

# Management of panic disorder and generalised anxiety disorder in adults

**Understanding NICE guidance – information for people with panic disorder or generalised anxiety disorder, their families and carers, and the public**

In April 2007, NICE issued a new version of this information to take account of some changes in the recommendations in the NICE guideline. NICE made these changes after new advice was issued by the Medicines and Healthcare products Regulatory Agency on prescribing a drug called venlafaxine.

December 2004,  
with amendments  
April 2007



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## **Management of panic disorder and generalised anxiety disorder in adults**

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**Issue date:** April 2007

### **To order copies**

Copies of this booklet can be ordered from the NHS Response Line; telephone 0870 1555 455 and quote reference number N1236.

A version in English and Welsh is also available, reference number N1244. Mae fersiwn yn Gymraeg ac yn Saesneg ar gael hefyd, rhif cyfeirnod N1244. The NICE clinical guideline on which this information is based, 'Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care', is available from the NICE website ([www.nice.org.uk/CG022NICEguideline](http://www.nice.org.uk/CG022NICEguideline)). A quick reference guide for healthcare professionals is also available from the website ([www.nice.org.uk/CG022NICEquickrefguide](http://www.nice.org.uk/CG022NICEquickrefguide)) and the NHS Response Line (reference number N1235).

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## About this information

This information describes the guidance that the National Institute for Health and Clinical Excellence (called NICE for short) has issued to the NHS on anxiety disorders. (There is more about anxiety disorders on page 7.) It is based on 'Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care' (NICE Clinical Guideline 22), which is a clinical guideline produced by NICE for doctors, nurses and others working in the NHS in England and Wales. Although this information has been written chiefly for people with anxiety disorders, or concerned that they may have an anxiety disorder, it may also be useful for family members, those who care for people with anxiety disorders, and anyone with an interest in anxiety or in healthcare in general.

Short explanations of some of the medical words and terms used in this booklet are provided on pages 36–40.

## Clinical guidelines

Clinical guidelines are recommendations for good practice. The guidelines produced by NICE are prepared by groups of healthcare professionals, patients and carers and their representatives, and scientists. The groups look at the evidence available on the best way of treating or managing a condition and make recommendations based on this evidence.

There is more about NICE and the way that the NICE guidelines are developed on the NICE website ([www.nice.org.uk](http://www.nice.org.uk)). You can download the booklet 'The guideline development process – an overview for stakeholders, the public and the NHS' from the website, or you can order a copy by phoning 0870 1555 455 and quoting reference number N1113.

## What the recommendations cover

NICE clinical guidelines can look at different areas of diagnosis, treatment, care and self-help, or a combination of these. The areas that a guideline covers depend on the topic.

The recommendations in 'Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder)

in adults in primary, secondary and community care', which are described here, cover the care of adults who have panic disorder (with or without agoraphobia) or generalised anxiety disorder. The recommendations address:

- diagnosis
- medication
- psychological treatments
- self-care.

The guideline does not cover the care of people with other anxiety disorders such as post-traumatic stress disorder or obsessive compulsive disorder, which will be addressed in separate guidelines. The guideline does not cover the care of people who have both anxiety and depression. NICE has also issued a guideline on depression. See page 35 for more information.

The information that follows tells you about the NICE guideline on anxiety. It doesn't attempt to explain anxiety in detail. If you want to find out more about anxiety, ask your doctor or another member of your healthcare team. Alternatively, NHS Direct may be a good starting point. You can call NHS Direct on 0845 46 47 or view the NHS Direct website ([www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) or [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)).

## How guidelines are used in the NHS

In general, healthcare professionals working in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the recommendations will not be suitable for some people for reasons including their specific medical condition, their general health, their wishes, or a combination of these. If you think that the treatment or care you receive (or someone that you care for receives) does not match the treatment or care described in the pages that follow, you should discuss your concerns with your GP, hospital doctor or other healthcare professional.

## If you want to read the other versions of this guideline

There are four versions of this guideline:

- this one
- the NICE guideline, 'Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care' (NICE Clinical Guideline 22)

- the quick reference guide, which is a summary of the main recommendations in the NICE guideline and has been issued to people working in the NHS
- the full guideline, which contains all the details of the guideline recommendations and how they were developed, and information about the evidence on which they are based.

All versions of the guideline are available from the NICE website ([www.nice.org.uk/CG022](http://www.nice.org.uk/CG022)). This version and the quick reference guide are also available from the NHS Response Line – phone 0870 1555 455 and give the reference number(s) of the booklet(s) that you want (N1236 for this version, N1244 for this version in English and Welsh, and N1235 for the quick reference guide).

## About anxiety disorders

Anxiety is a feeling of unease, such as worry or fear, and can be mild or severe. It can have many causes, such as pressure of work or family problems. Everyone feels anxious sometimes but having an anxiety disorder means that someone feels anxious at inappropriate times and finds it difficult to control their worries. Many people have anxiety disorders. In Britain, about 1 in 20 adults have generalised anxiety disorder and 1 in 100 have panic disorder.

People with anxiety disorders may feel apprehensive and tense. These feelings may be experienced not as emotions but as physical symptoms such as butterflies or cramps in the stomach, trembling, a fast heartbeat and/or sweating. Often the cause of these feelings, both physical and emotional, is unclear and people may think they are going mad, losing control or fainting. Other people fear that they may suffocate or have a heart attack or stroke, or that they have some other serious illness. Although understandable, such fears are groundless.

There are a number of anxiety disorders that can be difficult to distinguish from one another. Those that are covered by this guideline are panic disorder and generalised anxiety disorder.

- **Panic disorder** – people with panic disorder sometimes feel panicky or anxious and may make changes to their life in order to avoid situations that make them feel this way. They will not have these symptoms all of the time. People with panic disorder sometimes also fear or avoid public spaces (this is known as agoraphobia). Sometimes, a person experiencing a panic attack may go to a hospital casualty (accident and emergency – A&E) department fearing that they are having a heart attack because their heart rate is so high.
- **Generalised anxiety disorder** – people with generalised anxiety disorder have symptoms most of the time. These symptoms vary with different individuals but they include feeling constantly edgy, irritable or worried, having difficulty concentrating or having trouble sleeping.

People with an anxiety disorder may withdraw from social contact – for example, from family and friends – in an effort to avoid these feelings. They may find it difficult or stressful to go to work, and may take time off sick. This can create a fear of being judged unfairly, which can increase the person’s own lack of self esteem and understanding of what is happening to them.

As the symptoms of anxiety disorders are so vague, and could be related to other conditions, it may take several consultations for the correct diagnosis to be made, and a suitable treatment plan to be agreed.

This guideline makes recommendations about the care of people with panic disorder and generalised anxiety disorder, including what treatments work and how you can get access to them.

# What you can expect if you have an anxiety disorder

People with anxiety disorders will generally benefit more from treatment if they are involved in decisions about which treatment is most appropriate for them. You should be involved as an equal partner in the decisions about your condition.

There should also be good communication between all healthcare professionals involved in your care.

When you first go to your GP or other primary care health professional (see page 38), you should tell them about all of your symptoms and how long you have had them. In order to better understand your symptoms and how to treat them, your GP may spend some time asking you about your personal circumstances, your activities and any medication or other substances you are taking, including alcohol, caffeine (which is present in coffee, for example, and some soft drinks) and recreational drugs. They should discuss fully all of the options for treatment, explaining, should you wish, the research evidence for how well each treatment works. You and your healthcare professional should then agree on your treatment plan.

## **Box 1 Questions you might like to ask about panic disorder or generalised anxiety disorder**

The following are questions that people with these conditions, who have helped to write this guideline, asked or wished they'd asked when they first went to their GP. You may find that they help you when discussing your condition with your GP to learn more about it and the options for treatment.

- How common is panic disorder and generalised anxiety?
- What exactly is wrong with me?
- How can I get better?
- What can I do to help myself?
- What help and information can you give me?
- How long will I need to have treatment for?

You, and where appropriate your family or carers, should be offered information about your disorder, and about national and local voluntary and self-help groups that can provide support in the longer term.

Sometimes, a person experiencing a panic attack goes to a hospital A&E department. If this happens to you, after the healthcare professionals have ruled out any physical cause of your symptoms (such as a heart attack), they should ask you about any previous treatment, give you information about panic disorder and advise you to see your GP. In most cases, you should not be admitted to hospital if you have had a panic attack.

# Panic disorder: support and treatment in primary care

Psychological therapy, medicines and self-help (see pages 14–21 for explanations of these terms) have all been shown to be effective in treating panic disorder. Studies of different treatments found that the benefits of psychological treatments lasted the longest.

But no single treatment is best for everyone: different treatments will suit different people, so your GP should discuss the options with you so that you can make a decision together as to which is the best for you on the basis of your individual preferences and circumstances. For example, you may consider self-help if you prefer to manage your own condition and/or get help and support from people who have been in similar circumstances. You may consider psychological therapies if you prefer to work with a trained healthcare professional. Neither self-help nor psychological therapies have the possible risks and side effects of medicines.

Whatever you decide, the chosen treatment should be available promptly.

## Psychological therapy

If you opt for psychological therapy, you should be offered cognitive behavioural therapy (often shortened to 'CBT'). (CBT is explained on page 37.)

- CBT should be delivered by people who have been specially trained to deliver the therapy and who follow an established way of providing it.
- You should receive between 7 and 14 hours of treatment in total. This is usually provided as weekly sessions of 1–2 hours each, and the total treatment should be completed within 4 months. Sometimes it's more appropriate to have a shorter programme of CBT (7 hours in total), with 'homework' to practise what was learned between sessions. For a few people, more intensive CBT over a very short period of time might be appropriate.

During your CBT programme, you should see your GP or other primary care health professional regularly to assess how you are doing.

## Medication

If you are considering taking medicine to treat your panic disorder, your GP should discuss with you:

- the risks of the different options, including the risk of overdose (for example, this may be a consideration for you if you have small children who might find and take your pills, as some medicines are lethal if taken in large doses)
- whether you have tried medicine for your panic disorder before and how well it worked for you
- possible interactions with other medications
- the potential side effects and what would and would not be tolerable for you.

Your GP will also consider other factors, including:

- your age
- the cost, where one medicine would be just as suitable for you as another.

If you and your GP decide on medication, the following should happen.

- You should be offered an antidepressant, which should be an SSRI (see page 38) licensed<sup>a</sup> for the treatment of panic disorder. If that is not suitable for you, you should be offered imipramine or clomipramine (these belong to a group of medicines known as ‘tricyclic antidepressants’). Although imipramine and clomipramine don’t have a licence for use in the treatment of panic disorder, they have been shown to be effective<sup>a</sup>.
- You should not be prescribed medicines of the types known as antipsychotics or sedative antihistamines, or benzodiazepines (see pages 36 and 38).
- When you are prescribed a medicine, your GP should discuss with you how it will work and all of its potential side effects. This should include information about the fact that the medicine may increase anxiety levels for a short period of

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<sup>a</sup> When a drug is said to be ‘licensed’ for a specific condition, it means the drug is marketed and can be prescribed for that specific condition. Normally, a drug needs ‘marketing authorisation’ before it can be marketed or prescribed for a specific condition. The process of giving a medicine its marketing authorisation is carried out by the Medicines and Healthcare products Regulatory Agency (MHRA). Further information on this is available from their website ([www.mca.gov.uk](http://www.mca.gov.uk)).

time, and that it may be several weeks before it takes effect. Written information that is appropriate for your needs should be available. Your GP should consider starting you on a low dose of the medicine and increasing the dose slowly to minimise side effects.

- Whichever medicine your GP prescribes, you should be told that, although antidepressants are not addictive, in the way alcohol or cigarettes can be, you might experience unpleasant symptoms (called 'discontinuation symptoms' or 'withdrawal symptoms') when you stop taking it, miss doses or reduce the dose. These symptoms can include dizziness, numbness and tingling, gastrointestinal disturbances (particularly nausea and vomiting), headache, sweating, anxiety and sleep disturbances.
- Usually any discontinuation symptoms are mild, but they can be severe, especially if the antidepressant is stopped abruptly. You should be told that it is important to take the medicine regularly to reduce the risk of having discontinuation symptoms. You should also be told to contact your GP if you experience discontinuation (withdrawal) symptoms that cause you concern.

Each time you start a new type of medicine you should see your GP or other primary care health professional at 2, 4, 6 and 12 weeks after starting the treatment so that you can both decide whether to continue or consider another treatment. At these check-ups your healthcare professional should ask you how well you think the medicine is working and whether you have any side effects. Your GP may suggest an increase in the dose if there hasn't been a change in your symptoms.

Depending on the type of medicine you are taking, you might need to have regular tests such as having your blood pressure monitored.

If you are not better in 12 weeks' time, your GP may suggest you try imipramine or clomipramine (if you haven't tried them already) or another treatment and discuss with you what the options are.

Even if you feel better, you may need to take the medicine for at least 6 months, and maybe longer, to prevent symptoms returning. If you continue taking a medicine for more than 12 weeks, you should see your GP about every 8–12 weeks, depending on the kind of medicine and how well you are doing.

When you and your GP decide that it is time to stop your medicine, it is very important that this is done slowly, with the dosage being gradually reduced over an extended period of time (this is called 'tapering' – see page 40) to avoid discontinuation (withdrawal) symptoms (see page 17).

If you experience severe problems while reducing your medication, your GP might try you again on the original dose or try a similar antidepressant, and then gradually reduce the dose while monitoring your symptoms.

If while coming off your medication you experience symptoms that cause you concern, you should seek advice from your GP.

## Self-help

There are many things you can do yourself that can be successful in reducing panic attacks. If you and your GP decide upon the self-help approach (taking steps to help you cope with or improve your condition; see page 38), you should be offered one or more of the following.

- A programme of bibliotherapy (see page 36 for further explanation), which uses written material based on the principles of CBT to help people understand their psychological problems and learn ways to overcome them by changing their behaviour.
- Access to support groups (sometimes run by people who have experienced panic disorder themselves). These groups may provide face-to-face meetings, telephone conference support groups, which can be based on CBT principles, or additional information on all aspects of anxiety disorders plus other sources of help.
- Advice on exercise, which can improve mood.

During the self-help programme, you should still see your GP or other primary care health professional regularly. Usually this will be every 4–8 weeks, but it may be more or less often, depending on your circumstances.

During treatment, you may be asked to complete a questionnaire at intervals to help you and your GP or other primary care health professional to decide if your symptoms are getting better.

## If you don't feel better

Not all treatments work for everyone. If you have tried one type of treatment and it hasn't worked, your GP should discuss with you whether to try another type of treatment (psychological therapy, medication or self-help).

If you have tried any two treatments (two of psychological therapy, medication and a programme of bibliotherapy as self-help) and you still have significant symptoms, your GP should discuss with you whether you wish to have an appointment with a healthcare professional who specialises in mental health (see page 32).

# Generalised anxiety disorder: support and treatment in primary care

Although you may have felt anxious for a long time, sometimes something occurs that suddenly makes it a great deal worse. If this is the case, you may be offered any or all of the following treatments.

- You may be offered information and support, which may include your GP discussing with you the problems that may have contributed to your anxiety and helping you find solutions. Your GP may suggest that you contact a self-help or support group.
- You may be offered medication such as benzodiazepines or sedative antihistamines (see pages 36 and 38), which can be helpful at first in relieving the symptoms of generalised anxiety disorder and make you feel better quickly. They are not effective in the longer term. If you are offered benzodiazepines, they should be used only for a maximum of 2–4 weeks, as the beneficial effects wear off over a longer period. Using them for longer also increases the risk of dependence and the likelihood of withdrawal effects when the time comes to stop taking them.

In the longer term, psychological therapies, medicines and self-help (see pages 24–30 for explanations of these terms) have all been shown to be effective in treating generalised anxiety disorder. Studies of different treatments found that the benefits of psychological treatments lasted the longest.

But no single treatment is best for everyone: different treatments will suit different people, so your GP should discuss the options with you so that you can make a decision together as to which is the best for you on the basis of your individual preferences and circumstances. For example, you may consider self-help if you prefer to manage your own condition and/or get support from people who have been in similar circumstances. You may consider psychological therapies, such as CBT, if you prefer to work with a trained healthcare professional. Neither self-help nor psychological therapies have the possible risks and side effects of medicines.

Whatever you decide, the chosen treatment should be available promptly.

## Psychological therapy

If you opt for psychological therapy, you should be offered cognitive behavioural therapy, or CBT (CBT is explained on page 37).

- CBT should be delivered by people who have been specially trained to deliver the therapy and who follow an established way of providing it.
- You should receive between 16 and 20 hours of treatment in total. This is usually provided as weekly sessions of 1–2 hours each, and the total treatment should be completed within 4 months. Sometimes it's more appropriate to have a shorter programme of CBT (8–10 hours in total) with 'homework' to practise what was learned between sessions.

During your CBT programme, you should see your GP or other primary care health professional regularly to assess how you are doing.

## Medication

If you are considering taking medicines for your generalised anxiety disorder, your GP should discuss with you:

- the risks of the different options, including the risk of overdose (for example, this may be a consideration for you if you have small children who might find and take your pills, as some medicines are lethal if taken in large doses)
- possible interactions with other medications
- the potential side effects and what would and would not be tolerable for you
- whether you have tried medicine for your generalised anxiety disorder before and how well it worked for you.

Your GP will also consider other factors, including:

- your age
- the cost, where one medicine would be just as suitable for you as another.

If you and your GP decide on medication the following should happen.

- You should be offered an antidepressant which should be an SSRI (see page 38). (Paroxetine is an SSRI that is licensed for the treatment of generalised anxiety disorder.)
- When you are prescribed a medicine, your GP should discuss with you how it will work and all of its potential side effects. This should include information about the fact that the medicine may increase your anxiety levels for a short period of time, and that it may be several weeks before it takes effect. Written information that is appropriate for your needs should be available. Your GP should consider starting you on a low dose of the medicine and increasing the dose slowly to minimise side effects.
- Whichever medicine your GP prescribes, you should be told that, although antidepressants are not addictive, in the way alcohol or cigarettes can be, you might experience unpleasant symptoms (called 'discontinuation symptoms' or 'withdrawal symptoms') when you stop taking it, miss doses or reduce the dose. These symptoms can include dizziness, numbness and tingling,

gastrointestinal disturbances (particularly nausea and vomiting), headache, sweating, anxiety and sleep disturbances.

- Usually any discontinuation symptoms are mild, but they can be severe, especially if the antidepressant is stopped abruptly. You should be told that it is important to take the medicine regularly to reduce the risk of having discontinuation symptoms. You should also be told to contact your GP if you experience disturbing discontinuation (withdrawal) symptoms.

Each time you start a new type of medicine you should see your GP or other primary care health professional at 2, 4, 6 and 12 weeks after starting the treatment so that you can both decide whether to continue or consider another treatment. Your GP may suggest an increase in the dose if there hasn't been a change in your symptoms.

Depending on the type of medicine you are taking, you might need to have regular tests such as checks on your blood pressure.

If you are not better in 12 weeks' time, your GP may suggest you change to a different SSRI or try another form of treatment, and discuss with you what the options are.

Even if you feel better, you may need to take the medicine for at least 6 months, and maybe longer. If you continue taking a medicine for more than 12 weeks, you should see your GP about every 8–12 weeks, depending on the kind of medication and how well you are doing.

When you and your GP decide that it is time to stop your medicine, it is very important that this is done slowly, with the dosage being gradually reduced over an extended period of time (this is called 'tapering' – see page 40) to avoid discontinuation (withdrawal) symptoms (see page 26).

If you experience severe problems while reducing your medication, your GP might try you again on the original dose or try a similar antidepressant, and then gradually reduce the dose while monitoring your symptoms.

If while coming off your medication you experience symptoms that cause you concern, you should seek advice from your GP.

## Self-help

There are many things you can do yourself that can be successful in reducing anxiety. If you and your GP decide upon the self-help approach, you should be offered one or more of the following.

- A programme of bibliotherapy, which uses written material based on the principles of CBT to help people understand their psychological problems and learn ways to overcome them by changing their behaviour.
- Large-group CBT if available. (Large-group CBT is CBT presented to a large group of usually around 30 people in a lecture-style format rather than through a more interactive approach.)
- Access to support groups that are often run by people who have experienced anxiety disorder themselves; these groups may provide face-to-face meetings, telephone conference support groups, which can be based on CBT principles, or additional information on all aspects of anxiety disorders plus other sources of help.
- Advice on exercise, which can improve mood.

During the self-help programme, you should still see your GP or other primary care health professional regularly. Usually this will be every 4–8 weeks, but it may be more or less often, depending on your circumstances.

During treatment, you may be asked to complete a questionnaire at intervals to help you and your GP or other primary care health professional to decide if your symptoms are getting better.

## If you don't feel better

Not all treatments work for everyone. If you have tried one type of treatment and it hasn't worked, your GP should discuss with you whether to try another type of treatment (psychological therapy, medication or self-help).

Your doctor may consider offering you treatment with an antidepressant called venlafaxine. You should have your blood pressure checked when you start the drug and regularly during treatment. If your blood pressure persistently increases, your doctor should reduce the dose of the drug or consider stopping treatment. You should also have checks for heart problems; this is particularly important if it is known that you have heart or circulation

problems ('cardiovascular disease'). The dose of venlafaxine used to treat generalised anxiety disorder should be no higher than 75 mg per day.

Venlafaxine should not be prescribed for anyone who:

- has high blood pressure (hypertension) that is not being treated
- has recently had a heart attack, or
- is at high risk of serious 'cardiac arrhythmias' (an irregular heart beat).

## Referral to a specialist mental health professional

If you have tried any two treatments (two of psychological therapy, medication and a programme of bibliotherapy as self-help) and you still have significant symptoms, your GP should discuss with you whether you wish to have an appointment with a healthcare professional who specialises in mental health (see page 32).

## Specialist care for people with panic disorder or generalised anxiety disorder

If you are offered a referral and decide to see a specialist, there are different arrangements in different areas but you would usually be referred to the Community Mental Health Team. This is a multidisciplinary team (including health and social care professionals such as psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and social workers) that cares for people with a wide range of mental health problems. The team may offer psychological therapy and/or medication.

A mental health specialist should undertake an overall re-assessment of your condition to understand the background to your situation. This may take more than one appointment. They should ask you:

- about previous treatments, including whether you found that they worked and whether you continued with them as prescribed for the full duration of treatment

- about any other substances you may use that could affect your symptoms, including alcohol, caffeine (which is present in coffee, for example and some soft drinks) and recreational drugs and whether you smoke
- about other diseases and conditions you have that may affect your symptoms
- how much your symptoms are affecting your day-to-day life
- how much support you have from family and friends
- about things in your life that may be affecting your condition.

Once the assessment is complete, the specialist will discuss the options with you and agree an appropriate plan for treatment. This may include any of the following.

- Psychological therapies such as CBT (which could be a home-based CBT programme if it's difficult for you to attend the clinic), if it hasn't been offered already, or a therapy known as structured problem solving (see page 39).

- Appropriate treatment of other diseases and conditions that may be affecting your symptoms.
- Medicines other than those tried in primary care. (Note: the NICE guideline does not include any recommendations on the drugs to be tried.)
- Referral to highly specialised services. Such services are more experienced in dealing with people who haven't been helped by the usual treatments.

If panic disorder or generalised anxiety disorder is severely affecting how someone can manage their daily life, it can also affect the lives of their family or other carers. If this is the case, the specialist may suggest providing support during the day (for example, attending a day-care centre).

## Further information

You have the right to be fully informed and to share in decision-making about your healthcare. If you need further information about anxiety, please ask your GP or a relevant member of your healthcare team. You can discuss this guideline with them if you wish.

For further information about the National Institute for Health and Clinical Excellence (NICE) or the Clinical Guidelines Programme, or for other versions of this guideline (including the sources of evidence used to inform the recommendations for treatment and care) or the quick reference guide, visit the NICE website at [www.nice.org.uk](http://www.nice.org.uk)

NICE has issued guidelines on the treatment and care of adults with depression, and of women with mental health problems (including anxiety disorders) in the antenatal and postnatal periods. Information about these guidelines is available from the NICE website:

- Depression. NICE clinical guideline 23 (amended). [www.nice.org.uk/CG023](http://www.nice.org.uk/CG023)
- Antenatal and postnatal mental health. NICE clinical guideline 45. [www.nice.org.uk/CG045](http://www.nice.org.uk/CG045)

## Words and terms used in this booklet

**Agoraphobia:** A fear or avoidance of public spaces.

**Antidepressants:** Medicines used to treat depression.

**Antihistamines:** Medicines used to treat allergic reactions. Some antihistamines have a sedating effect – see Sedative antihistamines.

**Antipsychotics:** Medicines used in the treatment of psychosis (the symptoms of which include hallucinations and delusions).

**Benzodiazepines:** A group of medicines that have a calming, sleep-promoting and anxiety-reducing effect. (The most well-known of this group of medicines is diazepam.) Benzodiazepines have a substantial risk of addiction and can cause withdrawal problems.

**Bibliotherapy:** The use of written material to help people understand their psychological problems and learn ways to overcome them by changing their behaviour.

**Cognitive behavioural therapy (CBT):** A group of treatments that focus on helping people to change unhelpful or distorted patterns of thinking and reacting (behaviour) in order to reduce their distress and improve their quality of life. Cognitive behavioural approaches are usually tailored to the individual's needs, with the therapist helping the patient to find and try out new ways of thinking and reacting. Although the emphasis is mainly on changing current behaviour rather than examining past feelings, therapists may sometimes help the person to understand how their past experience may affect the way in which they think and act now.

Large-group CBT is CBT presented to a large group of usually around 30 people in a lecture-style format rather than through a more interactive approach.

**Electrocardiograph (ECG):** A test that records the electrical activity of the heart. It can measure the rate and regularity of the heartbeats, and detect the presence of any damage to the heart, or the effects of drugs used to regulate the heart.

**General Practitioner with Special Interest in Mental Health:** A GP who has had extra training and is recognised as having particular expertise in mental health, as described in the guidance

from the Department of Health (the guidance is available from the Department's website, [www.dh.gov.uk](http://www.dh.gov.uk)).

**Primary care health professional:** Healthcare professionals such as GPs and practice nurses who work in primary care (which means in the community – for example, in surgeries or health centres rather than in hospitals).

**Psychological therapy:** A general term for treatments in which the main means of helping people to change is through talking, usually with a therapist trained in a specific approach.

**Sedative antihistamines:** Medicines that are used to treat allergic reactions, but that can have a calming effect on the brain.

**Selective serotonin re-uptake inhibitors (SSRIs):** Antidepressant medicines that target specific chemical messengers in the brain. These drugs work by increasing the level of the chemical serotonin in the brain, which helps to alleviate the symptoms of depression. SSRIs have fewer of the side effects associated with tricyclic antidepressants (see page 40) and are less likely to cause drowsiness and dizziness. They can, however, cause nausea and headaches.

**Self-help:** Self-help offers people the chance to come to terms with their condition, understand how it works and then take steps towards dealing with or overcoming it.

Support for self-help may be provided by organisations, which may be run or managed by people who have, or have had, the condition. Organisations can provide information and support relevant to the illness, including:

- leaflets and books
- audio cassettes or videos cassettes
- cognitive behaviour therapy (face-to-face or through telephone conferencing).

**Side effect:** A reaction to or effect of a medicine or therapy that is additional to its intended beneficial effects.

**Structured problem solving:** An approach to solving problems that goes through several distinct steps: problem presented, problem negotiated, problem agreed, solution presented, solution negotiated, solution agreed.

**Tapering:** A way of stopping taking a medicine by gradually reducing the daily dose over a period of time. This is usually done to reduce discontinuation effects and to prevent sudden relapse.

**Tricyclic antidepressants:** Medicines used to treat depression. Imipramine and clomipramine are tricyclic antidepressants. Tricyclic antidepressants work in a similar way to SSRIs (see page 38), but may have more unpleasant side effects, which can vary in severity from person to person. The side effects may include dry mouth, blurred vision, constipation, problems passing urine, sweating, lightheadedness and excessive drowsiness.

**Venlafaxine:** an antidepressant, of a type called a serotonin and noradrenaline reuptake inhibitor (SNRI), that is used to treat generalised anxiety disorder. People prescribed venlafaxine should have their blood pressure checked regularly and have checks for heart problems.





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