

## Understanding NICE guidance

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Information for people who use NHS services

# Treating generalised anxiety disorder and panic disorder in adults

*NICE 'clinical guidelines' advise the NHS on caring for people with specific conditions or diseases and the treatments they should receive.*

This booklet is about the care and treatment of people with generalised anxiety disorder (sometimes shortened to GAD) or panic disorder. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for people with GAD or panic disorder, but it may also be useful for their families or carers or for anyone with an interest in these conditions.

The booklet is to help you understand the care and treatment options that should be available in the NHS. It does not describe GAD or panic disorder, or the treatments for them, in detail. A member of your healthcare team should discuss these with you. There are examples of questions you could ask throughout this booklet to help you with this. You can get more information from the organisations listed on page 16. Technical terms printed in **bold** type are explained on page 15.

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### The advice in the NICE guideline covers:

- The care, treatment and support that should be offered to adults (aged 18 and over) with GAD or panic disorder, and their families or carers.

### It does not specifically look at:

- The care and treatment of people with other mental health problems such as depression, bipolar disorder, obsessive–compulsive disorder or post-traumatic stress disorder. NICE has produced separate guidance about these; see [www.nice.org.uk](http://www.nice.org.uk)

This is an update of advice on the care of people with GAD or panic disorder that NICE produced in 2004 and amended in 2007. The advice on the treatment of GAD has been updated. The advice on the treatment of panic disorder has not been updated.

## Your care

In the NHS, patients and healthcare professionals have rights and responsibilities as set out in the NHS Constitution ([www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm](http://www.dh.gov.uk/en/Healthcare/NHSConstitution/index.htm)).

All NICE guidance is written to reflect these. You have the right to be involved in discussions and make informed decisions about your treatment and care with your healthcare team. Your choices are important and healthcare professionals should support these wherever possible. You should be treated with dignity and respect.

To help you make decisions, healthcare professionals should explain GAD and panic disorder and the possible treatments for them. They should cover possible benefits and risks related to your personal circumstances. You should be given relevant information that is suitable for you and reflects any religious, ethnic, or cultural needs you have. It should also take into account whether you have a physical or learning disability, sight or hearing problem or language difficulties. You should have access to an interpreter or advocate (someone who helps you put your views across) if needed.

If your family or carers are involved, they should be given their own information and support. If you agree, they should also have the chance to be involved in decisions about your care.

You should be able to discuss or review your care as your treatment progresses, or your circumstances change. This may include changing your mind about your treatment or care.

All treatment and care should be given with your informed consent. Healthcare staff should follow the Department of Health's advice on consent ([www.dh.gov.uk/consent](http://www.dh.gov.uk/consent)) and the code of practice for the Mental Capacity Act. Information about the Act and consent issues is available from [www.publicguardian.gov.uk](http://www.publicguardian.gov.uk). In Wales healthcare staff should follow advice on consent from the Welsh Assembly Government ([www.wales.nhs.uk/consent](http://www.wales.nhs.uk/consent)).

*Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this booklet, please talk to a member of your healthcare team.*

## Generalised anxiety disorder (GAD)

GAD is a common mental health problem, affecting 1 in every 25 people in the UK. The main symptoms of GAD are:

- having a number of different worries that are excessive and out of proportion to a particular situation
- having difficulty controlling one's worries.

Everyone feels anxious or worried sometimes, but having GAD means having uncontrollable anxieties or worries about a lot of different events and situations a lot of the time. People with GAD can find it difficult or stressful to carry out their daily activities. Sometimes people with GAD also have another mental health problem such as **depression**.

Other symptoms of GAD include feeling irritable, restless, tired, having tense muscles and problems concentrating or sleeping. It can be difficult to recognise GAD so it is important that you talk to your GP or other healthcare professional if you have any of these symptoms and are worried or anxious a lot of the time.

As the worries and anxieties continue and get worse, the person may think they have a serious mental illness, such as **psychosis**, but this is not the case.

## What should happen when I see a healthcare professional about my symptoms?

When you see any healthcare professional about your symptoms, they should ask you what kinds of worries you have, how you feel and how your worries are affecting your everyday life.

They may then ask you:

- whether any physical health problems are related to your worries and anxious feelings
- whether any treatments you have had before for GAD have helped you
- whether you have or have had any other mental health problem
- whether you have a problem with drugs or alcohol.

Your healthcare professional should respect your confidentiality, privacy and dignity at all times. They should build a relationship with you based on openness and understanding. Throughout your care they should discuss with you the treatment you would prefer.

You should also be told about local and national self-help groups, support groups and helplines for people with GAD where you can talk to people with similar experiences.

## Questions you could ask your healthcare team

- What is GAD?
- What are the treatments for GAD?
- Who can provide my treatment?
- Who can I contact in a crisis?
- Do you have any information for my family/carers?

## What treatments should I be offered?

Treatments for GAD include **psychological treatments** and medication. These are explained on pages 6–7. Most treatments can be provided by your GP or other healthcare professionals in **primary care**.

If you have a learning disability or other problem that may affect your understanding, you should be offered the same treatments as other people with GAD. The treatment may be adapted to suit your needs.

If you also have depression or another kind of anxiety disorder (such as **obsessive–compulsive disorder** or **post-traumatic stress disorder**), your healthcare professional should discuss with you which condition would be best treated first.

If you have problems with alcohol or drugs you may be offered treatment for your alcohol or drug problem first. This is because GAD sometimes gets better after an alcohol or drug problem is treated.

GAD may get better by itself with no treatment at all, or after discussions with and advice from a healthcare professional.

## Initial treatments

If you decide to have treatment, you should first be offered one that you can either do on your own (self-help) or a course with other people. Both treatments should help you to understand your symptoms and develop ways of coping with them.

Self-help involves working from a book or a computer program for about 5 to 14 weeks. You should be given advice about how to use the book or program before you start. Some types of self-help involve very little contact with a healthcare professional; others involve meeting with or talking on the phone to a healthcare professional for a short time every week or fortnight.

*If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team in the first instance.*

*If you have talked to your healthcare team and you think that a treatment is suitable for you but it is not available, you can contact your local patient advice and liaison service ('PALS') or NHS Direct Wales.*

If you choose to go on a course with other people you will have meetings every week for about 6 weeks. You may also be given a self-help book to work through.

If you do not think that initial treatment has helped you, you should be offered one of the further treatments described below.

### **Further treatments**

If your symptoms are seriously affecting you, or the initial treatments have not helped you, or your symptoms are getting worse, you should be offered a psychological treatment (either one called cognitive behavioural therapy or one called applied relaxation), or medication.

### **Psychological treatments**

Both cognitive behavioural therapy (sometimes shortened to CBT) and applied relaxation involve weekly meetings with a healthcare professional for about 3 to 4 months. CBT helps you to understand how your problems, thoughts, feelings and behaviour affect each other. It can also help you to question your negative and anxious thoughts, and do things you would usually avoid because they make you anxious.

Applied relaxation involves learning how to use muscle relaxation techniques when you are feeling anxious or in situations that could make you feel anxious. Your healthcare professional will help you to gradually encounter and cope with these situations.

You may be offered treatment in your preferred language if possible.

If you do not think that the course of CBT or applied relaxation has helped you, you should be offered medication.

### **Medication**

If you would prefer to have medication rather than psychological treatment, or psychological treatment did not help you, you should be offered a type of **antidepressant** called a **selective serotonin reuptake inhibitor** (sometimes shortened to **SSRI**). Antidepressants can be an effective treatment for GAD – being offered an SSRI does not mean that you have depression.

If the first SSRI does not help you, or you have side effects that cause you problems, you should be offered a different SSRI or another type of antidepressant called a **serotonin–noradrenaline reuptake inhibitor** (sometimes shortened to **SNRI**). If antidepressants are not suitable for you, you may be offered **pregabalin**.

You should not usually be offered a **benzodiazepine** to treat GAD, except temporarily to help you through crisis periods (for example, when your anxiety is very difficult to manage and you feel out of control). If you do take a benzodiazepine in a crisis it should only be for a short time.

You should not usually be offered an **antipsychotic** to treat GAD by your GP or other healthcare professional in primary care.

Your healthcare professional should discuss with you all the options for medication and any concerns you have about the medication. You should also be given full written information about taking medication. The information should explain:

- that when you first start taking an antidepressant you may feel more anxious and agitated, and may have problems sleeping and eating, but that this usually passes after a short time
- the side effects and the withdrawal symptoms that might occur when you stop taking the medication
- the likelihood of the medication for GAD affecting any other medication you are taking
- the importance of carefully following the instructions about taking your medication so that it works properly.

You should also be advised that medications you can buy without a prescription at a chemist may affect the way your medication for GAD works.

Your healthcare professional should check whether you have any side effects when you first start taking your medication. If you do, they should check to see whether these improve over time. The dose of your medication could be reduced, or you could try a different medication (see page 6) or a psychological treatment (see page 6) instead.

While you are taking medication your healthcare professional should see you every 2 to 4 weeks for the first 3 months, and every 3 months after that.

If you are under 30 and you are taking an antidepressant your healthcare professional should tell you that there is a small chance that you will have thoughts of harming yourself. Your healthcare professional should see you every week for the first month.

If the medication is working, you should keep taking it for at least a year because this can help you to stay well.

## **What happens if I don't feel better after psychological treatment or medication?**

If the first course of treatment (CBT, applied relaxation or medication) does not help you, you should be offered one that you have not tried before.

If you are taking medication and it is helping, but you still have some symptoms, you may be offered a psychological treatment in addition to your medication.

If none of the treatments you have tried has helped you, you may be offered an appointment with a specialist (see 'Specialist care' below).

### **Questions you could ask your healthcare team**

- Do I have a choice about which treatment I have?
- What will the treatment involve?
- What are the advantages, disadvantages and risks of this treatment?
- How long will it take for my medication to work?
- When should I start to feel better? What should happen if I don't start to feel better by then?
- Would it help to make changes to my current treatment?
- What other treatment options are there?

## **Specialist care**

You may be offered a referral for specialist care if your symptoms are so severe and persistent that they make daily activities very difficult to carry out **and**:

- the treatments you have tried have not helped **or**
- you have a serious physical illness or another mental illness **or**
- you are harming yourself or having suicidal thoughts **or**
- you have a drug or alcohol problem.

In specialist care you will meet with a psychiatrist, a psychologist, a psychiatric nurse, an occupational therapist, or a healthcare professional with special experience in the care of people with GAD.

Your specialist should ask you the questions listed in 'What should happen when I see a healthcare professional about my symptoms?' on page 4. They should also ask you about your life at home and whether you have any support, whether you are looking after yourself properly and whether there is a chance that you might harm yourself.

The specialist should agree a plan for your care and treatment with you. As part of this plan you may be offered a treatment you have not tried before. This might be one of the psychological treatments or medications described on page 6. You may be offered a combination of a psychological treatment with a medication, or a combination of two different medications. The advantages and disadvantages of the combination should be discussed with you before you agree to it.

## Information for families and carers of people with GAD

Families and carers can play an important part in supporting a person with GAD. If a member of your family or someone you care for has GAD, their healthcare professional should ask them whether they would like you to be involved in their care. However, healthcare professionals should respect the privacy of the person with GAD if they would prefer to cope on their own.

If the person with GAD agrees to you being involved, you should be given information on GAD and how you can support them throughout treatment. You should also be given contact numbers of healthcare professionals and voluntary organisations, and information about what to do in a crisis.

As a family member or carer, you may need help and support yourself. Healthcare professionals should give you information about local family and carer support groups and other voluntary organisations, and help you to make contact with them.

Anyone with a caring role (that is, a person who provides regular and substantial care) has the right to a **carer's assessment**.

### Questions families or carers could ask the healthcare team

- Am I entitled to be told about the treatment the person with GAD is having?
- What can I do to support the person?
- Can you give me any information about specialist support for families and carers, such as helplines?

## Panic disorder

The main symptoms of panic disorder are attacks of intense fear and discomfort that happen unexpectedly and repeatedly. There may also be physical symptoms such as chest pain, sickness, dizziness, a racing heart beat, breathlessness, sweating or shaking. People with panic disorder may avoid situations that they think might lead to a panic attack. They may also fear or avoid public spaces (this is known as agoraphobia).

A person experiencing a panic attack may go to a hospital accident and emergency department mistakenly thinking they are having a heart attack because their heart rate is so high. If this happens to you, after the healthcare professionals have ruled out any physical cause of your symptoms, 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.

### What should happen when I see a healthcare professional about my symptoms?

When you first go to your GP or other healthcare professional, you should tell them about all of your symptoms and how long you have had them. Your healthcare professional may ask you about your personal circumstances, your activities and any medication or other substances you are taking, including alcohol, caffeine or other drugs. They should discuss fully all of the options for treatment. You and your healthcare professional should then agree on your treatment plan.

#### Questions you could ask your healthcare team

- What is panic disorder?
- What are the treatments for panic disorder?
- Who can provide my treatment?
- Are there any support organisations for people with panic disorder in my local area?
- Who can I contact in a crisis?
- Do you have any information for my family/carers?

## What treatments should I be offered?

**Psychological treatment**, medication and self-help have all been shown to be effective in treating panic disorder. Studies of different treatments found that the benefits of psychological treatment lasted the longest.

Different treatments will suit different people, so your healthcare professional should discuss the options with you. Whatever you decide, the chosen treatment should be available promptly.

During treatment you may be asked to complete a questionnaire at intervals to help you and your healthcare professional decide whether your symptoms are getting better.

### **Psychological treatment**

If you decide to have psychological treatment, you should be offered cognitive behavioural therapy (which is sometimes shortened to CBT). CBT helps you to understand how your problems, thoughts, feelings and behaviour affect each other.

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.

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

### **Medication**

If you are considering taking medication to treat your panic disorder, your healthcare professional should discuss with you:

- the risks of the different options
- whether you have tried medication 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.

*If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team in the first instance.*

*Some treatments may not be suitable for you, depending on your exact circumstances. If you have questions about specific treatments and options covered in this booklet, please talk to a member of your healthcare team.*

If you and your healthcare professional decide on medication:

- You should be offered an **antidepressant**, which should be a type called a **selective serotonin reuptake inhibitor** (sometimes shortened to **SSRI**), licensed\* 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\*.
- You should not be prescribed a type of medication known as an **antipsychotic**, a **sedative antihistamine** or a **benzodiazepine**.
- When you are prescribed a medication, your healthcare professional should discuss with you how it will work and all of its potential side effects.
- Whichever medication your healthcare professional 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') when you stop taking it, miss a dose or reduce the dose.
- You should contact your healthcare professional if you experience discontinuation (withdrawal) symptoms that cause you concern.

Each time you start a new type of medication you should see your healthcare professional 2, 4, 6 and 12 weeks after starting the treatment so that you can both decide whether to continue or consider another treatment.

### **Self-help**

There are many things you can do yourself that can be successful in reducing panic attacks. If you and your healthcare professional decide on self-help, you should be offered one or more of the following:

- a programme of **bibliotherapy** that uses written material based on the principles of CBT
- access to support groups (sometimes run by people who have experienced panic disorder themselves)
- advice on exercise, which can improve mood.

During the self-help programme you should see your healthcare professional regularly, usually every 4–8 weeks.

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\* 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.mhra.gov.uk](http://www.mhra.gov.uk)).

## ***What happens if I don't feel better after psychological treatment, medication or self-help?***

If you have tried one type of treatment and it hasn't worked, your healthcare professional should discuss with you whether to try another type of treatment. (For example, if you have tried psychological treatment, your healthcare professional may offer you medication or self-help.)

If you have tried any two treatments (two of psychological treatment, medication or bibliotherapy) and you still have significant symptoms, your healthcare professional should discuss with you whether you wish to have an appointment with a specialist.

### **Specialist care**

In specialist care you may meet with a psychiatrist, a psychiatric nurse, a clinical psychologist, an occupational therapist or a social worker. The specialist may offer psychological treatment and/or medication.

The specialist should ask you:

- about previous treatments, including whether they worked and whether you completed the treatment as prescribed
- whether you use substances such as alcohol, caffeine or other drugs and whether you smoke
- about other diseases and conditions you have
- 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.

*If you have talked to your healthcare team and you think that a treatment is suitable for you but it is not available, you can contact your local patient advice and liaison service ('PALS') or NHS Direct Wales.*

The specialist should then discuss the options with you and agree a plan for treatment. This may include any of the following:

- psychological treatment such as CBT (which you may be able to do at home if it is difficult for you to attend the clinic), if it has not been offered already, or a therapy known as **structured problem solving**
- treatment of other diseases and conditions that may be affecting your symptoms
- medications other than those you have already tried
- referral to highly specialised services.

### Questions you could ask your healthcare team

- Do I have a choice about which treatment I have?
- What will the treatment involve?
- Can you give me a leaflet explaining the treatment?
- What are the advantages, disadvantages and risks of this treatment?
- How long will it take for my medication to work?
- When should I start to feel better? What should happen if I don't start to feel better by then?
- Would it help to make changes to my current treatment?
- What other treatment options are there?

### Information for families and carers of people with panic disorder

If a member of your family or someone you care for has panic disorder, you should be provided with information, if appropriate, about panic disorder and its treatment. The information should cover the use and possible side effects of medication for panic disorder.

You should also be told about self-help groups and support groups for families and carers of people with panic disorder, and if appropriate, encouraged to participate in programmes run by these groups.

If your family member or the person you care for is having specialist care for panic disorder, they may be offered a place at a day-care centre to relieve you during the day.

### Questions families or carers could ask the healthcare team

- What can I do to support the person with panic disorder?
- Can you give me any information about specialist support for families and carers?

## Explanation of technical terms

**Antidepressant** Medication used to treat depression and also anxiety.

**Antipsychotic** Medication used primarily in the treatment of **psychosis**.

Examples include aripiprazole, olanzapine, quetiapine and risperidone.

**Benzodiazepine** Medication used to treat sleep problems, agitation, seizures and muscle spasms. Examples include chlordiazepoxide, diazepam and lorazepam.

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

**Carer's assessment** An assessment by social services of a carer's physical and mental health and their needs in their role as a carer. Anyone aged 16 years and older who cares for someone on a regular and substantial basis has the right to request such an assessment. There should be a written carer's support plan, which is given to the carer.

**Depression** A common mental health problem, the main symptoms of which are losing pleasure in things that were once enjoyable and losing interest in everyday activities and other people.

**Obsessive–compulsive disorder** A type of anxiety disorder in which a person has thoughts, images or impulses that keep coming into their mind and are difficult to get rid of (called obsessions) and a strong feeling that they must carry out or repeat certain physical acts or mental processes (called compulsions).

**Post-traumatic stress disorder** A type of anxiety disorder that can sometimes follow a threatening or traumatic event.

**Pregabalin** A type of medication called an 'anticonvulsant' used to treat seizures, which is also used to treat GAD.

**Primary care** A part of the healthcare service that includes GPs, nurses and mental health teams (such as mental health workers, mental health practitioners and psychologists).

**Psychological treatments** Treatments that involve meeting with a mental health professional to talk about feelings and thoughts and how these affect behaviour and wellbeing.

**Psychosis** A serious mental health problem. The main symptoms are hearing voices and sometimes seeing things that are not really there (called hallucinations), and having fixed beliefs that are false but that the person believes in completely (called delusions).

**Sedative antihistamine** Medication used to treat allergic reactions that can have a calming effect on the brain.

**Selective serotonin reuptake inhibitor (SSRI)** A type of **antidepressant**.

Examples include sertraline, fluoxetine, citalopram, escitalopram, fluvoxamine and paroxetine.

**Serotonin–noradrenaline reuptake inhibitor (SNRI)** A type of **antidepressant**. Examples include venlafaxine and duloxetine.

**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.

## More information

The organisations below can provide more information and support for people with generalised anxiety disorder or panic disorder. NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- Anxiety UK, 08444 775 774  
[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)
- Mind, 0845 766 0163  
[www.mind.org.uk](http://www.mind.org.uk)
- SANE, 0845 767 8000  
[www.sane.org.uk](http://www.sane.org.uk)

NHS Choices ([www.nhs.uk](http://www.nhs.uk)) may be a good place to find out more. Your local patient advice and liaison service (usually known as 'PALS') may be able to give you more information and support. You should also contact PALS if you are unhappy with the treatment you are offered, but you should talk about your care with a member of your healthcare team first. If your local PALS is not able to help you, they should refer you to your local independent complaints advocacy service. If you live in Wales you should speak to NHS Direct Wales for information on who to contact.

## About NICE

NICE produces guidance (advice) for the NHS about preventing, diagnosing and treating medical conditions. The guidance is written by independent experts including healthcare staff and people representing patients and carers. They consider the evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare staff. Staff working in the NHS are expected to follow this guidance. But there will be times when a specific treatment will not be suitable for some people for reasons including another medical condition, the person's general health, their wishes, or a combination of these.

*To find out more about NICE, its work and how it reaches decisions, see [www.nice.org.uk/AboutGuidance](http://www.nice.org.uk/AboutGuidance)*

*This booklet and other versions of the guideline aimed at healthcare staff are available at [www.nice.org.uk/guidance/CG113](http://www.nice.org.uk/guidance/CG113)*

*You can order printed copies of this booklet from NICE publications (phone 0845 003 7783 or email [publications@nice.org.uk](mailto:publications@nice.org.uk) and quote reference N2410). The NICE website has a screen reader service called Browsealoud, which allows you to listen to our guidance. Click on the Browsealoud logo on the NICE website to use this service.*

*We encourage NHS and voluntary organisations to use text from this booklet in their own information about generalised anxiety disorder and panic disorder.*