety, but they will need to avoid polytherapy and carefully monitor for possible drug interactions.

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Reference