

New guidelines aim to increase recognition and treatment of anxiety disorders

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New guidance from the National Institute for Health and Clinical Excellence (NICE) urges GPs to be alert to possible anxiety disorders, particularly in people with a history of the condition or who have had a recent traumatic event.

The new guideline, *Common mental health disorders: identification and pathways to care*, says recognition of anxiety disorders is particularly poor in primary care and only a minority of people with anxiety disorders receive treatment.

Common mental health disorders such as depression, generalised anxiety disorder, panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, and social anxiety disorder can affect up to 15% of the population at any time.

Launching the guidance, Steve Pilling, director of the National Collaborating Centre for Mental Health, said: "Only one in 10 people with anxiety disorder are picked up in primary care compared to one in three with a depressive disorder. And the delay in identifying anxiety disorder is also much longer. For obsessive compulsive disorder for example, it can be eight years or more."

Professor Pilling added; "We wanted the guidelines to provide clear advice to GPs and make services more accessible for patients with depression and anxiety disorders. We have effective treatments available and we want to make sure these are available to all."

The guidance, aimed at GPs, pulls together existing guidance on common mental health disorders into one document. It also makes new recommendations on how patients are assessed and when and how they are referred to other services for treatment. The guideline also gives advice to commissioners on how to develop referral and care pathways in their local area.

Tony Kendrick, professor of primary care at Hull York Medical School and a Hull GP, said the guidelines placed more emphasis on the detection and treatment of anxiety disorders, whereas previous advice had focused on depressive disorders. He said: "Anxiety disorders can go on for years undetected. Conditions such as obsessive compulsive disorder and post-traumatic stress disorder can keep people trapped in their homes and be really disabling conditions."

Professor Kendrick said GPs should ask questions about anxiety disorder more often. He said the questions should be targeted at those with multiple illnesses or those who have experienced a recent traumatic event such as losing a job. "Those with chronic health problems are three times more likely to have anxiety disorder than the general population," he said.

The guideline recommends that GPs should consider asking the patient about their feelings of anxiety and their ability to stop or control worry using the Generalized Anxiety Disorder scale (GAD-2). If an anxiety disorder is diagnosed the guidance recommends a stepped care model of treatment that provides the least intrusive, most effective intervention first.

The guidance places psychological interventions, such as cognitive behavioural therapy, before drug interventions. Professor Kendrick admitted that the current availability of psychological interventions was still patchy. For example, he said in Hull patients can wait for months to get such treatment. He added that things were getting better as a result of recent government initiatives.

The Department of Health has committed £400m (€460m; \$648m) over the next four years to the Improving Access to Psychological Therapies programme. This has set a target that by 2014-15 every adult that requires it should have access to psychological therapies to treat anxiety disorders or depression (*BMJ* 2011;342:d797 doi:10.1136/bmj.d797)

Barbara Comitum, a Bristol GP, said; "One in three GP consultations has a mental health aspect to it." She added, "Because patients present in diverse ways GPs need practical and accessible tools to further increase recognition of common mental health disorders. This guideline will enable GPs to drive up the quality and consistency of care needed."

In the online version of the document there are hyperlinks to go to other more detailed treatment guidelines. It also gives advice of what to treat first—for example if the patient has anxiety as well as depression. It also includes information on preventing relapse and improving access to care.

The guidance is on the NICE website www.nice.org.uk/guidance/CG123.

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