

National Institute for Health and Clinical Excellence

Clinical guideline: Anxiety (partial update)

PRE-PUBLICATION CHECK ERROR TABLE

Organisation	Order number	Section number in FULL guideline	Page number	ERROR REPORT	RESPONSE
Pfizer	1.01	General	General	Pfizer has no comments following the pre-publication check of the Anxiety guideline	Thank you.
Royal College of General Practitioners	2.01	2.4.1	20	<i>It is contentious to say that</i> "There is evidence that GPs may not offer effective evidence based treatments to their patients with anxiety disorders as often as may be indicated, and that the treatments offered are more likely to be pharmacological, rather than psychological therapies". The headlines from this will be that GPs are poorly educated and offer poor quality services. It would be more accurate to say that GPs need more therapy options available including psychological therapy services that have clinically appropriate access times and have the capacity to offer an evidence based service to those referred.	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.
RCGP	2.02	2.4.4	23	Regarding the statement "recent years antidepressant medications such as the SSRIs have been increasingly used to treat GAD (Baldwin <i>et al.</i> , 2005). Unlike benzodiazepines, antidepressant drugs do not relieve anxiety from the beginning of treatment and a period of some weeks often needs to elapse before significant clinical improvement is seen" I suspect that this is not the experience of most GPs- the improvements in anxiety and panic occur much earlier than one expects to see improvements in depression	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.

RCGP	2.03	4.4.5	73	The general approach taken in GP training and supported by the RCGP is that people's conditions should be viewed in the light of physiological, psychological and social factors. The guideline should make reference to this approach as it is important in realising that people often have both physical (often several) and psychological problems simultaneously and even when GAD is the principal diagnosis the presenting complaint may have been a physical one.	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.
RCGP	2.04	6.7.2	146	I am surprised that there is no research recommendation with regard to the "real world" availability and acceptability of self help/low level interventions. This relies on having access to resources such as the internet, books and audiotapes at times when it is possible to be private and focussed.	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.
RCGP	2.05	5.3.2	84/5	Evidence for "Stepped Care" is shown to be lacking for efficacy (compared to direct allocation to a level of care selected by practitioner, patient and practitioner constraints are noted and there is no certain economic gain but stepped care is adopted by the GDG with no clear rationale	Thank you for your comment. However, your comment relates to an issue other than a factual error. Therefore we cannot respond to it.
Royal College of Nursing	3.01	General	General	Nurses working in this area have reviewed the above draft guidelines. There are no factual errors to report.	Thank you.