Primary Care Guidance for the management of Anxiety in adults

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Target audience:	General Practitioners, Mental Health Practitioners.

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.

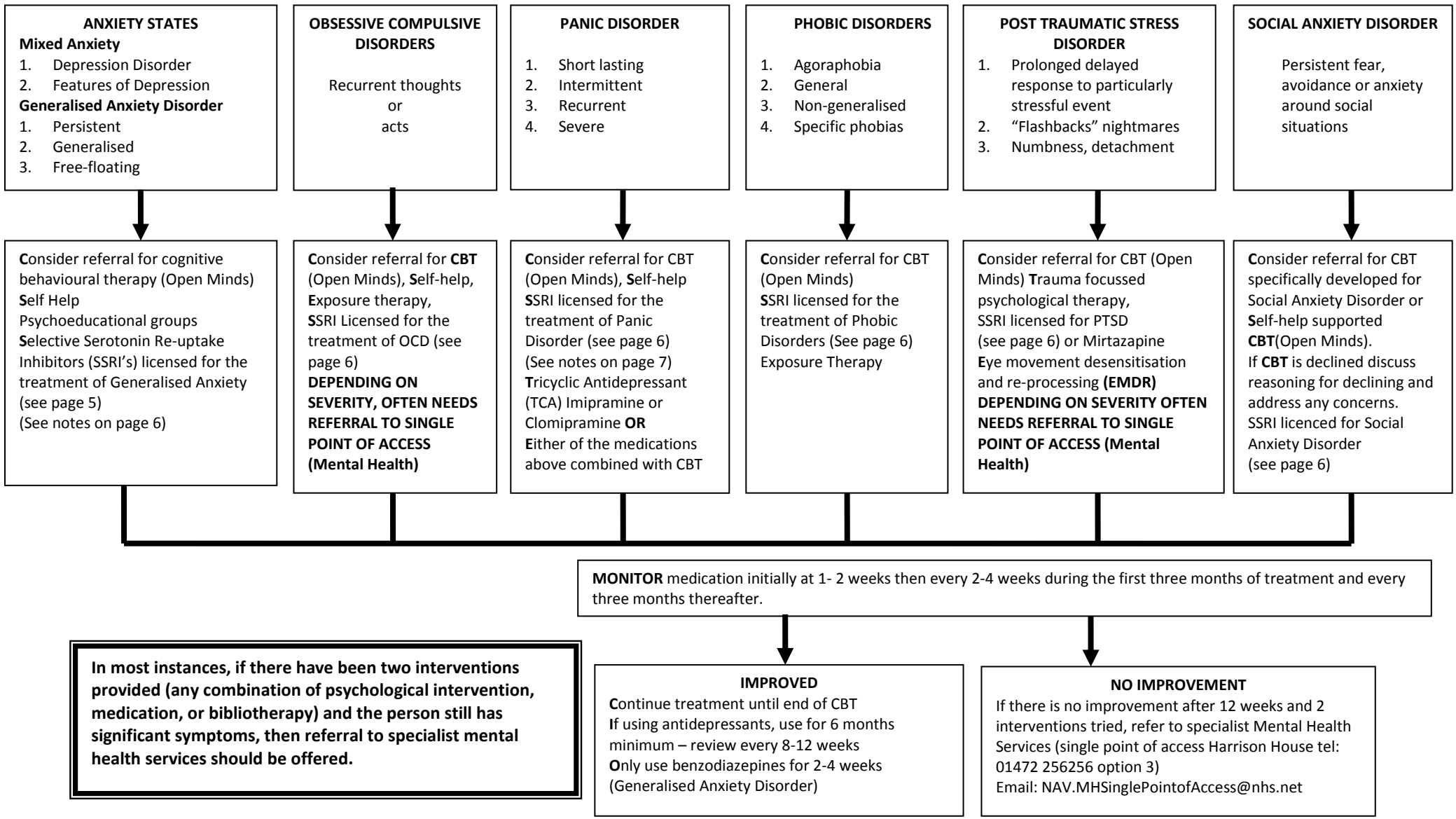
7 DISCHARGE FROM SECONDARY CARE

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

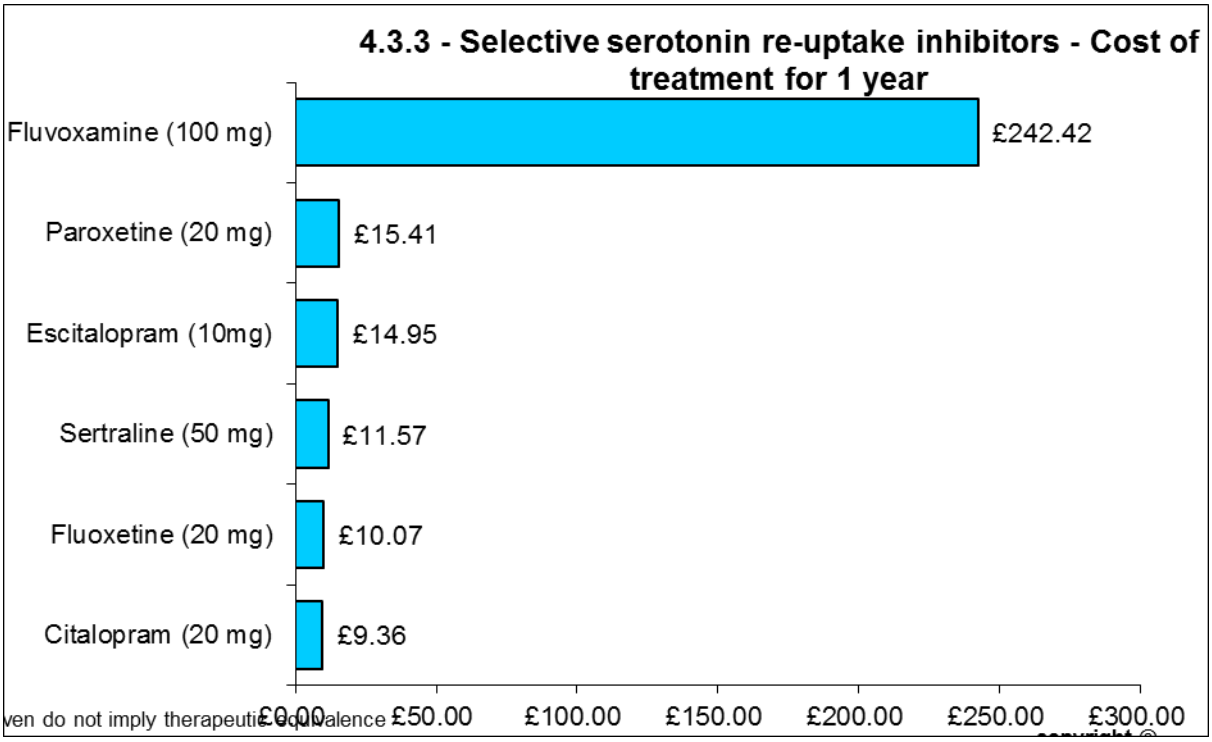


Reviewed in line with NICE guidance CG113, CG159, CG26 and CG31 reviewed January 2018. Due for review January 2020

Licenced indication for Selective Serotonin Re-uptake Inhibitors

	Depressive illness	Generalised anxiety disorder	Obsessive Compulsive Disorder (OCD)	Panic disorder	Post-traumatic Stress Disorder	Social anxiety disorder
Citalopram	✓			✓		
Escitalopram	✓	✓	✓	✓		✓
Fluoxetine	✓		✓			
Paroxetine	✓	✓	✓	✓	✓	✓
Sertraline	✓		✓	✓	✓	✓

SSRI – Cost of Treatment for 1 year: October 2017



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** that treatment has failed and **should be stopped**[2] 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

[2] National Institute of Health and Care Excellence, Clinical Knowledge Summary of anxiety disorders accessed on 26/09/17 via https://cks.nice.org.uk/generalized-anxiety-disorder#!scenario:1

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
   - Obsessive compulsive disorder CG31 http://www.nice.org.uk/guidance/CG31
   - Social anxiety disorder CG159 http://guidance.nice.org.uk/CG159
   - Post-traumatic stress disorder http://www.nice.org.uk/guidance/CG26

2. The Summary of Product Characteristics http://www.medicines.org.uk/emc/

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

4. BNF - https://www.medicinescomplete.com/mc/bnf/current/

INSERT CLINIC ADDRESS

REF: Silverlink ID
NHS NO:

Tel No:
Fax no:

Date of Clinic:
Date Typed:

The contents of this letter are confidential and may not be disclosed without the consent of the writer

GP ADDRESS

Dear Dr

RE **JOE BLOGG, DOB ADDRESS**

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

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PRIVATE & CONFIDENTIAL

Service user details NHS No.	Date of request _____ GP Name _____ Practice_____

Indication of treatment:	Secondary care prescriber:
Care co-ordinator:	Contact No:
Service user is stabilised on:	Dose and frequency:

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

Monitoring results	**Date**	**Result**	**Date next due**
FBC			
Weight and BMI			
U & E			
LFT			

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

REQUEST FOR REVIEW BY NAViGO

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

Service User Name:	Consultant Psychiatrist:
DOB:	Care Co-ordinator:
NHS Number:	GP Practice:
Tel No:	Referrer:
	Date:

Please put an 'X' in the boxes that apply

Urgency level	
Within 24 hours	
Within 48 hours	
Within 14 days	
Within 28 days	

PLEASE INDICATE WHY REVIEW IS NEEDED:

Please put an 'X' in the boxes that apply (not mandatory)

Diagnosis/Clinical Signs/Symptoms	
Mood Disorder (Depression)	
Anxiety Disorder	
Psychotic Disorder	
Bipolar Disorder	
Personality Disorder	
Somatoform Disorder	
Sleep Disorder	
History of Abuse/Trauma/PTSD	
Other	

Reason for review	
Service user functioning declines significantly	
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	
Tolerability or side effect problems	
Service user request to discontinue treatment or review treatment	
Comorbid alcohol or drug misuse suspected	
Poor treatment response	
Risk to the person or others	

Please email to NAV.MHSinglePointofAccess@nhs.net