## Primary Care Guidance for the management of Anxiety in adults

<table>
<thead>
<tr>
<th>Version:</th>
<th>V5 (January 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratified by:</td>
<td>NAViGO Clinical Governance Group, following joint discussions and engagement with primary care</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>21st February 2018</td>
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<tr>
<td>Updated:</td>
<td>February 2018</td>
</tr>
<tr>
<td>Name of originator/author:</td>
<td>Anna Grocholewska- Mhamdi, Rachel Staniforth and Karen Hiley</td>
</tr>
<tr>
<td>Date reviewed:</td>
<td>January 2018</td>
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<tr>
<td>Reviewed by:</td>
<td>Anna Grocholewska-Mhamdi, Rachel Staniforth, Adrian Byrne and Clare Grantham</td>
</tr>
<tr>
<td>Name of responsible committee/individual:</td>
<td>Anna Grocholewska- Mhamdi, Rachel Staniforth, Adrian Byrne and Clare Grantham</td>
</tr>
<tr>
<td>Date issued:</td>
<td>January 2018</td>
</tr>
<tr>
<td>Review date:</td>
<td>January 2020</td>
</tr>
<tr>
<td>Target audience:</td>
<td>General Practitioners, Mental Health Practitioners.</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

Anxiety is a feeling of unease such as worry or fear that can be mild or severe. Everyone experiences feelings of anxiety at some point in their life and this can be perfectly normal, however people with generalised anxiety disorder (GAD) find it hard to control their worries and it affects their daily life. GAD affects around 1 in 20 adults in Britain and is most common in people in their 20’s. Anxiety is sometimes linked to suicide and there is a need to assess risks at all stages of this guideline. There are other forms of anxiety, such as Panic disorder, Phobias, Obsessive compulsive disorders and post-traumatic stress Disorder. This guideline reflects NICE guidance around all these issues.

2. COMORBIDITIES

- **Personality Disorders and early sexual abuse** - Assess and refer
- **Depression** - Treat the more severe disorder first – if suicide risk, use depression guideline.
- **Alcohol Abuse** - Treat first
- **Medical causes** - Hyperthyroid, phaeochromocytoma, mitral valve prolapse, vestibular disorders – treat appropriately.
- **Drugs** - Theophylline, neuroleptics, antihistamines, steroids, antidepressants, sympathomimetics, illicit drugs
- **Caffeine** - Reduce use

3. PROVIDE APPROPRIATE INFORMATION AND SUPPORT

a) Provide information leaflets or other self-help materials
b) Consider using diaries for self-monitoring
c) If appropriate, involve the family or carers in understanding the service user’s condition and providing support
d) Assess suitability for Psychological therapy (Open Minds)
e) Refer to voluntary organisation or self-help group
f) Consider referring to exercise class (STEPS programme)

4. CAUSATIVE FACTORS

a) **Life Stresses** - Deprivation; Poor Physical Health; High Responsibility; Unemployment; Trauma; Poor social support; loss of partner; Previous history of anxiety
b) **Genetic** – family history especially agoraphobia and panic disorder
c) **Female** – especially generalised anxiety disorder, panic and specific phobias
d) **Family**- upbringing, parent with mental illness, critical or unaffectionate parents, family history of alcohol problems, experience of sexual or other abuse
5. ASSESSMENT BY GENERAL PRACTITIONER

- Complete focused history taking/assessment
- Use a research based screening tool
- Assess risk of suicide/risk to others at regular intervals.
- Consider comorbidities

Main Core Symptoms:
1. Cognitive – worries about future or specific events, fears about health, illness, ageing, death.
2. Behavioural – avoidance of feared situations
3. Physiological – sweating, palpitations, dry mouth, dizziness, difficulty in breathing, motor tension.

Three options after the above:
1. Treat within primary care; consider using Open Minds or other forms of talking therapies or self-help materials. (If no response to two interventions (Psychological intervention, Medications, Bibliography) then referral to specialist Mental Health Services should be offered.
2. Severe anxiety requiring referral to single point of access for mental health.
3. Requirement of urgent out of hour’s response, please refer to Crisis Branch of Mental Health Services.

For all of the above please contact NAViGO TEL: 01472 256256 Option 3
Email: NAV.MHSinglePointofAccess@nhs.net

6 ROLE OF SECONDARY CARE

6.1 Review diagnosis
6.2 Consider aetiological factors (physical, psychological, social and spiritual factors)
6.3 Initiation and supply of medication until the service user is stabilised. Initiation and stabilisation of drug therapy is usually but not exceptionally a period of three months.
6.4 Support to relatives and carers
6.5 Risk assessment and risk management
6.6 To offer treatment in the least restrictive and most appropriate environment (e.g. Community treatment, day treatment, in-patient care)
6.7 Remain in contact with Primary care. Advise and support staff and include Primary care in treatment plans.
6.8 To plan and deliver appropriate care using the Care Programme Approach (CPA) with a written Care plan listing individual problems and Interventions, naming a Care Programme Co-ordinator and outlining any risk management or relapse prevention plan.
6.9 Ensure the use of a research based screening tool e.g. GAD-7 at agreed intervals in line with local protocols.
7 DISCHARGE FROM SECONDARY CARE

7.1 Recovery or stabilisation of condition and / or a stable care package.

7.2 Service users who have presented to secondary care services e.g. crisis and who do not need on-going mental health intervention as they are not considered to be at risk but who may have been initiated on medication are likely to be referred back to the GP for continued prescriptions as their needs can be managed in primary care.

7.3 Discharge back to primary care will include the following information:

7.3.1 Summary of treatment offered

7.3.2 Confirmation that service user is stable

7.3.3 On-going management plan for service user

7.3.4 Criteria for access to secondary care services
ANXIETY STATES
Mixed Anxiety
1. Depression Disorder
2. Features of Depression
Generalised Anxiety Disorder
1. Persistent
2. Generalised
3. Free-floating

Consider referral for cognitive behavioural therapy (Open Minds)
Self Help
Psychoeducational groups
Selective Serotonin Re-uptake Inhibitors (SSRI’s) licensed for the treatment of Generalised Anxiety
(see page 5)
(See notes on page 6)

OBSESSIVE COMPULSIVE DISORDERS
Recurrent thoughts or acts

Consider referral for CBT (Open Minds), Self-help, Exposure therapy, SSRI Licensed for the treatment of OCD (see page 6)
DEPENDING ON SEVERITY, OFTEN NEEDS REFERRAL TO SINGLE POINT OF ACCESS (Mental Health)

MONITOR medication initially at 1-2 weeks then every 2-4 weeks during the first three months of treatment and every three months thereafter.

IMPROVED
Continue treatment until end of CBT
If using antidepressants, use for 6 months minimum – review every 8-12 weeks
Only use benzodiazepines for 2-4 weeks (Generalised Anxiety Disorder)

NO IMPROVEMENT
If there is no improvement after 12 weeks and 2 interventions tried, refer to specialist Mental Health Services (single point of access Harrison House tel: 01472 256256 option 3)
Email: NAV.MHSinglePointofAccess@nhs.net

PHOBIC DISORDERS
1. Agoraphobia
2. General
3. Non-generalised
4. Specific phobias

Consider referral for CBT (Open Minds)
SSRI licensed for the treatment of Phobic Disorders (See page 6)
Exposure Therapy

POST TRAUMATIC STRESS DISORDER
1. Prolonged delayed response to particularly stressful event
2. “Flashbacks” nightmares
3. Numbness, detachment

Consider referral for CBT (Open Minds) Trauma focussed psychological therapy, SSRI licensed for PTSD (see page 6) or Mirtazapine
Eye movement desensitisation and re-processing (EMDR)
DEPENDING ON SEVERITY OFTEN NEEDS REFERRAL TO SINGLE POINT OF ACCESS (Mental Health)

SOCIAL ANXIETY DISORDER
Persistent fear, avoidance or anxiety around social situations

Consider referral for CBT specifically developed for Social Anxiety Disorder or Self-help supported CBT (Open Minds).
If CBT is declined discuss reasoning for declining and address any concerns.
SSRI licenced for Social Anxiety Disorder (see page 6)

In most instances, if there have been two interventions provided (any combination of psychological intervention, medication, or bibliotherapy) and the person still has significant symptoms, then referral to specialist mental health services should be offered.
### Licenced indication for Selective Serotonin Re-uptake Inhibitors

<table>
<thead>
<tr>
<th></th>
<th>Depressive illness</th>
<th>Generalised anxiety disorder</th>
<th>Obsessive Compulsive Disorder (OCD)</th>
<th>Panic disorder</th>
<th>Post-traumatic Stress Disorder</th>
<th>Social anxiety disorder</th>
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</thead>
<tbody>
<tr>
<td>Citalopram</td>
<td>✔</td>
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<tr>
<td>Escitalopram</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Fluoxetine</td>
<td>✔</td>
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<tr>
<td>Paroxetine</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Sertraline</td>
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### SSRI – Cost of Treatment for 1 year: October 2017

<table>
<thead>
<tr>
<th>Drug</th>
<th>Cost of Treatment for 1 year (£)</th>
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<tbody>
<tr>
<td>Fluvoxamine (100 mg)</td>
<td>£242.42</td>
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<tr>
<td>Paroxetine (20 mg)</td>
<td>£15.41</td>
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<tr>
<td>Escitalopram (10 mg)</td>
<td>£14.95</td>
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<tr>
<td>Sertraline (50 mg)</td>
<td>£11.57</td>
</tr>
<tr>
<td>Fluoxetine (20 mg)</td>
<td>£10.07</td>
</tr>
<tr>
<td>Citalopram (20 mg)</td>
<td>£9.38</td>
</tr>
</tbody>
</table>

Notes: The table above indicates the cost of treatment for one year for various selective serotonin re-uptake inhibitors (SSRIs). The costs are as of October 2017 and do not necessarily reflect current market prices. The table does not imply therapeutic equivalence.
General guidance:
- The main treatments for anxiety and sleep problems are now psychological (leaflet on Cognitive Behavioural Therapy and Sleep Problems). Recommend using where appropriate in consultation with practice or other counsellor.
- If starting anti-depressant medication, especially SSRI’s, start low and go slow as these drugs can mimic the effects of anxiety.
- Service users should be informed about the potential side effects including raised anxiety at the onset of effect and the risk of discontinuation symptoms if treatment is stopped abruptly.
- Take into account the increased risk of bleeding associated with SSRIs, particularly for older people or people taking other drugs that can damage the gastrointestinal mucosa or interfere with clotting (for example, NSAIDS or aspirin). Consider prescribing a gastro protective drug in these circumstances.

Special considerations:
- For people at significant risk of cardiovascular disease, carry out ECG and BP before prescribing Clomipramine.
- For citalopram, restrictions on the maximum daily doses now apply: 40 mg for adults; 20 mg for service users older than 65 years; and 20 mg for those with hepatic impairment.
- For escitalopram, the maximum daily dose for service users older than 65 years is now reduced to 10 mg/day; other doses remain unchanged.
- Citalopram and escitalopram are associated with dose-dependent QT interval prolongation and should not be used in those service users with: congenital long QT syndrome; known pre-existing QT interval prolongation; or in combination with other medicines that prolong the QT interval. ECG measurements should be considered for service users with cardiac disease, and electrolyte disturbances should be corrected before starting treatment.

Benzodiazepines
- Benzodiazepines are associated with tolerance and dependence.
- If used for anxiety disorders they should not be used for longer than 4 weeks\(^1\) and only during crisis by prescribers expert in their use. Please see Royal college of Psychiatrists guidance on this and consider giving this printable leaflet to service users as part of the consultation.
- This is also applicable to the newer hypnotic drugs Zolpidem, Zopiclone and Zaleplon and to other sedative drugs including those available over the counter.

Pregabalin in anxiety
- Pregabalin can be used as third line therapy after an SSRI or SNRI that could not be tolerated.
- It is recommended that the dose should be increased to the licensed optimum dose and if there is no improvement of anxiety symptoms after 2 months of treatment\(^2\) that treatment has failed and should be stopped gradually over 1 week to avoid discontinuation symptoms.
- Prescriptions for pregabalin should be issued by NAViGO for the first three months.
- Please be aware of the abuse potential of pregabalin and that although there are potential benefits, there are potential risks such as dependence, misuse or diversion. Please see the Public Health England alert on these risks at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/385791/PHE-NHS_England_pregabalin_and_gabapentin_advice_Dec_2014.pdf

\(^1\) Royal College of Psychiatrists Registered accessed on 26/09/17 via http://www.rcpsych.ac.uk/healthadvice/treatmentswellbeing/benzodiazepines.aspx
References

1. The National Institute for Health and Care Excellence (NICE) guidelines.
   - Generalised Anxiety and panic disorder CG113 [http://www.nice.org.uk/Guidance/CG113](http://www.nice.org.uk/Guidance/CG113)
   - Obsessive compulsive disorder CG31 [http://www.nice.org.uk/guidance/CG31](http://www.nice.org.uk/guidance/CG31)
   - Social anxiety disorder CG159 [http://guidance.nice.org.uk/CG159](http://guidance.nice.org.uk/CG159)
   - Post-traumatic stress disorder [http://www.nice.org.uk/guidance/CG26](http://www.nice.org.uk/guidance/CG26)


3. Patient information leaflets can be accessed through [http://www.choiceandmedication.org/navigo](http://www.choiceandmedication.org/navigo)

4. BNF - [https://www.medicinescomplete.com/mc/bnf/current/](https://www.medicinescomplete.com/mc/bnf/current/)
Your service user has been attending **INSERT NAME OF CLINIC** and has been prescribed medication / dose / frequency. He/she has been stabilised on treatment. Please can you continue this medication in primary care as per the following management plan;

Please use page 3 of this pro forma to confirm that you accept ongoing care of this service user in primary care. Additionally, can you inform me of any changes made to other medication prescribed by yourselves? (Especially when changes involve medicines that interact with medication).

I have enclosed the service user's most recent monitoring results and the service user's next tests are due in........... (delete if not appropriate).

Yours sincerely

Name

Consultant Psychiatrist

CC – Service user
**PRIVATE & CONFIDENTIAL**

<table>
<thead>
<tr>
<th>Service user details</th>
<th>Date of request __________________________</th>
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<tbody>
<tr>
<td></td>
<td>GP Name _________________________________</td>
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<td></td>
<td>Practice ________________________________</td>
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<thead>
<tr>
<th>Care co-ordinator:</th>
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<thead>
<tr>
<th>Service user is stabilised on:</th>
<th>Dose and frequency:</th>
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**Please contact the Care co-ordinator, or the out of hours crisis team on INSERT TEL. NUMBER HERE............ if you require advice or:**

- Non-compliance or suspected non-compliance with treatment or monitoring
- Pregnancy or planning pregnancy
- Breast feeding
- Initiation of interacting medication
- Lack of or concern over efficacy
- Intermittent or poor adherence with treatment
- Service user functioning declines significantly
- Tolerability or side effect problems
- Service user request to discontinue treatment or review treatment
- Comorbid alcohol or drug misuse suspected

<table>
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<tr>
<th>Monitoring results</th>
<th>Date</th>
<th>Result</th>
<th>Date next due</th>
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<tr>
<td>FBC</td>
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<tr>
<td>Weight and BMI</td>
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<tr>
<td>U &amp; E</td>
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<tr>
<td>LFT</td>
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Service user given 28 day prescription on: **INSERT DATE**
Next prescription due on: **INSERT DATE**
Page 3 of 3: To be completed by the General Practitioner

Service user details

NHS No.

Date of request _______________________
GP Name _______________________
Practice _______________________

☐ Yes. I agree to accept ongoing management of this service user as set out in the “Primary Care guidance for the management of Anxiety in Adults”.

☐ I have concerns relating to the treatment or monitoring arrangements and would like to discuss these before accepting ongoing management of this service user.

☐ No. I would not like to accept ongoing management of this service user as:

Even if you do not agree to accept ongoing management please record that the service user has been initiated on the medication identified above within your clinical system.

Please sign and return within 14 days to:

Email back notification of acceptance to:
NAV.MHSinglePointofAccess@nhs.net

Name: _______________________
Date: _______________________
GP / On behalf of GP

11
REQUEST FOR REVIEW BY NAViGO

This service user has previously been seen but requires a review.

<table>
<thead>
<tr>
<th>Service User Name:</th>
<th>Consultant Psychiatrist:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td>Care Co-ordinator:</td>
</tr>
<tr>
<td>NHS Number:</td>
<td>GP Practice:</td>
</tr>
<tr>
<td>Tel No:</td>
<td>Referrer:</td>
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<td>Date:</td>
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Please put an ‘X’ in the boxes that apply

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<tr>
<th>Urgency level</th>
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<tbody>
<tr>
<td>Within 24 hours</td>
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<tr>
<td>Within 48 hours</td>
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<tr>
<td>Within 14 days</td>
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<tr>
<td>Within 28 days</td>
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PLEASE INDICATE WHY REVIEW IS NEEDED:

Please email to NAV.MHSinglePointofAccess@nhs.net

<table>
<thead>
<tr>
<th>Diagnosis/Clinical Signs/Symptoms</th>
<th>Reason for review</th>
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</thead>
<tbody>
<tr>
<td>Mood Disorder (Depression)</td>
<td>Service user functioning declines significantly</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>Non-compliance or suspected non-compliance with treatment or monitoring</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>Pregnancy or planning pregnancy</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Breast feeding</td>
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<tr>
<td>Personality Disorder</td>
<td>Initiation of interacting medication</td>
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<tr>
<td>Somatoform Disorder</td>
<td>Lack of or concern over Efficacy</td>
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<tr>
<td>Sleep Disorder</td>
<td>Intermittent or poor adherence with treatment</td>
</tr>
<tr>
<td>History of Abuse/Trauma/PTSD</td>
<td>Tolerability or side effect problems</td>
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<tr>
<td>Other</td>
<td>Service user request to discontinue treatment or review treatment</td>
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<td></td>
<td>Comorbid alcohol or drug misuse suspected</td>
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<td>Poor treatment response</td>
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<td>Risk to the person or others</td>
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