RECOGNITION

Core Symptoms Psychological Physical
- Tension
- Worry
- Panic
- Feelings of unreality
- Fear of going crazy
- Fear of dying
- Fear of losing control
- Intrusive thoughts
- Physical symptoms
- Trembling
- Sweating
- Heart pounding
- Lightheadedness
- Muscle tension
- Nausea
- Breathlessness
- Numbness
- Stomach pains
- Tingling sensation
- Compulsive behaviour

Disruption to work, and effects on social or family life

Anxiety disorders are common and treatable
Anxiety does not mean weakness
Anxiety does not mean losing the mind
Anxiety does not mean personality problems
Severe anxiety does mean a disorder which requires treatment

Consider Other Causes of Symptoms

Physical
- Thyrotoxicosis
- Hypoglycaemia
- Tachyarrhythmias
- Meniere’s syndrome
- Phaeochromocytoma
- Addison’s disease
- COPD and Asthma

Psychological
- Depression and anxiety commonly coexist: do not mistake agitated depression for anxiety
- Schizophrenia: fear may be the result of delusional thinking or hallucinations.
- A feeling of unease may precede frank psychotic symptoms
- Psychoactive Substance abuse: withdrawal symptoms, self-medication
- Alcohol Misuse
- Dementia

DIAGNOSIS

Common Forms of Anxiety

Generalised anxiety disorder
- Persistent / excessive worry
- Physical symptoms

Panic disorder
- Sudden intense fear
- Physical symptoms
- Psychological symptoms

Social phobia
- Fear / avoidance social situations
- Fear of being criticised
- Physical symptoms
- Psychological symptoms

Agoraphobia
- Fear / avoidance of situations where escape is difficult
- Leaving familiar places alone
- Physical symptoms
- Psychological symptoms

Specific phobia
- Anxiety in presence of stimulus, not anxiety provoking to others

Post traumatic stress disorder
- Severe life threatening stressor
- Flashbacks, nightmares
- Increased arousal

OCD
- Persistent, distressing, intrusive thoughts, which the individual recognises as their own, usually sees as irrational, tries to suppress or neutralise
- Repetitive behaviour or mental acts which the individual feels compelled to carry out, seen as irrational but temporarily reduces anxiety
### Primary Care Interventions
- Information and reassurance
- Self Help
- Exercise
- Support Group
- Book Prescription
- Apps – Headspace, MoodGYM
- Websites – www.getselfhelp.co.uk

### Assessment and management: Provide diagnostic and treatment information

#### GAD
- **1st line**
  - Sertraline\(^1\) (unlicensed) OR Escitalopram OR Paroxetine\(^2\)
  - Initial Dosing: Sertraline\(^1\) 25mg then 50mg after 1 week then 50mg increments to 200mg (NICE), Escitalopram OR Paroxetine 10mg daily increased to max 20mg 20mg daily. Max 50mg

#### Panic Disorder\(^4\) +/- agoraphobia
- **2nd line**
  - Alternative first option or SNRI\(^1,3\) Venlafaxine Duloxetine
  - Initial Dosing: Venlafaxine (NICE CG159) 75mg once daily. No evidence for higher doses but licensed to 225mg.

#### PTSD
- **1st line**
  - Initial Dosing: Paroxetine OR Sertraline\(^2\) OR Mirtazapine
  - Paroxetine: 20mg od max 50mg
  - Sertraline\(^2\): 15mg increased up to 45mg NICE CG26 (unlicensed)
  - Mirtazapine: 10mg daily max 40mg

#### OCD
- **1st line**
  - Initial Dosing: Sertraline\(^2\) OR Escitalopram OR Paroxetine
  - Sertraline\(^2\): 50mg increasing by 50mg weekly to 200mg max
  - Escitalopram\(^2\): 10mg daily increased to max 20mg
  - Paroxetine: 20mg od max 50mg

#### SOCIAL PHOBIA
- **1st line**
  - Initial Dosing: Venlafaxine (NICE CG159)

### When to Refer to CMHT
- Consider referral if the patient has severe anxiety with marked functional impairment in conjunction with:
  - a risk of self-harm or suicide
  - significant psychiatric comorbidity
  - self-neglect
  - an inadequate response to primary care interventions.

### Refer to Steps to Wellbeing
- Patients should self refer to Steps to WellBeing. Treatments at Step 2 and 3 include:
  - Individual CBT
  - Guided Self-Help
  - Applied Relaxation

### Notes:
1. Choice based on patient’s prior experience, side effect profiles and potential drug interactions. High doses of citalopram can prolong the QTc interval.
2. SSRIs. There is an 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. Consider prescribing a gastroprotective drug in these circumstances. Monitor urea and electrolytes and signs of hyponatraemia.
3. For people aged under 30 who are offered an SSRI or SNRI:
   - Warn them that these drugs are associated with an increased risk of suicidal thinking and self-harm.
   - Initiate by MH specialist (NICE).
4. Benzodiazepines should not be used for management of panic disorder.

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<th>Medication</th>
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<td>Initial Dosing: Alternative 1st option or Venlafaxine (not NICE) 75mg increased up to 225mg. A baseline ECG is recommended</td>
<td>Alternative first option or Clomipramine</td>
<td>Initial Dosing: Alternative first option or Clomipramine 25mg increased gradually over 2 weeks to max 225mg. A baseline ECG is recommended</td>
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<td>Pregabalin NICE - Consider referral to CMHT if unsuccessful</td>
<td>Initial Dosing: Pregabalin 150mg in 2 divided doses increasing by 150mg up to 600mg</td>
<td>Amitriptyline</td>
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### Additional Information
- Before prescribing any medication discuss the treatment options and any concerns the patient may have about taking medication. Provide patient with verbal and written information to consider risks and benefits.
- To improve tolerability consider prescribing half therapeutic dose of antidepressant for the first two weeks.
- May need long-term treatment and doses at upper end of indicated range, review the effectiveness and side effects of the drug every 2-4 weeks during the first 3 months of treatment and every 3 months thereafter. If the drug is effective, advise the patient to continue taking it for at least a year as the likelihood of relapse is high.
- OCD use high dose SSRI first line, minimum 12 weeks
- Do not offer an antipsychotic for the treatment of GAD in primary care.
- Benzodiazepines should only be considered for a short course (max 2 weeks) during a crisis\(^4\)