Panic disorder with or without agoraphobia is found in about 4% of primary care patients. Patients show severe mental health care by general practitioners. However, primary care.

To determine whether a practice-team-supported, self-managed exposure training is superior to usual care in panic disorder and agoraphobia. Exclusion criteria: acute suicidal tendencies; psychotic, addictive, or severe somatic disorders, current psychotherapy for anxiety.

Primary clinical outcome: Severity of anxiety (Beck Anxiety Inventory - BAI). Analysis: Mixed linear models considering study centers as random and baseline measures as fixed factors will show superior clinical outcomes in "Paradise" as compared to usual care.

CONCLUSION & CLINICAL IMPLICATIONS

The "Paradise"-intervention integrated evidence-based methods derived from the chronic care model and recommended cognitive-behavioral treatment elements. Clinical efficacy for primary care patients with severe anxiety and impairment (OASIS), mean (SD) 12.5 (2.8) 12.5 (2.7) anxiety severity and impairment (OGQ), mean (SD) 12.5 (2.8) 12.5 (2.7)

Both groups showed improvements in the primary (Severity of Anxiety - BAI) and secondary (Depression – PHQ-9) outcomes at 6-month-follow-up. Mixed model analysis revealed a significant effect of the intervention group as compared to the control group, as indicated by significant group-by-time interactions. With regard to BAI, the intra-cluster correlation (ICC) amounted to 0.02. The dropout rate was 11.6% (interval: 23.9%).

The "Paradise"-intervention may enable primary care practitioners to effectively treat patients with panic disorder and agoraphobia in primary care can be improved by a practice team.