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सत्यमेव जयते
Department of Health Research
Ministry of Health and Family Welfare, Government of India

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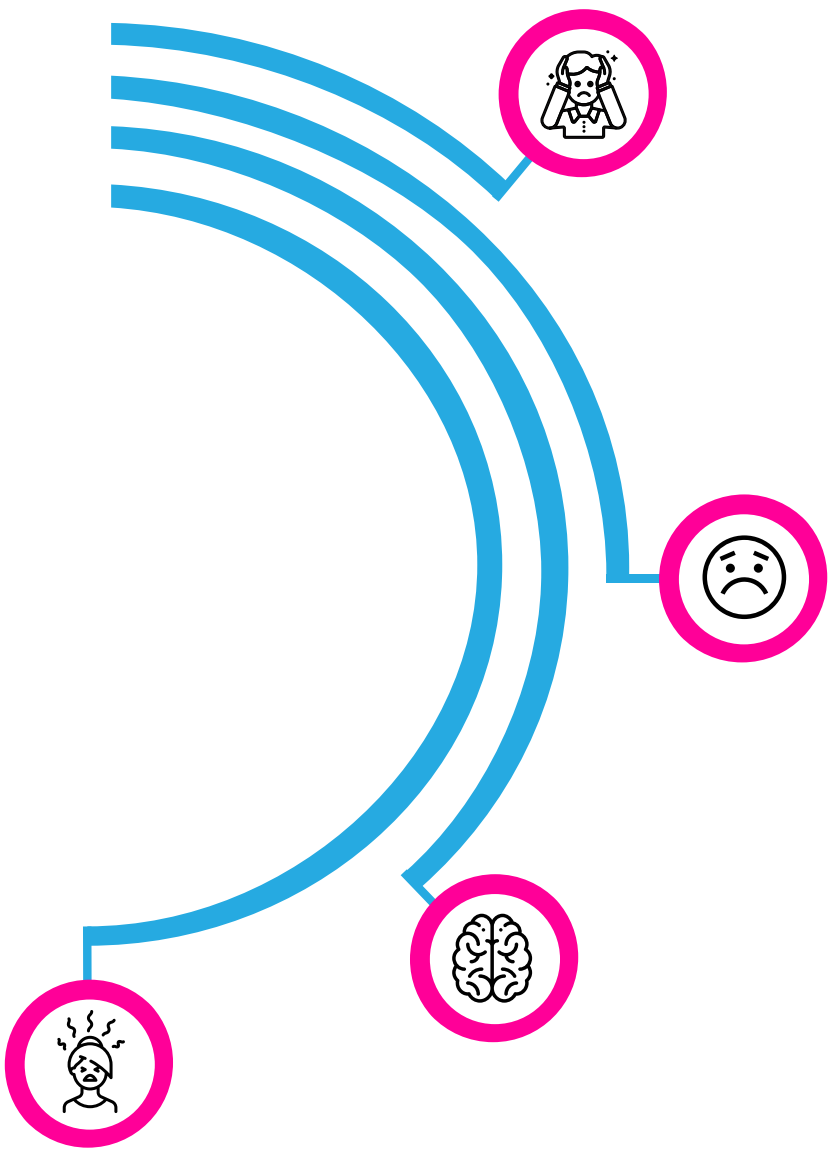
Standard Treatment Workflow (STW) for the Management of ANXIETY DISORDERS

ICD-10-F40-F42



- Tension, anxiety, apprehension, fear, worrying
- Sadness, lack of interest, uncontrolled negative thoughts
- Unexplained physical symptoms like chest pain, abdominal pain, muscular tension, headache, nausea
- Episodes of palpitations, difficulty in breathing, feelings of choking, light headededness, dizziness, fainting, trembling
- Attacks of fear, losing control or going "crazy", fear of dying
- Repetitive unwanted thoughts and behaviours

DIAGNOSIS

Generalized Anxiety Disorder (GAD): Chronic feeling of tension, apprehension, anxiety or worrying about a number of events or activities that involve every day routine life circumstances (e.g., work, school, health, finance, household chores etc.)

Agoraphobia: Fear of going out of home alone, being in enclosed spaces (e.g., malls, cinemas etc.), open spaces (e.g., bridges, vast playgrounds etc.), using public transportation (e.g., trains, buses, planes etc.)

Panic Disorder: Recurrent unexpected attacks of intense fear/ anxiety along with physical symptoms (palpitations, feelings of "choking", trembling, chest pain feeling dizzy/faint etc.)

Social Phobia: Marked fear and avoidance of social situations (e.g., interaction with strangers, meeting unfamiliar people, performing in front of others)

Obsessive-compulsive disorder (OCD): Recurrent and persistent unwanted thoughts (e.g., unwanted sexual and blasphemous thoughts, fear of harming self or others, fear of contamination, doubts about daily activities etc.) and repetitive behaviours (e.g., excessive washing / cleaning, checking, ordering etc.)

ASSESSMENT

- Duration of anxiety
- Degree of distress, and impairment of day-to-day functioning
- Symptoms of depression
- Substance and alcohol misuse
- Physical disorders: thyrotoxicosis, pheochromocytoma and hypoglycaemia
- Psychosocial factors: ongoing stress and other issues pertaining to work, family

MANAGEMENT

PRIMARY CARE LEVEL

Psychoeducation

- Reassurance
- Explain symptoms are of anxiety/ fear and mimic symptoms of physical illnesses (e.g., heart attack)
- Do not investigate excessively. Few investigations like ECG, ECHO maybe necessary in some patients
- Discourage doctor shopping
- Do not avoid triggers of panic attacks (e.g., physical exertion, agoraphobic situations) and fear (e.g., travelling by public transport).
- Emphasize avoidance maintains fears and phobias.
- OCD: Educate that the unwanted thoughts are a part of illness, and not a reflection of character or hidden intentions.

Pharmacological treatment

- **Mild illness:** Spending time, reassurance, and psychoeducation. May not need any medications.
- **No improvement (few weeks):** Escitalopram 5mg / day at night, with increase to 10 mg/d in a week. No satisfactory improvement in 4-6 weeks, may increase to 20 mg / day. If there is no significant improvement in another 4-6 weeks, refer to a specialist.
- **Severe and unbearable anxiety:** Diazepam (5 -10 mg) may be given at night. Do not continue for > 1 month. Taper and stop over 2 weeks. Long-term treatment with benzodiazepines to be avoided
- Escitalopram to be continued for at least 1-2 years after remission
- Side-effects (sexual dysfunction, sedation, weight gain) : monitor and address periodically

SECONDARY CARE LEVEL (DISTRICT HOSPITAL)

- Review diagnosis and treatment history if there is no improvement with a trial of Escitalopram.
- Check whether the patient has taken medication at prescribed dose and on a regular basis
- Second SSRI (either of them for about 2-3 months):
  - Sertraline upto 200 mg/day,
  - Fluoxetine upto 60 mg/day,
  - Paroxetine upto 50 mg/day,
  - Fluvoxamine upto 300 mg/day
- No response to second SSRI: cognitive behaviour therapy (CBT) if trained therapists available.
- Refer to tertiary centre if unsatisfactory response after second SSRI and / or addition of CBT.
- If referral to tertiary centre is not feasible, psychiatrists may try other strategies (other than Deep Brain Stimulation and surgery for OCD) mentioned under the "tertiary care" at the secondary level itself.

TERTIARY CENTRE (MEDICAL COLLEGE, REGIONAL MEDICAL CENTRE, PSYCHIATRIC HOSPITAL)

- Evaluate reasons for treatment resistance like
  - Wrong diagnosis
  - Inadequate drug treatment,
  - Poor adherence to treatment
  - Inadequate CBT,
  - Presence of comorbid conditions such as personality disorders and organicity
- **Panic disorder:** evaluate any medical conditions that mimic panic disorder (hyperthyroidism, hyperparathyroidism, pheochromocytoma, vestibular diseases, seizures, arrhythmias, etc.).
- **OCD:** Trial of third SSRI or clomipramine
- **Treatment resistant OCD:** inpatient treatment for intensive therapist-assisted daily CBT and for rationalization of medication regimen.
- **Other anxiety disorders:** Trial of non-SSRIs (e.g., venlafaxine, duloxetine, pregabalin etc.) and tricyclic antidepressants
- **If response to medications is poor or unsatisfactory:**
  - CBT is the preferred mode of treatment alone or in combination with medications.
  - Treat comorbid psychiatric disorders (e.g., personality disorders)
  - Pharmacological augmenting strategies if antidepressants and CBT do not provide relief.

KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and are based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (**stw.icmr.org.in**) for more information.