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module 255

Anxiety disorders in adults

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Anxiety disorders in adults

GOALS AND LEARNING OBJECTIVES

This module will help you understand what constitutes a diagnosis of an anxiety disorder and enable you to identify the main types of anxiety disorder. You will also understand the roles of psychotherapy and drug therapy in the management of anxiety and the most important features of drug therapy. This will help you in your discussions with patients who want to know about, or are receiving treatment for, anxiety.

FACTS

Anxiety disorders, which require a specific diagnosis, are common in general practice

The main anxiety disorders are generalised anxiety disorder, panic disorder, social anxiety disorder and specific phobias. Obsessive-compulsive disorder and post-traumatic stress disorder are similar, related disorders

Anxiety disorders are usually managed with psychological therapy (e.g. cognitive behavioural therapy) or drug therapy

Selective serotonin receptor inhibitors are first-line drug therapy for most anxiety disorders

The anti-anxiety effect of psychological or drug therapy can take time to develop and symptoms may get worse before they get better

After anxiety symptoms have been controlled, many months of therapy are needed to prevent relapse

If treatment is stopped abruptly, discontinuation symptoms may develop

When stopping treatment, the dose should be reduced gradually to prevent discontinuation symptoms

Introduction & module overview

Everyone knows what it is like to feel anxious because it is a normal protective response to challenging situations. A certain degree of anxiety can be useful and can help increase performance to some extent. However, if symptoms become severe, anxiety can interfere with a person's ability to function in work or in social situations, and impair quality of life to such an extent that the person needs help. This module outlines the main anxiety disorders and their treatments. It focuses on the most important features of drug therapy for anxiety and summarises ways in which pharmacists can help patients with anxiety.

About anxiety

To meet the diagnosis of an anxiety disorder, patients have to experience a certain number of symptoms for more than a minimum specified period, and the symptoms must be causing significant personal distress with an associated impairment in everyday function.[1] The symptoms of anxiety are

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both physical (e.g. dry mouth, sweating, overbreathing, palpitations, flatulence) and cognitive/psychological (e.g. fear, worry, sleep disturbance, irritability). Anxiety can also result in behavioural changes (e.g. avoidance of certain situations), which can reinforce the anxiety.

Anxiety disorders are highly prevalent and present commonly to general practice but many people with severe anxiety do not seek medical help. The estimated 12-month prevalence of anxiety disorders in the European Union is 14 per cent, which translates into 61.5m people being affected.[1] Assessment of patients presenting with anxiety symptoms involves excluding a medical cause, identifying features of specific anxiety disorders and other co-existing psychiatric disorders (such as major depression, substance abuse or schizophrenia), and assessing the degree of distress.

The main types of anxiety disorders are:

- **Generalised anxiety disorder**
- **Panic disorder**
- **Social anxiety disorder**
- **Specific phobias.**

Obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD) have similar features to anxiety disorders, although in some diagnostic classifications they are distinct from anxiety disorders. Diagnosis of specific anxiety disorders involves identification of a specific focus for the anxiety. It is possible for patients to have symptoms of multiple anxiety disorders without fulfilling the criteria for any specific disorder.

Management of anxiety disorders

Management options include psycho-education about the nature of anxiety and the possible mechanisms underlying the symptoms; psychological treatments (particularly cognitive behavioural therapy [CBT]); and drug treatments. There are published UK guidelines on the management of anxiety disorders from the British Association of Psychopharmacology and the National Institute for Health and Care Excellence (NICE).[1-5]

Drug treatments

Antidepressants

Selective serotonin reuptake inhibitors (SSRIs) are widely considered to be first-line treatments for anxiety disorders and OCD if drug therapy is the chosen therapy. SSRIs available in the UK are citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine and sertraline. Not all have been shown to have efficacy in the treatment of specific anxiety disorders but, while licensed indications vary between the different SSRIs, this does not mean there is no evidence in support of the efficacy of a particular drug in the absence of a specific licensed indication.

The serotonin and noradrenaline reuptake inhibitors (SNRIs) duloxetine and venlafaxine are effective in the treatment of certain anxiety disorders and are used as an alternative to SSRIs in some conditions.

Other antidepressants

Certain tricyclic antidepressants are used in the treatment of some anxiety disorders but, because they have more troublesome adverse effects than SSRIs and SNRIs, they are generally reserved for use in patients unresponsive to, or poorly tolerant of, a SSRI or SNRI.

The monoamine oxidase inhibitor, phenelzine, is efficacious in the treatment of panic disorder and social anxiety disorder, but adverse effects and the need for dietary restrictions mean it is only usually used when other treatments are ineffective.

Moclobemide (a reversible monoamine oxidase A inhibitor) is licensed for the treatment of patients with social anxiety disorder. Agomelatine has proven efficacy in generalised anxiety disorder (an unlicensed use).[1]

Benzodiazepines

Some benzodiazepines have proven efficacy in the treatment of certain anxiety disorders. However, their troublesome adverse effects (sedation and cognitive impairment) and the propensity for tolerance and dependence with long-term use mean they are no longer used routinely for the treatment of anxiety.

Pregabalin

A gamma aminobutyric acid (GABA) analogue, pregabalin has proven efficacy in the treatment of generalised anxiety disorder and social anxiety disorder. It commonly causes drowsiness and dizziness, and weight gain is reported in around 20 per cent of patients on long-term therapy.[1] Pregabalin is licensed for the treatment of generalised anxiety disorder.

Key features of treatment with a SSRI or SNRI

- The anxiolytic effect of SSRIs and SNRIs develops gradually over two weeks and symptoms of anxiety may worsen before they improve. This is because early in treatment with SSRIs and SNRIs, the patient might experience activation symptoms including increased anxiety, agitation, jitteriness and problems sleeping. A lower starting dose than is usual for treating depression may therefore be used
- Other troublesome adverse effects that might develop early in therapy include nausea and sexual dysfunction with SSRIs and excessive sweating with SNRIs
- SSRIs and SNRIs increase the risk of bleeding possibly due to reduced platelet function. While the risk appears low when the drugs are used alone, the effect can be potentiated by other drugs that increase the risk of bleeding, including NSAIDs, warfarin and antiplatelet drugs. The risk of bleeding can be reduced by the addition of a proton pump inhibitor
- The effects of SSRIs and SNRIs can be potentiated by other drugs that enhance the activity of serotonin (e.g. other antidepressant drugs, tramadol, fentanyl, St John's wort), potentially leading to serotonin syndrome. This is a rare but potentially life-threatening condition, the symptoms of which include agitation, sweating, diarrhoea and confusion
- The SSRIs differ in their potential for pharmacokinetic interaction with other drugs. Fluvoxamine is an inhibitor of CYP1A2, 2C19, 3A4 and 2CP and so has a potential to interact with many drugs (e.g. agomelatine, duloxetine, melatonin, proton pump inhibitors, warfarin). Fluoxetine and paroxetine are potent inhibitors of CYP2D6 and so have a potential to interact with drugs such as clozapine and risperidone. Paroxetine and possibly fluoxetine may reduce the efficacy of tamoxifen. By contrast, citalopram, escitalopram and sertraline are unlikely to have clinically significant pharmacokinetic interactions
- Citalopram and escitalopram have been associated with a dose-related increase in QT prolongation, so their concurrent use with other medicines known to prolong QT intervals is contraindicated. They should be avoided in patients with known cardiac risk factors
- Duloxetine and venlafaxine are sometime associated with increased blood pressure, which may be due to their noradrenergic effects. Blood pressure monitoring is recommended, especially at the start of treatment in patients known to be hypertensive or who have cardiac disease

Beta-blockers

Beta-blockers are sometimes used to manage the physical symptoms of anxiety, maybe in combination with SSRIs, but there is little supportive evidence on their use.

Anxiety and related disorders

Generalised anxiety disorder

Generalised anxiety disorder is characterised by excessive and inappropriate worrying that is persistent and not restricted to particular circumstances. The NICE guideline on the management of generalised anxiety disorder[2] recommends education about anxiety and active monitoring in the first place, followed, if there is no improvement, by individual self-help or psycho-educational groups.

If these measures do not help or there is marked functional impairment, NICE recommends a high-intensity psychological intervention (CBT or applied relaxation) or drug therapy (sertraline [unlicensed for this indication] or, if ineffective, another SSRI or venlafaxine; and if these cannot be tolerated, pregabalin). Escitalopram, paroxetine, duloxetine, venlafaxine and pregabalin are all licensed for the treatment of patients with generalised anxiety disorder.

Reflection exercise 1

Explore anxiety self-help resources available online to find out what kind of help is on offer.

Reflection exercise 2

Do you offer information on anxiety for patients? What you could offer? Find out about any services available locally.

Reflection exercise 3

In some areas local NHS services offer psychological therapy that accept self-referral. Find out what is available in your area so that you can signpost where needed.

Panic disorder

Panic disorder is characterised by recurrent or unexpected surges of anxiety (panic attacks). Most patients develop a fear of having future panic attacks. NICE[2] recommends psychological therapy, antidepressant drug therapy (a SSRI or a tricyclic) or self-help. Citalopram, escitalopram, paroxetine, sertraline and venlafaxine are all licensed for the treatment of panic disorder.

Social anxiety disorder

Previously known as social phobia, social anxiety disorder is a disproportionate and persistent fear of, or anxiety about, social or performance situations. It is one of the most prevalent anxiety disorders.[1] There are strong associations between social anxiety disorder and alcohol or cannabis misuse. The NICE guideline on social anxiety disorder[3] recommends treatment with individual cognitive behavioural therapy that has been specifically developed to treat social anxiety disorder or CBT-supported self-help. If CBT is unavailable or ineffective, or the patient prefers drug therapy, NICE recommends a SSRI (escitalopram or sertraline). Fluvoxamine, paroxetine or venlafaxine are alternatives if escitalopram or sertraline are not tolerated or ineffective.

Specific phobias

Specific phobias are characterised by an intense fear of something (e.g. dentists, flying, spiders) leading to avoidance, or endurance with significant personal distress. Treatment with a SSRI is an option in patients who have not responded to first-line psychological therapy.[1]

Obsessive-compulsive disorder (OCD)

OCD is characterised by unwanted intrusive recurrent thoughts or urges, leading to distress or discomfort and/or ritualised compulsive responses, which are distressing, time-consuming or interfere with normal functioning. Psychological therapies include exposure therapy, cognitive behavioural therapy and cognitive therapy. A SSRI is usually first-line drug therapy; clomipramine is an alternative.[1,4] Escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline and clomipramine are licensed for the treatment of patients with obsessive-compulsive disorders.

Post-traumatic stress disorder (PTSD)

PTSD is characterised by strong feelings of anxiety after experiencing or witnessing a traumatic event. Only a small proportion of people who experience a potentially life-damaging event develop PTSD. For example, of people in the UK exposed to a motor vehicle accident, 11 per cent had PTSD after three months' and 5 per cent after 12 months' follow-up.[1] Evidence-based treatments for acute PTSD are psychological therapy such as CBT (usually recommended first), drug therapy (with paroxetine, sertraline or venlafaxine) or a combination of the two if the PTSD is severe or persistent.[1,5]

Psychological treatments

Certain types of psychotherapy (including CBT) have been shown to be effective in the treatment of anxiety disorders. CBT uses cognitive techniques (e.g. to challenge automatic negative thoughts and maladaptive beliefs) and structured approaches to modify dysfunctional patterns of behaviour. As with drug therapy, it can take time to see the beneficial effects of psychological therapy and symptoms can get worse before they get better. Prolonged courses of treatment are often needed to maintain a benefit. Psychotherapy can be associated with adverse effects. For example, patients can become dependent on their therapist, and there can be problems when therapy stops. Psychological therapies should only be delivered by suitably trained and supervised practitioners.

Drug treatment or psychological therapy?

The efficacies of psychological and pharmacological approaches are broadly similar in the treatment of anxiety disorders. Patients may therefore be offered a choice depending on clinical features, needs, preferences and local availability. Many people prefer to try psychological therapies first. In most anxiety disorders it is not clear whether combining psychological and pharmacological approaches is more effective than either approach alone.[1]

How long should treatment continue?

It is important that the patient takes the anti-anxiety treatment regularly. Continuing with SSRI or SNRI therapy leads to an increasing beneficial effect over the first few weeks or months of therapy.[1] Treatment periods of up to 12 weeks may be needed to assess efficacy and it is usual to continue treatment for six to 18 months after remission of symptoms to prevent relapse.

CPD

Next month's CPD module...

Health checks and compliance: opportunities and benefits – the pharmacist's role examined

Learning scenario 1

Adam Nowak is a 53-year-old patient who regularly visits your pharmacy. He presents a prescription for the first time for sertraline 25mg daily. While you are giving out his medicine he asks: "Do these new tablets have any side-effects?" You notice from his medication record that he is also prescribed ramipril and indapamide and has had a prescription for sumatriptan in the past. Which one of the following actions would you take?

a. It is very busy in the pharmacy. You tell him that the patient information leaflet inside the pack lists the common side-effects

b. There are no interactions between sertraline and Adam's other medicines

c. Adam is eligible for a medicines use review so you offer him one

d. Adam is not eligible for a medicines use review

Reviewing therapy

NICE[2,3] recommends reviewing patients with generalised anxiety starting a SSRI or SNRI every two to four weeks for the first three months of treatment. Patients with social anxiety disorder should be reviewed within the first one to two weeks then every two to four weeks in the first three months and monthly thereafter, it says. The early review allows discussion about the adverse effects of the drugs and their possible interaction with symptoms of anxiety.

SSRIs and SNRIs are associated with an increased risk of suicidal thinking and self-harm in a minority of people aged under 30 years, so NICE recommends reviewing people under 30 years of age within one week of first prescribing, and then monitoring the risk of suicidal thinking and self-harm weekly for the first month.

Stopping treatment

If treatment is stopped abruptly, discontinuation syndrome (dizziness, insomnia, flu-like symptoms) may develop. Such symptoms can sometimes occur after missed or tapered doses. Paroxetine and venlafaxine seem more likely to produce discontinuation syndrome, which may be reduced by using extended-release preparations.[3]

When stopping treatment, the dose should be reduced gradually to avoid discontinuation and rebound symptoms. In the absence of evidence a minimum of three months has been recommended for this taper period.[1]

Other therapies for anxiety

Many people derive considerable practical help and emotional support from self-help groups and national self-help organisations but there is little formal evaluation of such groups. Some people may be helped by regular exercise, meditation therapy, and mindfulness- and acceptance-based interventions. Some patients may to like to use herbal or nutritional therapies but there is little evidence in support of the efficacy of these.

Learning scenario 2

Rita Williams, 38 years old, is a regular at your pharmacy. While collecting a prescription for herself she asks if you can recommend a mild sleeping tablet for her husband, who is having difficulty sleeping. On further discussion she says that he seems very worried all the time and it is affecting his sleep, but that he is reluctant to see the doctor because he thinks he'll get put on some "addictive antidepressant". He is keen to try an over-the-counter treatment first. Which of the following actions would be your first step?

a. Suggest she looks at the websites of self-help organisations

b. Suggest he makes an appointment to see his doctor

c. Discuss the range of products you have to help him sleep

d. Advise against the use of over-the-counter sleep aids

Answers on page vi

Answers: learning scenario 1

a. **It is very busy in the pharmacy. You tell him that the patient information leaflet inside the pack lists the common side-effects**
INCORRECT. Although the patient can read the patient information leaflet, the list of possible side-effects is long and may not be understood easily. This option could be appropriate if you also suggest he returns (or telephones) to ask any questions he might have about the treatment once he has had a chance to read the leaflet.

b. **There are no interactions between sertraline and Adam's other medicines**
INCORRECT. There is a potential interaction between sertraline and sumatriptan, both of which increase serotonin levels, which, in rare cases, can lead to serotonin syndrome. You could ask whether he still uses sumatriptan and use your judgement about whether to prompt him to check about the interaction with his GP.

c. **Adam is eligible for a medicines use review so you offer him one**
CORRECT. Adam accepts your offer of a MUR appointment. During this he tells you that the sertraline has been prescribed because he has been feeling stressed and anxious. He asks whether this treatment works and you explain that it is recommended by NICE. You have noted a potential interaction between sertraline and sumatriptan because they can both increase serotonin levels, an interaction which can sometimes lead to serotonin syndrome. In answer to your question he says he has not needed sumatriptan recently and that his GP has told him to go back for an appointment in two weeks. You reassure him that this is likely to be to monitor his progress and you remind him to report any troublesome side-effects to his doctor.

d. **Adam is not eligible for a medicines use review**
INCORRECT. Adam's medication record shows that he is on two other regular medicines for managing his high blood pressure so he is eligible for a MUR.

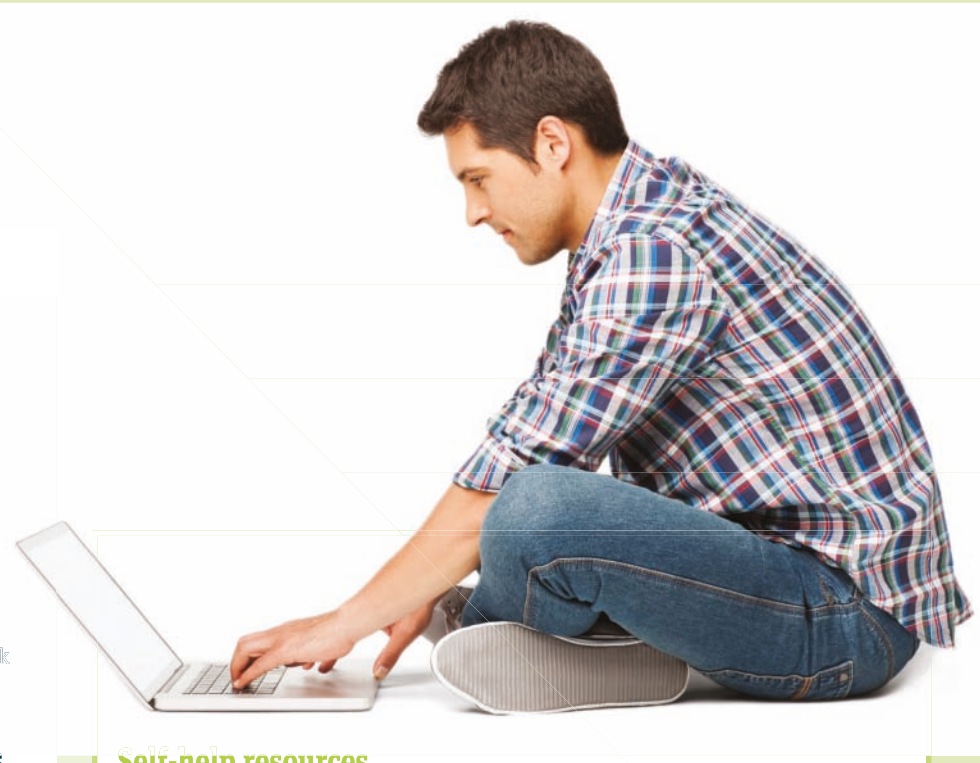
Answers: learning scenario 2

a. **Suggest she looks at the websites of self-help organisations**
INCORRECT. Only offering this option overrides her request for an over-the-counter treatment for her husband to try. Signposting to websites is a useful additional suggestion as there are many national self-help organisations that give helpful information about mental health problems including anxiety and depression. They may present ways for her to help her husband.

b. **Suggest he makes an appointment to see his doctor**
INCORRECT. At this stage the customer wishes to try self-management and has specifically said her husband does not wish to seek medical help at this stage. At a future time, if self-management is not successful, GP referral could be suggested and discussed, including access to psychological therapies if appropriate

c. **Discuss the range of products you have to help him sleep**
CORRECT. Over-the-counter remedies (e.g. antihistamines or herbal formulations), together with advice on sleep hygiene, can be tried as a short-term measure. This will not, of course, solve underlying problems and you could suggest that her husband returns (or telephones) in a week or so if there is no improvement so that you can offer other suggestions.

d. **Advise against the use of over-the-counter sleep aids**
INCORRECT. Used within their licensed indications OTC sleep aids can help in the short term. Enabling the person to get some sleep and introducing sleep hygiene measures can also be helpful.



Self-help resources

- British Association for Behavioural and Cognitive Psychotherapies: babcp.com
- anxietyuk.org
- nopanic.org.uk
- mind.org.uk.
- To find local anxiety services, search NHS Choices: nhs.uk/Service-Search/Anxiety/LocationSearch/1810

How pharmacists can help patients with anxiety

Since people may be reluctant to seek help for anxiety, it is helpful to have educational and signposting information about anxiety available in the pharmacy so they know that help is available. Patients can be helped to adhere to their prescribed anti-anxiety treatment by providing relevant information about the treatment (i.e. that response is not immediate; a transient worsening of symptoms can sometimes occur; and prolonged courses are needed to maintain an initial treatment response).

The patient may also be helped by reassurance that the symptoms should subside after the first few weeks and should be told to report any adverse effects and discuss any concerns about stopping the treatment with the prescriber.

Summary

Anxiety disorders are common but many people do not seek medical help. Pharmacists can help by offering information to help educate people about anxiety. There are effective treatments in the form of psychological interventions and drugs (principally SSRIs and SNRIs). Pharmacists can offer reassurance and specific information to people receiving treatment for anxiety, to help promote effective use of these treatments.

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