

Drug treatment

- If a person with GAD chooses drug treatment, offer a selective serotonin reuptake inhibitor (SSRI). Consider offering sertraline first because it is the most cost-effective drug, but note that at the time of publication (January 2011) sertraline did not have UK marketing authorisation for this indication. Informed consent should be obtained and documented. Monitor the person carefully for adverse reactions.
 - If sertraline is ineffective, offer an alternative SSRI or a serotonin–noradrenaline reuptake inhibitor (SNRI), taking into account the following factors:
 - tendency to produce a withdrawal syndrome (especially with paroxetine and venlafaxine)
 - side-effect profile and potential for drug interactions
 - the risk of suicide and likelihood of toxicity in overdose (especially with venlafaxine)
 - the person's prior experience of treatment with individual drugs (particularly adherence, effectiveness, side effects, experience of withdrawal syndrome and the person's preference).
 - If the person cannot tolerate SSRIs or SNRIs, consider offering pregabalin.
- Do not offer a benzodiazepine for the treatment of GAD in primary or secondary care except as a short-term measure during crises. Follow the advice in the 'British national formulary' on the use of a benzodiazepine in this context.
 - Do not offer an antipsychotic for the treatment of GAD in primary care.
- Before prescribing any medication, discuss the treatment options and any concerns the person has about taking medication. Explain fully the reasons for prescribing and provide information on:
 - the likely benefits of different treatments
 - the different propensities of each drug for side effects, withdrawal syndromes and drug interactions
 - the risk of activation with SSRIs and SNRIs, with symptoms such as increased anxiety, agitation and problems sleeping
 - the gradual development, over 1 week or more, of the full anxiolytic effect
 - the importance of taking medication as prescribed and the need to continue drug treatment after remission to avoid relapse.

Managing risks and side effects

- Take into account the increased risk of bleeding associated with SSRIs, particularly for older people or people taking other drugs that can damage the gastrointestinal mucosa or interfere with clotting (for example, NSAIDs or aspirin). Consider prescribing a gastroprotective drug in these circumstances.
- For people aged under 30 who are offered an SSRI or SNRI:
 - warn them that these drugs are associated with an increased risk of suicidal thinking and self-harm in a minority of people under 30 **and**
 - see them within 1 week of first prescribing **and**
 - monitor the risk of suicidal thinking and self-harm weekly for the first month.
- For people who develop side effects soon after starting drug treatment, provide information and consider one of the following strategies:
 - monitoring symptoms closely (if the side effects are mild and acceptable to the person) **or**
 - reducing the dose of the drug **or**
 - stopping the drug and, according to the person's preference, offering either:
 - ◆ an alternative drug (see page 13) **or**
 - ◆ a high-intensity psychological intervention (see page 12).
- Review the effectiveness and side effects of the drug every 2–4 weeks during the first 3 months of treatment and every 3 months thereafter.

- If a drug is effective, advise the person to continue taking it for at least a year as the likelihood of relapse is high.

Managing an inadequate response to step 3 interventions

- If a person's GAD has not responded to a full course of a high-intensity psychological intervention, offer a drug treatment (see page 13).
- If a person's GAD has not responded to drug treatment, offer either a high-intensity psychological intervention (see page 12) or an alternative drug treatment (see page 13).
- If a person's GAD has partially responded to drug treatment, consider offering a high-intensity psychological intervention (see page 12) in addition to drug treatment.

Referral to secondary care

- Consider referral to step 4 (see page 15) if the person with GAD has severe anxiety with marked functional impairment in conjunction with:
 - a risk of self-harm or suicide **or**
 - significant comorbidity, such as substance misuse, personality disorder or complex physical health problems **or**
 - self-neglect **or**
 - an inadequate response to step 3 interventions.