Anxiety Medication Pathway for Adults

The aim of this pathway is to encourage safe and efficient prescribing by advising the best evidence based pharmacological treatments for anxiety disorders.

**Patients aged over 65 years:** Any doses stated refer to adult dosing and the prescriber should consult the BNF for advice on doses for elderly patient groups.

**Key prescribing guidelines**

* At all steps, consider non-pharmacological options instead of or in support of drug treatment, e.g. talking therapies
* Request a full list of medical problems and medication from the GP
* Consider causative underlying physical health problems
* Consider monotherapy first
* Medication trials should be at least 6-12 weeks at the maximum tolerable dose
* Antidepressants used for alternative indications at low doses should be taken into consideration but are not considered combination treatment
* Any benzodiazepine or hypnotic prescription should be used with caution and short term use only (maximum 2 weeks)

**Definitions**

* Combination - A combination of two or more treatments, each of which represents an antidepressant alone, i.e. it adds an extra effect without altering the action of the first drug
* Augmentation - Augmentation means adding another drug that by itself is not an antidepressant, but that may improve the efficacy of the original antidepressant.
* Partial Response - Failure to respond completely to a course of single drug therapy
* Off-label - prescribing a licensed medication for a condition outside of their licence
* Unlicensed - prescribing a medicine that does not have a UK marketing licence

**Off-label and Unlicensed Medicines**

As you move through the steps, the choices are often off-label. This is highlighted next to each medication. Before prescribing off-label or unlicensed medicines the following conditions must be met:

* The medicine is better suited to the patient/client’s needs than an appropriately licensed alternative
* There is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy
* The reasons why medicines are not licensed for their proposed use should be explained to the patient/client, or parent/carer
* A clear and accurate record of medicines and the rational for use should be documented on Paris (unless the medication is included in TEWV off-label permissions) as part of the Medication Treatment Plan
* Off-label and unlicensed medications monitoring and prescribing arrangements are likely to remain in secondary care unless transfer has been agreed

**Any drug marked with an (N) is recommended by NICE guidelines**

**NO RECOVERY**

**STEP 2**

Trial of single drug therapy – **6-12 weeks** at treatment dose

**SSRI**

* Sertraline

Initially 25-50mg OM Titrate to 100-200mg OM **(N)**

Reassess anxiety using interview and a validated rating scale

Check effects of medication and adherence

PARTIAL RESPONSE

Consider increase to maximum dose for further 6 week trial if tolerated

**STEP 1**

Trial of single drug therapy – **6-12 weeks** at treatment dose

**Alternative SSRI**

* Escitalopram

Initially 5-10mg OM; Max 20mg OM *[licenced for GAD, OCD, Panic disorder & social anxiety disorder]* **(N)**

* Citalopram

Initially 10mg OM; Max 40mg OM *[licenced for Panic disorder only; off-label for other indications]* **(N)**

Reassess anxiety using interview and a validated rating scale

Check effects of medication and adherence

PARTIAL RESPONSE

Consider increase to maximum dose for further 6 week trial if tolerated

**STEP 3**

Trial of single drug therapy – **6-12 weeks** at treatment dose

Consider referral to secondary care

**PANIC**

* Venlafaxine **(N)**
* Alternative SSRI **(N)**

**SOCIAL ANXIETY**

* Venlafaxine **(N)**

**GAD**

* SNRI **(N)**
* Mirtazapine (off-label)

**OCD**

* Alternative SSRI **(N)**
* Clomipramine **(N)**

**PTSD**

* Venlafaxine (off-label) **(N)**
* Fluoxetine (off-label) **(N)**

PARTIAL RESPONSE

Consider increase to maximum dose for further 6 week trial if tolerated

Reassess anxiety using interview and a validated rating scale

Check effects of medication and adherence

**NO RECOVERY**

May be used for target symptoms at any stage

* Benzodiazepines

(Max 2 weeks)

* Trazodone *(see* [*further info*](#Trazodone) *below)*
* Propranolol – for somatic symptoms only. Can cause drowsiness

**ADJUNCT**

**MEDICINES**

**STEP 4**

Secondary Care Initiation/Recommendation

Consider in any order

**6-12 weeks** at treatment dose

**STEP 5**

Secondary Care Initiation

Consider in any order

**6-12 weeks** at treatment dose

**STEP 6**

Secondary Care Only

**NO RECOVERY**

* Consider referral to tertiary service or specialist within TEWV

**PANIC**

* Mirtazapine (off-label)
* Moclobemide (off-label)
* Duloxetine (off-label)

**SOCIAL ANXIETY**

* Moclobemide **(N)**
* Pregabalin (off-label)
* Gabapentin (off-label)

**GAD**

* Pregabalin **(N)**
* Gabapentin (off-label) (alternative if S/E’s)
* Clomipramine **(N)**
* Quetiapine (monotherapy or augmentation) (off-label)

**OCD**

* Risperidone & SSRI (augmentation) (off-label)
* Aripiprazole & SSRI (augmentation) (off-label)
* Clomipramine & Citalopram (off-label)

(combination) **(N)**

(See ECG guidance)

**PTSD**

* Duloxetine (off-label)
* Prazosin / Doxazosin (nightmares) (augmentation) (off-label)

Reassess anxiety using interview and a validated rating scale

Check effects of medication and adherence

PARTIAL RESPONSE

Consider increase to maximum dose for further 6 week trial if tolerated

**GAD**

* Buspirone & SSRI (augmentation) (off-label)

**OCD**

* Topiramate & SSRI (augmentation) (off-label)
* Lamotrigine & SSRI (augmentation) (off-label)
* Ondansetron & SSRI (augmentation) (off-label)
* Above BNF range SSRI (off-label)

**PTSD**

* Olanzapine (off-label) (augmentation) **(N)**
* Risperidone (off-label) (augmentation) **(N)**
* Quetiapine (off-label) (augmentation) **(N)**

Reassess anxiety using interview and a validated rating scale

Check effects of medication and adherence

**NO RECOVERY**

**NO RECOVERY**

**PANIC**

* Clomipramine (off-label) **(N)**

**SOCIAL ANXIETY**

* Olanzapine (off-label) (augmentation)

**Further Information About Treatment Options**

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**Swapping and Stopping Advice** [**Citalopram QTc monitoring**](https://www.tewv.nhs.uk/content/uploads/2018/09/Citalopram-escitalopram-dose-reduction-ECG-algorithm.pdf)

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**Useful links**

**NICE Guidelines for Anxiety**

Generalised anxiety disorder and panic disorder in adults: management. 2011. (Clinical guideline 113.)

[www.nice.org.uk/guidance/cg113](https://www.nice.org.uk/guidance/cg113)

Obsessive-compulsive disorder and body dysmorphic disorder: treatment. 2005. (Clinical guideline 31.)

[www.nice.org.uk/guidance/cg31](https://www.nice.org.uk/guidance/cg31)

Post-traumatic stress disorder. (NICE guideline [NG116]) Published date: December 2018

<https://www.nice.org.uk/guidance/ng116>

Social anxiety disorder: Recognition, assessment and treatment. 2013. (Clinical guideline 159.)

[www.nice.org.uk/guidance/cg159](https://www.nice.org.uk/guidance/cg159)

**The Maudsley Prescribing Guidelines**

Taylor, D., Barnes T.R.E. & Young A.H. (2018). Chapter 3 – Depression and anxiety. In The Maudsley Prescribing Guidelines, 13th Edition. London: John Wiley and Sons.

[lib.myilibrary.com/Open.aspx](http://lib.myilibrary.com/Open.aspx?id=786015&src=0) - You will need an Athens account and login to access this link and can gain one through library services at the Trust if you do not already have one

Sections

* *Anxiety Spectrum Disorders* – Table 4.23, p360-372
* *Antidepressants: relative adverse effects – a rough guide* – Table 3.23, p358-359
* *Antidepressant discontinuation symptoms* – Table 3.9, p310-313
* *Serotonin syndrome symptoms* – Fig 3.4, p315
* *Antidepressants – swapping and stopping* – Table 3.11, p314-320

**Medication Information**

The Choice and Medication website has helpful information in agreeing choice of antidepressant with patients [www.choiceandmedication.org.uk/tees-esk-and-wear-valleys/](http://www.choiceandmedication.org.uk/tees-esk-and-wear-valleys/) and you can print out medication information sheets. It also has information on driving whilst taking medication.

[**TEWV Psychotropic Medication Monitoring Guidance**](https://www.tewv.nhs.uk/content/uploads/2018/09/Psychotropic-Medication-Monitoring-Guide.xlsx)(internet version)

[**Yellow Card**](https://yellowcard.mhra.gov.uk/) Adverse Reaction Reporting Scheme