

rou dokončení léčby (87 % a 82 %) a mírou pozitivní odpovědi na léčbu (79,3 % a 73,3 %) při zhodnocení na konci léčby, přičemž se tyto výsledky převážně udržely i při hodnocení následném. D-cykloserin sám o sobě žádný vliv na úzkost nemá (není to anxiolytikum). Jeho léčebný účinek se objeví pouze ve spojení s KBT. Jelikož KBT měla míru pozitivní odpovědi na léčbu 70–80 % při obou experimentálních podmínkách, neměl lék na míru odpovědi žádný dodatečný vliv. Nicméně byla spojena s 24–33 % rychlejším zlepšením závažnosti symptomů oproti placebo během fáze léčby. Tím by se pro farmakoterapii mohly otevírat nové cesty: dále posilovat to, o čem víme, že funguje (tj. KBT).

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