

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Scope for Partial Update

1 Guideline title

Anxiety: management of generalised anxiety disorder in adults in primary, secondary and community care (update)

1.1 Short title

Anxiety (update)

2 Background

This is a partial update of NICE clinical guideline 22 (2004): 'Anxiety: management of generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults in primary, secondary and community care'. In the original remit, the Department of Health asked NICE to 'prepare a clinical guideline for the NHS in England and Wales for 'talking' therapies, drug treatments and prescribing for anxiety and related common mental disorders, including generalised anxiety disorder (GAD) and panic disorder (with or without agoraphobia). Following informal consultation with a number of experts and the assessment of recent high quality systematic reviews, substantial new trial evidence has been identified for adults with GAD therefore the management of this disorder has been prioritised for updating. Other areas of the original scope will be considered for review at a later date.

In December 2008 the technology appraisal team put forward an update proposal for the anxiety section of 'Technology Appraisal TA97: computerised cognitive behaviour therapy (CCBT)' to be updated within the clinical guideline on anxiety. After consideration of all of the consultation comments the Institute's Guidance Executive agreed to proceed with the proposal.

3 Clinical need for the guideline

3.1 *Epidemiology*

- a) Generalised anxiety disorder is a relatively common condition. It often has a chronic course, which can lead to significant distress and impairment to the person with the disorder.

- b) A recent US household survey reported prevalence for a range of psychiatric disorders. For anxiety disorders as a whole there was a 12-month prevalence of 18.1% and a lifetime prevalence of 28.8%. For generalised anxiety disorder specifically, there was a 12-month prevalence of 3.1% and a lifetime prevalence of 5.7%. However, a European study (Belgium, France, Germany, Italy, Netherlands, and Spain) reported a much lower 12-month prevalence of 4.6% for anxiety disorders as a whole.

3.2 *Current practice*

- a) GAD, along with other anxiety disorders, is most commonly treated in primary care, although some with more severe impairment are also treated in secondary care. Treatments include psychological interventions (computerised and face to face), pharmacological interventions (for example, SSRIs, venlafaxine, duloxetine, TCAs, benzodiazepines) and self-help.

- b) The Department of Health initiative 'Improving Access to Psychological Therapies' started in 2008, and is currently increasing the capacity to deliver psychological interventions for common mental health disorders in primary care, including interventions for anxiety disorders.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 *Population*

4.1.1 Groups that will be covered

- a) Adults (aged 18 years or older) with a working diagnosis of generalised anxiety disorder

4.1.2 Groups that will not be covered

- a) Children and young people (younger than 18)

- b) This guideline update may be relevant to adults with the following conditions, but will not specifically address: panic disorder, major depression, bipolar depression, seasonal affective disorder, combat disorder, phobic disorders, obsessive compulsive disorder, post-traumatic stress disorder and anxiety disorders associated with dementia.

4.2 *Healthcare setting*

- a) The guideline will cover care received from primary, secondary and community healthcare professionals who have direct contact with and make decisions concerning care of people with generalised anxiety disorder.

4.3 *Clinical management*

4.3.1 Topics that will be updated

- a) Pharmacological interventions compared with: placebo, other pharmacological interventions (those available in the UK according to the British National Formulary), psychological interventions, or combined psychological and pharmacological treatment for

generalised anxiety disorder. This will include selective serotonin reuptake inhibitors [SSRIs] (and related drugs), duloxetine, venlafaxine, tricyclic antidepressants, benzodiazepines, azapirones, antihistamines, beta-blockers, antipsychotics.

- b) When referring to pharmacological interventions, the guideline will normally recommend use within licensed indications. Exceptionally, and only where the evidence supports it, the guideline may recommend use outside a treatment's licensed indications. The guideline will expect that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual patients.
- c) Psychological interventions compared with: control groups (such as treatment as usual), other psychological interventions, pharmacological interventions, or combined psychological and pharmacological treatment for generalised anxiety disorder. This will include cognitive behavioural therapy (CBT), guided self help, counselling, and short term psychodynamic psychotherapy.
- d) The Guideline Development Group will also review the structure of recommendations of the original guideline and care pathways on which it is based to ensure fit with other NICE guidelines for common mental health disorders.
- e) The delivery of computerised cognitive behaviour therapy (CCBT) for panic disorder and generalised anxiety disorder.

4.3.2 Topics that will not be updated

- a) Diagnosis
- b) Pharmacological and psychological interventions for panic disorder (with or without agoraphobia)

4.4 Main outcomes

- c) a) Anxiety symptoms (mean anxiety rating scale score, response [$>50\%$ reduction in mean anxiety rating scale score], remission) at end of treatment and follow up
- d) b) Quality of life (for example, SF-36, EQ-5D) at end of treatment and follow up
- e) c) Tolerability (leaving the study early for any reason, leaving the study early due to lack of efficacy, leaving the study early due to adverse events)
- f) d) Adverse effects (for example gastro-intestinal symptoms, weight gain/loss, mortality)

4.5 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and further economic analyses will be carried out as appropriate. Outcomes of economic analyses will be expressed in terms of the quality-adjusted life year (QALY), depending on availability of appropriate clinical and utility data. Costs will be considered from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

4.6 Status

4.6.1 Scope

This is the final scope. There will be no consultation as no new key areas have been identified that need updating in this guideline. (see appendix A for the scope of the original guideline).

4.6.2 Timing

The development of the guideline recommendations will begin in June 2009.

5 Related NICE guidance

5.1 *Published guidance*

5.1.1 NICE guidance to be updated

This guideline will update and partially replace the following NICE guidance.

- Anxiety. NICE clinical guideline 22 (2004). Available from www.nice.org.uk/CG22
- Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal guidance 97 (2006). Available from www.nice.org.uk/TA97. (Anxiety indications only)

5.1.2 Other related NICE guidance

- Obsessive-compulsive disorder. NICE clinical guideline 31 (2005). Available from www.nice.org.uk/CG31
- Post-traumatic stress disorder. NICE clinical guideline 26 (2005). Available from www.nice.org.uk/CG26
- Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia. NICE technology appraisal guidance 77 (2007). Available from www.nice.org.uk/TA77.

5.2 *Guidance under development*

NICE is currently developing the following related guidance (details available from the NICE website).

- Depression in adults (update). NICE clinical guideline. Publication expected September 2009.
- Depression in chronic health problems. NICE clinical guideline. Publication expected September 2009.
- Depression and anxiety – identification and referral in primary care. NICE clinical guideline. Publication expected April 2011.

6 Further information

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders' the public and the NHS'
- 'The guidelines manual'.

These are available from the NICE website

(www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).

Appendix A: Scope for NICE clinical guideline 22

NATIONAL INSTITUTE FOR CLINICAL EXCELLENCE

1 Guideline title

Anxiety: management of generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults in primary, secondary and community care

1.1 Short title

Anxiety

2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Primary Care to develop a clinical guideline on the management of generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults in primary and secondary care and in the community for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (included in appendix B). Post-traumatic stress disorder and obsessive-compulsive disorder are excluded from this scope, but will be the subject of another guideline being prepared by the National Collaborating Centre for Mental Health. The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals

published by the Institute after an NSF has been issued will have the effect of updating the Framework.

3 Clinical need for the guideline

- a) Generalised anxiety disorder is a relatively common condition. It can often have a chronic course, leading to significant distress and impairment to the individual.
- b) Precise and accurate statistics for the incidence and prevalence of generalised anxiety disorder and related disorders are difficult to find. In a recent survey, the overall findings suggested that one in six adults living in private households in Great Britain had a neurotic disorder (Office of National Statistics 2000). Of these, about 4% were assessed as having generalised anxiety disorder. Less than 2% had other related disorders such as phobias, obsessive-compulsive disorder and panic disorder. Whilst these findings indicate that women have a higher overall rate of anxiety disorders than men, for generalised anxiety disorder and panic disorder the rates are similar.

4 The guideline

- a) The guideline development process is described in detail in three booklets that are available from the NICE website (see 'Further information'). The Guideline Development Process - Information for Stakeholders describes how organisations can become involved in the development of a guideline.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see appendix B).
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Group that will be covered

The recommendations made in the guideline will cover management of the following group.

- a) Adults (aged 16 years or older) with a working diagnosis of generalised anxiety disorder or panic disorder (with or without agoraphobia).

4.1.2 Groups that will not be covered

The following groups will not be covered by this guideline.

- a) Children (younger than 16 years).
- b) People with major depression.
- c) People with bipolar depression.
- d) People with seasonal affective disorder (SAD).
- e) People with combat disorder.
- f) People with anxiety disorders associated with dementia.
- g) People with phobic disorders other than panic disorder with agoraphobia.
- h) People with organic brain disorders.

4.2 Healthcare setting

- a) The guideline will cover the care received from primary, secondary and community healthcare professionals who have direct contact with and make decisions concerning the care of people with generalised anxiety disorder and panic disorder (with or without agoraphobia).

- b) The guideline will also be relevant to the work, but will not cover the practice, of those in:
- the occupational health services
 - social services
 - the voluntary sector.

4.3 *Clinical management – areas that will be covered*

The guideline will cover the following areas of clinical practice.

- a) Diagnosis of generalised anxiety disorder and panic disorder (with or without agoraphobia).
- b) Pharmacological interventions for generalised anxiety disorder and panic disorder (with or without agoraphobia) (those available in the UK according to the British National Formulary). When referring to pharmacological treatments, the guideline will normally recommend use within licensed indications. Exceptionally, and only where the evidence supports it, the guideline may recommend use outside a treatment's licensed indications. The guideline will expect that prescribers will use the Summary of Product Characteristics to inform their prescribing decisions for individual patients.
- c) Non-pharmacological interventions for generalised anxiety disorder and panic disorder (with or without agoraphobia) – the 'talking' therapies, including counselling.
- d) Self-care.

4.4 *Clinical management – areas that will not be covered*

The following areas will not be covered in this guideline.

- a) Complementary medicine approaches and interventions for generalised anxiety disorder, except where high-quality syntheses of evidence exist (for example, Cochrane reviews).

- b) Management of the related anxiety disorder post-traumatic stress disorder (anxiety disorder manifested by the development of characteristic symptoms following a psychologically traumatic event that is outside the normal range of human experience).
- c) Management of the related anxiety disorder obsessive-compulsive disorder (an anxiety disorder characterised by recurrent, persistent obsessions or compulsions).

4.5 *Audit support within guideline*

The guideline will be accompanied by level 2 audit review criteria and advice.

4.6 *Status*

4.6.1 *Scope*

This is the final version of the scope.

4.6.2 *Guideline*

The development of the guideline recommendations will begin in April 2002.

5 *Further information*

Information on the guideline development process is provided in:

- The Guideline Development Process – Information for the Public and the NHS
- The Guideline Development Process – Information for Stakeholders
- The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups.

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.

6 Reference

Office of National Statistics (2000) First Release: Psychiatric Morbidity Among Adults, 2000. www.statistics.gov.uk/pdffdir/psymorb0701.pdf

Appendix B: Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

"To prepare a clinical guideline and audit tool for the NHS in England and Wales for 'talking' therapies, drug treatments and prescribing for anxiety and related common mental disorders, including generalised anxiety disorder (GAD), panic disorder (with or without agoraphobia), post-traumatic stress disorder, and obsessive-compulsive disorder (OCD). The audit tool should include a dataset, database and audit methodology."