

Guidelines for Initial management of anxiety

Diagnosis

Anxiety refers to a wide range of mental health problems which can vary in severity from having a mild impact on someone's life to completely controlling it. Anxiety is a normal response to a stressful event but when it is excessively severe, occurs without a stressful event or impairs function then it needs to be addressed. There are many sub-types of anxiety including generalised anxiety disorder, phobias, and acute stress disorder to name a few. Post-traumatic stress disorder (PTSD) also comes into this but if someone's anxiety is thought to be due to PTSD then the management is different. Similar to depression, cancer patients have a greater incidence of anxiety; due to a multitude of factors including uncertainty about the future, treatments and even having past traumatic experiences brought to the front of their minds. Recognition of anxiety in these patients is crucial.

In **ICD-11**, all disorders with anxiety or fear as the primary clinical feature are brought together in a new grouping named Anxiety and Fear-Related disorders. These are characterised by excessive fear and anxiety with related behavioural disturbances.

Clinical features include:

- Fear or apprehension
- Difficulty concentrating
- Tachycardia, dry mouth, sweating, palpitations, diarrhoea
- Decreased libido
- Poor sleep

The Generalised Anxiety Disorder Questionnaire (GAD-7) is a useful tool to stratify symptoms of anxiety. ¹ It comprises 7 questions which gives a score out of 21 points. According to the authors of the GAD-7 a score of 5 is mild anxiety, 10 or more is moderate and 15 points or higher is severe anxiety.

Management

Mild anxiety

- Advise patient to see GP, Macmillan/BUPA counselling, Maggie's, sleep hygiene advice, regular exercise, and use the free mental health website and phone app (for those patients in Greater Manchester) called [Living Life to the Full](#).

- Do not routinely offer anti-depressants as first line treatment for mild anxiety unless that is the patient's preference
- Patients will often be anxious for procedures or their treatment at the christie and the complimentary therapy team are very useful to refer to. They can help with breathing exercises, stress balls and much more.

Moderate anxiety

- All the above management points but also consider starting anti-depressants, GP may refer for CBT

Severe anxiety

- Above points but also refer to psycho-oncology

Ensure to ask about suicide/self-harm/self-neglect **risk** as well as determining the level of functional impairment. If any risk, then refer to psycho-oncology.

Medication

- SSRIs are the most effective medications for anxiety; **Sertraline** 50 mg once daily (25 mg if frail) is well tolerated and has few side effects – ensure to check platelets, liver, and sodium prior to starting – caution with platelets below 50 and in severe liver dysfunction. If sodium is 133 or less, then avoid Sertraline or other SSRI medications
- If no symptom improvement on 50 mg Sertraline after 2-3 weeks, then it is reasonable to **refer** to psycho-oncology for review
- If patient has sleep or appetite issues, can instead start with **Mirtazapine 15 mg** once daily, take at night as sedating. Aim to get dose to 30 mg, can increase dose after 2 weeks
- If no symptom improvement on 50 mg Sertraline or 15 mg Mirtazapine after 2-3 weeks, then it is reasonable to **refer** to psycho-oncology for review

If starting an antidepressant then patients will need to be followed up, this can be done by the GP but needs to be communicated to them in the discharge letter with the rationale for starting. This is usually within 2 weeks to check symptoms are improving but may be one week if for patient between 18-25 years or if there is a concern of suicide risk. Anti-depressants need to be taken for at least 6 months at full treatment dose.

Ensure to tell patients that medication will take a few weeks to start working and that treatment will need to be taken for several months at least. They should **not stop** it abruptly as this can lead to withdrawal.

References:

1. National Institute for Health and Care Excellence. Generalised anxiety disorder and panic disorder in adults: management [Internet]: NICE; 2011, updated 2020 (NICE guideline [CG113]). Available from: <https://www.nice.org.uk/guidance/cg113/>
2. <https://patient.info/doctor/generalised-anxiety-disorder-assessment-gad-7>

Guideline Author – Daniel Anderson, Clinical Lead for Psychological Support & Mental Health Pathways, Greater Manchester Cancer Alliance.

Version created September 2022 for review September 2024