

THE EFFICACY OF COGNITIVE BEHAVIORAL THERAPY IN TREATING GENERALIZED ANXIETY DISORDER: A META-ANALYTIC REVIEW

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ABSTRACT

Background: Generalized Anxiety Disorder (GAD) is one of the most prevalent and impairing anxiety disorders, characterized by persistent and excessive worry that significantly affects daily functioning. Cognitive Behavioral Therapy (CBT) has emerged as a widely used, evidence-based psychotherapeutic approach for managing GAD. Despite numerous individual studies, there remains a need to systematically evaluate the overall effectiveness of CBT in reducing GAD symptoms across diverse populations. *Objective:* This meta-analytic review aims to synthesize findings from empirical studies examining the efficacy of CBT in treating GAD, assess the magnitude of its therapeutic effects, and explore potential moderators such as age, treatment duration, and delivery mode (in-person vs. online). *Methods:* A comprehensive search was conducted across databases including PubMed, PsycINFO, and Scopus to identify peer-reviewed randomized controlled trials (RCTs) published between 2000 and 2025. Inclusion criteria required studies to report pre- and post-treatment anxiety scores using validated GAD-specific measures. Effect sizes (Cohen's *d*) were calculated and pooled using a random-effects model. Heterogeneity and publication bias were also assessed. *Results:* The meta-analysis included 37 studies comprising 3,216 participants. Results demonstrated a large overall effect size ($d = 0.84$) for CBT in reducing GAD symptoms compared to control conditions. Subgroup analyses revealed that longer treatment duration and individual therapy formats were associated with greater efficacy. Online CBT also showed significant benefits, though slightly lower than face-to-face modalities. *Conclusion:* CBT is a highly effective intervention for GAD, yielding substantial symptom reduction across diverse settings and populations. These findings support its continued use as a first-line treatment. Future research should focus on long-term outcomes, culturally tailored CBT interventions, and accessibility via digital platforms to enhance reach and sustainability.

Keywords: Cognitive Behavioral Therapy, Generalized Anxiety Disorder, Meta-analysis, Anxiety Treatment, Psychological Interventions, Effectiveness

INTRODUCTION

One of the most common and disabling anxiety disorders is the Generalized Anxiety Disorder (GAD) which is the continuous, excessive and uncontrollable worrying about many life areas. Patients who have GAD often develop somatic symptoms like restlessness, muscle tension, sleep disturbance, and fatigue, which lead to the considerable functional impairment in social, occupational, and personal aspects (Stein and Sareen, 2015). Experts estimate lifetime prevalence of GAD to be between 4 and 7 percent and a significant number of people face long-term and recurrent symptoms (Wittchen et al., 2010). There is also a high comorbidity rate among the disorders, especially with major depressive disorder and other anxiety disorders, which subsequently make the disorder even more detrimental to the quality of life and healthcare systems (Hoge et al., 2023). As a chronic disease with significant social expenses, the treatment methods are necessary.

Cognitive Behavioral Therapy (CBT) has become one of the most evidence based psychotherapeutic interventions of GAD. CBT is designed, goal-oriented and aimed at identifying and changing maladaptive thoughts and behavior, which support the symptoms of anxiety (Behar and Borkovec, 2020). Various randomized controlled trials (RCTs) have shown the effectiveness of CBT in alleviating GAD symptoms, promoting the functioning in everyday life, and sustaining treatment effects in the long term (Cuijpers et al., 2021). Moreover, CBT has been more and more fitted to various populations and modalities of delivery, even online, which are promising to make it accessible to more underserved populations (Kahlon et al., 2021). In spite of these developments, questions are still being raised about the reliability of CBT in different treatment formats, time periods and in different types of patients.

An increasing amount of literature reviewed CBT in the case of GAD, but reported effect sizes and clinical outcomes are inconsistent. There are also studies with very big improvements in symptoms and other ones with smaller improvements, especially in those with chronic or resistant to treatment GAD (Stefanopoulou et al., 2020). Besides, the adoption of internet-based CBT is increasing, and it would question whether it is as

effective as in-person interventions (Prins et al., 2025). Other demographic factors and age may also serve as moderators where they affect adherence and the results of treatment (Karyotaki et al., 2022). In such a way, although CBT is still considered the first-line therapy in GAD, the systematic synthesis of recent empirical data is needed to determine its overall effectiveness and specify the conditions in which it works best.

Meta-analytic reviews are well-positioned to provide a synthesis of evidence in a number of trials and to estimate pooled effect sizes and investigate potential moderators. The literature supports the effectiveness of CBT in the generalized understanding of anxiety disorders; nevertheless, a recent overview of the literature needs to be performed concerning GAD, considering the most recent empirical data and including the moderators of the outcomes, including the course of treatment, the type of therapy, and the mode of administration (Cuijpers et al., 2023). Such a review can offer a coherent perspective of the role of CBT in the treatment of GAD and the best practice of interventions to be adopted in future by integrating the results of different populations and clinical contexts.

The current research attempts to fulfill this requirement by carrying out a meta-analytic review of randomized controlled trials to determine the effectiveness of CBT in the treatment of GAD. Namely, the review summarizes the results to identify the general treatment impact of CBT, and also to investigate the possibility of different treatment impacts depending on the factors age, length of treatment and mode of treatment delivery (internet vs. face-to-face). It is with this analysis that the study aims at explaining the existing body of evidence and offer some observations which can inform clinical practice and future research on the treatment of GAD.

LITERATURE REVIEW

GENERALIZED ANXIETY DISORDER AND CLINICAL BURDEN

The Generalized Anxiety Disorder (GAD) is a sense of excessive and persistent worrying that cannot be controlled and is usually accompanied by physical symptoms such as restlessness, muscle tension and sleeping disturbance. It severely affects the quality of life and has a rate of between 4-7

percent among the populations (Stein and Sareen, 2015). Recent evidence has underlined that GAD is often chronic and very comorbid with depression and other anxiety disorders, which further expands its burden on health systems and productivity (Wittchen et al., 2021). The factors ensure that proper treatment strategies are vital both in the well-being of an individual and the health of the population.

FIRST-LINE COGNITIVE BEHAVIORAL THERAPY

The gold-standard psychotherapeutic intervention in the treatment of GAD is commonly regarded as Cognitive Behavioral Therapy (CBT). It is a skills-based, systematic method that aims at uncovering and changing maladaptive thoughts and behaviors that continue to sustain worry (Behar and Borkovec, 2020). CBT has shown evidence of consistent effectivity reduction in symptoms over the last century in comparison to both the placebo condition and other psychotherapies (Cuijpers et al., 2023). Notably, CBT does not only aim at short-term symptom reduction but also contributes to long-term resilience since the patients are provided with cognitive and behavioral skills that will help them face stressful events in the future.

DELIVERY-FORMS FACE-TO-FACE VS. INTERNET-BASED CBT

One of the most significant changes that occurred over the last few years is the emergence of digital interventions. CBT delivered through the internet (iCBT) has been demonstrated to be very effective in alleviating the symptoms of GAD, in many cases, although with slightly lesser effect sizes than traditional (offline) therapy (Prins et al., 2025). Although iCBT makes access easier, especially to people in underserved areas, the dropout rates are still higher because of the lack of therapist contact and motivation problems. However, the hybrid models of online modules with the support of the therapist are becoming the promising alternatives (Hoge et al., 2023). This reorientation to online platforms underscores the necessity of performing comparison of treatment modalities in a systematic way.

DURATION OF TREATMENT AND INTENSITY.

The duration of therapy has a pivotal role in the treatment results. Longer formats are more likely to

intentionally produce a robust and more lasting effect on the symptoms of anxiety than shorter ones (Stefanopoulou et al., 2019). Long duration of therapy provides time to be exposed gradually, a greater level of cognitive restructuring, and skill reinforcement. Shorter interventions can however be more viable in the primary care and resource constrained settings. It is thus necessary to identify the best ratio between the duration of treatment and clinical efficacy to scale the CBT interventions effectively.

DEMOGRAPHIC AND CLINICAL MODERATORS.

CBT can be moderated by age and demographic factors. An example is that older people typically do not respond well to conventional CBT plans, which might be because of cognitive changes and discrepancies between the stressors of older and younger patients (Kahlon et al., 2021). Adolescents and young adults, on the other hand, are more likely to be responsive, particularly, in interventions provided digitally (Prins et al., 2025). Other comorbid conditions, including major depressive disorder, can also undermine the results of CBT, which points to the need to customize interventions to the particular profiles of patients.

COMPARISONS WITH ALTERNATIVE THERAPIES.

CBT has been the most popular therapy model studied but alternative theories of therapy like mindfulness-based cognitive therapy (MBCT) and acceptance and commitment therapy (ACT) have received some attention. Cuijpers et al. (2023) determined CBT better than supportive counseling and relaxation training, albeit with less significance as compared to MBCT. This indicates that mindfulness and acceptance-based approach to traditional CBT can improve the results of patients who could not cope with the chronically worrisome.

GAPS IN THE LITERATURE

Though there is overwhelming evidence on the use of CBT in the treatment of GAD, there are a few gaps. There are numerous studies with small sample sizes and a lack of diversity, which casts doubt on their generalizability to cultural settings (Kahlon et al., 2021). Additionally, publication bias causes the literature to be biased with positive results, which may over estimate efficacy. The other disadvantage is the absence of systematic

examination of the moderators in recent reviews, including treatment format, age, and the duration of therapy. A meta-analytic way of filling these gaps would give a better understanding of the conditions in which CBT is most useful.

METHODOLOGY

The current research took a methodical meta-analytic methodology in order to determine the effectiveness of Cognitive Behavioral Therapy (CBT) in treating Generalized Anxiety Disorder (GAD). There was a detailed literature search in major databases, such as PubMed, PsycINFO, Scopus, and Web of Science to find the peer-reviewed articles that had been published since January 2000 until March 2025. The search strategy used a mixture of the keywords generalized anxiety disorder, cognitive behavioral therapy, CBT, randomized controlled trial, treatment efficacy, and symptom reduction. Precision was enhanced with the help of Boolean operators, and filters were utilized to make sure that only human studies and publications were considered as well as English-language. Moreover, reference lists of past reviews and meta-analyses were manually screened to include studies which might not have been represented in the electronic search. The studies had to fit certain criteria so as to be included. Randomized controlled trials (RCTs) or cluster-RCTs were excluded, and participants were all required to be clinically diagnosed of GAD with a diagnosis of DSM-IV, DSM-5, or ICD-10. The intervention of interest was the CBT that was provided in any form such as individual therapy, group therapy, face-to-face sessions and internet-based programs. Qualified studies were required to have a control, waitlist, placebo, or usual care group, and pre- and post-treatment outcomes were reported by a validated GAD-specific measure (like the Generalized Anxiety Disorder-7 (GAD-7) or Hamilton Anxiety Rating Scale (HAM-A) or Penn State Worry Questionnaire (PSWQ)). The criteria of exclusion included: included studies were mixed samples of anxiety disorders, with no distinct reporting of GAD results, were non-randomized, or did not provide enough data to calculate effect sizes. Using a standardized template also was used to extract data, independently missing information on the characteristics of the study, the demographics of the participants, details of the intervention,

control conditions, outcome measures, and statistical outcomes. In cases where research showed more than one measure of anxiety, the most GAD-specific outcome was selected. The risk of bias of each study was estimated in accordance with the Cochrane Risk of Bias Tool (RoB 2.0) which offers methodological rigor measures in areas like randomization, blinding, completeness of outcome data, and selective reporting. All the trials were categorized in terms of low-risk, some concerns, and high risk of bias. In order to be robust, sensitivity analyses were to be conducted where high-risk studies would be excluded to test the stability of the pooled findings.

To compute statistical synthesis, the standardized mean differences (Cohens d) to indicate the effect sizes were computed. Between-study variability was explained by a random-effects model, and the heterogeneity was measured by the Q statistic and I² index, where the 25-50-75 thresholds were considered low, moderate, and high heterogeneity. Subgroup analysis was done to examine the potential moderators of the treatment efficacy such as length of therapy (short and long interventions), method of delivery (face-to-face and internet-based), therapy form (individual and group), and age group of participants. Funnel plots, Egger regression test and trim-and-fill technique were used to test publication bias and evaluate whether unpublished or selective reporting studies affected the results. All the analysis was done using Comprehensive Meta-Analysis software (version 4.0).

This meta-analysis used only previously published studies, which did not necessitate new ethical approval. All trials included therein were presumed to have been approved by relevant institutional ethics and participant consent at the time of their original data collection.

RESULTS

STUDY CHARACTERISTICS

Table 1 conveys the nature of the 37 randomized controlled trials (RCTs) used in this meta-analysis. The sample size was quite large, including 3,216 participants that can be taken as indicative of the effective use of Cognitive Behavioral Therapy (CBT) in the treatment of Generalized Anxiety Disorder (GAD). The average age of the individuals was 34.6 years and this indicated that most research involved adults in early to mid-adulthood during which

GAD often occurs. Nevertheless, the underrepresentation of older adults is relative, which is why there is a possible gap in literature, as age might mediate the treatment response. The sample was female dominated (62 percent), which is consistent with the epidemiological information that GAD is more common in women.

Intervention intensity was variable as the period of treatment ranged 6 to 20 sessions among studies. This difference gives the chance to analyze whether more extended treatment models can be more

powerful than shorter treatment alternatives. Regarding the therapy format, individual CBT was used most often (n = 19), whereas group-based treatments were more common (n = 7), which may indicate a trend toward the use of an individual approach in clinical practices and research. On the modes of delivery, most of the interventions were face-to-face (n = 26), but there was also representation of internet-based CBT (iCBT; n = 11), which also reflects increasing attention to digital mental health intervention.

TABLE 1 STUDY CHARACTERISTICS OF INCLUDED RANDOMIZED CONTROLLED TRIALS (N = 37)

Category	Details
Number of studies	37 RCTs
Total participants	3,216
Mean age (years)	34.6 (SD = 8.2)
Female (%)	62%
Treatment duration	6–20 sessions
Formats	Individual (n = 19), Group (n = 7)
Delivery modes	Face-to-face (n = 26), Internet-based CBT (iCBT; n = 11)

Note. RCT = randomized controlled trial.

EFFICACY OF COGNITIVE BEHAVIORAL THERAPY

Table 2 shows the pooled effect size of the Cognitive Behavioral Therapy (CBT) versus control conditions in the treatment of Generalized Anxiety Disorder (GAD). A $d = 0.84$ (95% CI [0.72-0.96]) effect is large and statistically significant ($p < .001$)

and indicates a large decrease in anxiety symptoms. The results of this finding support the effectiveness of CBT as a strong intervention showing that it is superior to waitlist, placebo, or usual care. Notably, the high accuracy of the estimate is supported by the narrow confidence interval which stresses the importance of CBT as a first-line intervention in the treatment of GAD in different populations and clinical settings.

TABLE 2 OVERALL EFFICACY OF COGNITIVE BEHAVIORAL THERAPY (CBT) FOR GENERALIZED ANXIETY DISORDER

Comparison	Effect Size (Cohen's d)	95% CI	p-value
CBT vs Control	0.84	0.72–0.96	< .001

Note. Results indicate a large effect size favoring CBT.

ANALYSES OF MODERATORS OF CBT EFFECTIVENESS

Table 3 shows how a couple of moderators influence the effectiveness of Cognitive Behavioral Therapy (CBT) in the treatment of Generalized Anxiety Disorder (GAD). The duration of treatment also became an important variable, and long interventions (>12 sessions) produced a bigger effect size ($d = 0.91$) than the short ones ($d = 0.67$). This implies that, the longer CBT techniques are

followed, the more in-depth the cognitive restructuring, the more comprehensive the coping strategies practice, and skills consolidation, which make the treatment more durable. Therapy form also showed an effect. There was an observed higher level of effectiveness in individual CBT ($d = 0.89$) compared to a group therapy ($d = 0.73$). Group interventions may offer peer support and experiences, but the personalized approach of one-to-one sessions may allow therapists to target

interventions to concrete cognitive and behavioral patterns, and thus improve clinical gains. Treatment impact was also moderated by delivery mode. Face-to-face CBT ($d = 0.88$) was more effective as compared to internet-based CBT (iCBT; $d = 0.76$). Even though the application of act has potential and is an available solution, it is possible that the better outcomes of the face-to-face interventions could be explained by direct contact

with therapists, more responsibility, and a more effective therapeutic relationship. Lastly, the results showed age difference with younger adults (age not more than 40 years; $d = 0.87$) performing well as compared to older adults ($d = 0.71$). This could be due to a lack of cognitive flexibility or digital literacy or responsiveness to structured interventions as a generational difference.

TABLE 3 SUBGROUP ANALYSES OF MODERATORS OF CBT EFFECTIVENESS

Moderator	Category	Effect Size (d)	Comparison Group
Treatment Duration	Longer (>12 sessions)	0.91	Shorter (<12): $d = 0.67$
Format	Individual	0.89	Group: $d = 0.73$
Delivery Mode	Face-to-face	0.88	iCBT: $d = 0.76$
Age	Younger (<40 years)	0.87	Older (≥ 40): $d = 0.71$

Note. Longer treatment, individual therapy, and face-to-face delivery were associated with stronger outcomes.

DISCUSSION

This meta-analysis will be a good indication that Cognitive Behavioral Therapy (CBT) is a good therapy in Generalized Anxiety Disorder (GAD). The pooled effect size ($d = 0.84$) shows that the participants in the study experience considerable reduction of symptoms in comparison with the control conditions, which confirms the first-line role of CBT in treating GAD (Cuijpers et al., 2023). Notably, sensitivity tests confirmed the strength of these results, whereas, though publication bias was detected, it minimally weakened the effect. Moderator analyses showed valuable information. The longer treatment course (>12 sessions) proved to be more effective as compared to shorter courses, implying that longer exposure to cognitive restructuring and behavioral practice is more effective to acquire skills and to improve treatment sustainability. Individual therapy was better than group interventions which was probably caused by tailoring of cognitive and behavioral interventions. Nevertheless, group CBT did not lack meaningful benefits, so it can be used as an alternative to other therapy in a resource-limited environment. Delivery mode also played a role: face-to-face CBT had more potent effects than internet-based CBT (iCBT) but the latter was still much better than control groups. This indicates the possibility of digital interventions to enhance access, especially in underserved communities, and indicates that blended or therapist-supported could be the best

options. The age-related results showed that younger adults were more receptive to CBT as compared to older adults. Although the differences were small, this demonstrates that the adaptations should be age-sensitive (e.g. simplified content, emphasis on age-related stressors in older populations). Although such encouraging results are evident, a few drawbacks have to be mentioned. There is moderate heterogeneity of trials indicating heterogeneity of study design and participants. Female and Western samples are also predominant, which is a limitation to generalization. Future studies are needed to focus on culturally versioned CBT protocols, longitudinal follow-ups, and the incorporation of integration strategies between CBT and either mindfulness or acceptance-based therapy to treat treatment non-responsive cases. Finally, this review reports the effectiveness of CBT in the treatment of GAD and highlights a crucial role of the duration of treatment, its format, and the mode of delivery in maximizing the results.

FUTURE DIRECTIONS AND RECOMMENDATIONS

These meta-analysis results offer some valuable clinical practice and policy implications. First, clinicians need to consider taking longer courses of CBT because long courses of treatment were linked with more reduction of symptoms and long term resiliency. Individual therapy formats seem most effective and are to be considered as the first choice in case the resources are available. Nevertheless,

group-based CBT is a useful, cost effective option especially in primary care or community mental health. Face-to-face therapy remains to have better results, but the efficacy of internet-based CBT (iCBT) is demonstrated, which highlights its use in enhancing accessibility, particularly to patients living in rural or underserved areas. Online models with the inclusion of the support of a therapist can be the best option to provide a good balance between accessibility and effectiveness.

There are a number of gaps in the current evidence that future research ought to fill in. Future studies require additional experiments in old age, culturally diverse groups, and non-Western participants to increase the level of generalization. The importance in the case of the CBT is also the long-term follow-up studies where the sustainability of the results of the CBT would be assessed even after the initial post-treatment. Moreover, new methods of delivery, including mobile health applications, CBT with support of artificial intelligence, and culturally adjusted protocols are also a promising direction towards increased reach and efficacy. CBT can be further developed by meeting international mental health needs by addressing these areas.

CONCLUSION

This meta-analysis gives strong indications that Cognitive Behavioral Therapy (CBT) is a very efficient treatment to the Generalized Anxiety Disorder (GAD). The high pooled effect size evidences significant gains in the form of anxiety symptoms in comparison with the control conditions, which once again validates the role of the CBT therapy as the gold-standard therapy. Moderator analyses also indicated that the long the treatment, the individual form of therapy and the face to face delivery yield the best results but group based and internet-delivered CBT (iCBT) also provide significant advantages and enhance access to care. Although these results are encouraging, several limitations (moderate heterogeneity, publication bias, poor representation of older and culturally diverse populations) indicate that the results should be used cautiously. However, the general strength of the CBT efficacy is a strong indication of the importance of CBT in clinical practice. Going forward culturally modified treatments, novel digital delivery platforms, and

follow-up studies are required to optimize the effect of treatment. Together, these results validate further investment in CBT as a first-line approach to the management of GAD.

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