

trials. However, controlled studies do not always reflect clinical reality and have their shortcomings, e.g., the exclusion of comorbid, suicidal, or medically ill patients. Moreover, it must be seen critically that some treatment modalities that may be effective in treating anxiety disorders have not yet been investigated in well-controlled trials usually because no financial support is available. Absence of evidence is not the same as evidence of absence of an effect. Nevertheless, without controlled trials as gold standard, any treatment recommendation should be understood as based on educated, but anecdotal evidence.

In summary, due to increased efforts in the systematic clinical evaluation of psychopharmacological agents in the treatment of anxiety in the recent years, a comprehensive database has accrued, so that precise recommendations can be provided for treating the anxiety disorders, OCD and PTSD. In most cases, drug treatment, preferably in combination with non-pharmacological treatments such as cognitive behavioural therapy, may substantially improve quality of life in patients with these disorders.

### Financial disclosure

Borwin Bandelow has received consulting fees and honoraria within the last three years from AstraZeneca, Bristol-Myers-Squibb, Cephalon, Dainippon-Sumitomo, Glaxo, Janssen, Jazz, Lilly, Lundbeck, Pfizer, Roche, Servier, Solvay, and Wyeth.

Joseph Zohar has received grants/research support, consulting fees and honoraria within the last three years from Glaxo-Smith Kline, Jazz, Lundbeck, Pfizer, Servier, Teva and Wyeth

Eric Hollander has received grant/research support, consulting fees and honoraria within the last years from Abbott BMS, Janssen, Nastech, and Neuropharm

Siegfried Kasper received grants/research support, consulting fees and honoraria within the last three years from AstraZeneca, Bristol-Myers Squibb, CSC, Eli Lilly, GlaxoSmithKline, Janssen Pharmaceutica, Lundbeck, MSD, Novartis, Organon, Pierre Fabre, Pfizer, Schwabe, Sepracor, Servier, Wyeth.

Hans-Jürgen Möller has received grant/research support, consulting fees and honoraria within the last years from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen Cilag, Lundbeck, MSD, Novartis, Organon, Otsuka, Pfizer, Schwabe, Sepracor, Servier, and Wyeth.

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