



Surveillance report 2017 – Social anxiety disorder: recognition, assessment and treatment (2013) NICE guideline CG159

Surveillance report

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Surveillance decision

We will not update the guideline on [social anxiety disorder](#) at this time.

Reason for the decision

Assessing the evidence

We found 69 studies through surveillance of this guideline.

This included evidence on pharmacological and psychological interventions for adults and psychological interventions for children that supports current recommendations.

We also identified evidence that was not consistent with current recommendations on pharmacological interventions for children. However, this evidence was considered to be insufficient in volume and in conclusive results to change recommendations in these areas at this time. In general, topic experts agreed that the new evidence would not impact on the recommendations.

We did not find any evidence related to general principles of care in mental health and general medical settings, identification and assessment or specific phobias.

Additionally, we identified relevant ongoing research due to be published in the next 3 to 5 years. There is 1 ongoing trial comparing specific and generic psychological therapy for children and young people with social anxiety disorder. The progress of the ongoing study will be monitored and considered at the next surveillance review when results publish.

Equalities

No equalities issues were identified during the surveillance process.

Overall decision

After considering all the evidence and views of topic experts and stakeholders, we decided that an update is not necessary for this guideline.

See [how we made the decision](#) for further information.

Commentary on selected evidence

With advice from topic experts we selected 1 study for further commentary.

Interventions for adults with social anxiety disorder

We selected the systematic review by [Norton et al. \(2015\)](#) for a full commentary because it includes a relevant population and intervention. Also, the study reinforces guideline recommendations that mindfulness-based interventions should not be routinely offered.

What the guideline recommends

NICE guideline CG159 does not recommend mindfulness-based interventions to treat social anxiety disorder ([recommendation 1.6.3](#)). This includes mindfulness-based stress reduction and mindfulness-based cognitive therapy.

Methods

The Norton et al. (2015) systematic review investigated the efficacy of mindfulness- and acceptance-based interventions for treating social anxiety disorder. A literature search within PsycINFO, Medline, PubMed, Cochrane Central Register of Controlled Trials and reference lists was conducted to identify relevant English-language articles. The selection criteria included all study designs, including uncontrolled studies, with quantitative statistical analyses for an adult population aged 18 to 65 years. The included studies were required to specifically investigate mindfulness- and acceptance-based interventions for social anxiety disorder. No restrictions on sample size were applied to included studies. The systematic review used 2 reviewers to code abstracts for inclusion and assess risk of bias with the Cochrane risk of bias tool.

Results

The systematic review identified a total of 11 studies meeting the inclusion criteria. Of these, 2 pairs of articles contained the same participant samples and were combined for analyses. This resulted in 9 separate samples containing a total of 380 participants across 4 randomised controlled trials and 5 uncontrolled trials. Group interventions formed the primary focus of 7 studies and individual interventions in 2 studies. Outcomes varied across studies and included: symptoms, processes, functional impairment and quality of life. Outcome measures also varied with the use of Anxiety Disorders Interview Schedule for DSM-IV, Fear of Negative Evaluation Scale, Mini International Neuropsychiatric Interview, Structured Clinical Interview for DSM, and the Social Anxiety Disorders and Anxiety Inventory. All studies measured outcomes at pre- and

post-treatment and 7 studies also included follow-up assessments ranging between 2 and 6 months.

Mindfulness-based stress reduction (MBSR) was the primary intervention in 3 studies, all of which found significant improvements for MBSR in all outcomes at post-treatment. Follow-up was assessed in 1 of the studies and indicated that significant improvements for MBSR were maintained at 3 months. However, it was also found that outcomes significantly improved with group cognitive behaviour therapy (CBGT) compared to MBSR.

Mindfulness-based cognitive therapy (MBCT) was the primary intervention in 2 studies, which both found significant improvements for MBCT in social anxiety symptoms at post-treatment and follow-up at 2 months and 6 months. One study found no significant differences in social anxiety symptoms between CBGT and MBCT.

Acceptance and commitment therapy (ACT) was the primary intervention in 2 studies, which both found significant improvements for ACT in social anxiety symptoms at post-treatment and follow-up at 3 months.

Mindfulness- and acceptance-based group therapy (MAGT) was the primary intervention in 2 studies, which both found significant improvements for MAGT in social anxiety symptoms at post-treatment and follow-up at 3 months. One study found no significant differences for any outcome between CBGT and MAGT.

Strengths and limitations

Strengths

The target population in the study is relevant to the population in NICE guideline CG159. The study clearly defines the population as adults with a diagnosis of social anxiety disorder. Although NICE guideline CG159 also includes children and young people, the inclusion of adults in the study is relevant.

Methodologically, this study used an appropriate search strategy to identify relevant articles from a range of sources. Quality assurance in study selection was adequate with the use of an appropriate risk of bias tool used by multiple reviewers.

Limitations

The systematic review has a number of methodological limitations that potentially reduce the reliability of the results. The review included uncontrolled studies that are weak in design and this seriously limits the strength of the results. The review did not provide any evidence indicating attempts were made to minimise errors in data collection. Some details of included studies were tabulated and outlined in the study manuscript; however, no information was provided about the demographic characteristics of participants in the studies. The review stated the categories of outcomes that were assessed (for example, social anxiety) but it did not specify what outcome measures were used to assess the individual outcomes. Also no detail was provided on any of the scoring systems for the outcome measures, which may have given an indication of clinical meaning to the results.

The review reports minimal statistical data from the included studies with only effect sizes for main outcomes presented. Significance in differences between and within groups are reported; however, no statistical data, such as p values or confidence intervals, to quantify these are provided. The review did not provide any information on the statistical methods used to pool data from included studies. As a result, it was not possible to determine if the analyses were appropriate. The review reported that the overall risk of bias across included studies was high and stated that this was sufficient enough to affect interpretation of the results. Minimal information was provided as to how potential biases were taken into account. A brief interpretation of the results is provided, which was not sufficient to dispel any concerns about the study's methods, analyses or biases of included studies.

Impact on guideline

NICE guideline CG159 recommends that mindfulness-based interventions should not be routinely offered to treat social anxiety disorder. Although this study highlights the potential benefits of mindfulness- and acceptance-based approaches, there are considerable omissions from the study manuscript and methodological limitations, which reduce the reliability of the results. As such, the effectiveness of mindfulness-based interventions remains unclear from this study. The results are unlikely to impact on current recommendations.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of NICE's guideline on [social anxiety disorder](#) (NICE guideline CG159) in 2013.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Previous surveillance [update decisions](#) for the guideline are on our website.

Evidence

We found 51 studies in a search for randomised controlled trials and systematic reviews published between 18 February 2015 and 28 November 2016. We also included 1 relevant study from a total of 16 identified by members of the guideline committee who originally worked on this guideline. A further 1 study was identified through post-publication communications.

We also considered evidence identified in previous surveillance 2 years after publication of the guideline. This included 16 studies identified by the 2-year surveillance review.

From all sources, we considered 69 studies to be relevant to the guideline.

We also checked for relevant ongoing research, which will be evaluated again at the next surveillance review of the guideline.

See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. See [appendix B](#) for stakeholders' comments and our responses.

Overall, 4 stakeholders responded to the consultation with 1 stakeholder providing comments. Of the stakeholders who responded; 2 agreed with the proposal to not update the guideline and 2 provided no answer. The comments suggested that the guideline should specifically address social anxiety disorder in older adults. This population is included as a subgroup of interest within the guideline review questions. As such, evidence relating to social anxiety disorder in older adults had been searched for and considered as part of the surveillance review. No evidence relating specifically to older adults was found during the review of NICE guideline CG159.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

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