



A summary of prescribing recommendations from NICE guidance

## Social anxiety disorder

**NICE CG159: 2013**

This guideline covers the assessment and management of social anxiety disorder in children and young people (from school age to 17 years) and adults (≥18 years).

### Definition of terms

SAD	social anxiety disorder
Mini-SPIN	Mini Social Phobia Inventory
CBT	cognitive behavioural therapy
SSRI	selective serotonin reuptake inhibitor
SNRI	serotonin norepinephrine reuptake inhibitor
MAOI	monoamine oxidase inhibitor

### General principles - See [NICE Pathway](#)

- ◆ Primary and secondary care clinicians, managers and commissioners should consider arranging services flexibly to promote access and avoid exacerbating SAD symptoms.

### Identification and assessment

#### Children and young people

- ◆ Professionals in primary care, education and community settings should be alert to possible anxiety disorders in children and young people, particularly those who avoid school, social or group activities or talking in social situations, or are irritable, excessively shy or overly reliant on parents or carers.
- ◆ Ask the child or young person about their feelings of anxiety, fear, avoidance, distress and associated behaviours (or a parent or carer) to help establish if SAD is present. For questions to ask see [NICE Pathway](#).
- ◆ A comprehensive assessment of a child or young person with possible SAD should:
  - provide an opportunity for the child or young person to be interviewed alone,
  - involve a parent, carer or other adult who can provide information about current and past behaviour,
  - if necessary involve more than one professional to ensure a comprehensive assessment can be undertaken.
- ◆ Assess for possible coexisting conditions such as:
  - other mental health problems (e.g. other anxiety disorders and depression),
  - neurodevelopmental conditions such as attention deficit hyperactivity disorder, autism and learning disabilities,
  - drug and alcohol misuse,
  - speech and language problems.
- ◆ Use formal assessment instruments to aid diagnosis. See [NICE Pathway](#).

#### Adults

- ◆ When anxiety disorder is suspected ask [Identification questions for anxiety disorders](#).
- ◆ If SAD is suspected:
  - use the 3-item Mini-SPIN **OR**
  - consider asking the following 2 questions:
    - ❖ Do you find yourself avoiding social situations or activities?
    - ❖ Are you fearful or embarrassed in social situations?

- ◆ If the person scores ≥6 on the Mini-SPIN, **or** answers yes to either of the above questions, refer for, or conduct, a comprehensive assessment for SAD.
- ◆ When assessing an adult with possible SAD:
  - conduct an assessment that considers fear, avoidance, distress and functional impairment,
  - be aware of comorbid disorders, including avoidant personality disorder, alcohol and substance misuse, mood disorders, other anxiety disorders, psychosis and autism.
- ◆ Follow the recommendations in [Common mental health disorders \(NICE CG123\)](#) for the structure and content of the assessment and adjust them to take into account the need to obtain a more detailed description of SAD.

### Adults, children and young people

- ◆ When assessing an [adult, child or young person](#) obtain a detailed description of their current social anxiety and associated problems.
- ◆ If identification questions indicate possible SAD a practitioner who is competent to perform a mental health assessment should review the person's mental state and associated functional, interpersonal and social difficulties.
- ◆ If this professional is not the person's GP, inform the GP of the referral.

### Treatment and management

- ◆ All interventions should be delivered by competent practitioners.

#### Planning treatment - adults

- ◆ After diagnosis in adults, identify goals for treatment and provide information about the disorder and its treatment.
- ◆ If the person also has symptoms of depression, determine which existed first.
- ◆ If the person has only experienced SAD since the start of a depressive episode, treat the depression first. See [NICE Pathway: Depression](#).
- ◆ If SAD preceded the onset of depression, ask further questions to decide whether to treat SAD or depression. See [NICE Pathway](#).
- ◆ If depression is treated first, treat SAD when improvement in the depression allows.

#### CBT

#### Children and young people

- ◆ Offer individual or group CBT focused on social anxiety. See [NICE Pathway](#).
- ◆ Consider involving parents or carers to ensure the effective delivery of the intervention, particularly in young children.
- ◆ When delivering CBT, take into account the child or young person's cognitive and emotional maturity.
- ◆ Consider using psychological interventions developed for adults for young people (≥15 years) who have the cognitive and emotional capacity to undertake a treatment developed for adults.

## Social anxiety disorder continued .....

NICE CG159, 2013**CBT - Adults**

- ◆ Offer individual CBT specifically developed to treat SAD, based on the Clark and Wells model or the Heimberg model see [NICE Pathway](#).
- ◆ **Do NOT** routinely offer group CBT in preference to individual CBT.
- ◆ For adults who decline CBT and wish to consider another psychological intervention, offer CBT-based supported self-help.
- ◆ For adults whose symptoms only partially respond to individual CBT after an adequate course of treatment, consider drug treatment in combination with individual CBT.

**Pharmacological treatment**

- ◆ For adults who decline CBT and express a preference for drug treatment, discuss their reasons for declining CBT and address any concerns.
- ◆ If the person wishes to proceed:
  - give an SSRI (escitalopram\* or sertraline\*),
  - monitor for side effects.
- ◆ After 10 to 12 weeks of treatment, if symptoms have only partially responded to an SSRI offer individual CBT in addition to the SSRI.
- ◆ If escitalopram\* or sertraline\* is not effective or side effects cannot be tolerated offer an:
  - alternative SSRI (fluvoxamine\* **U** or paroxetine\*) **OR**
  - SNRI (venlafaxine\*).
- ◆ Take into account:
  - that paroxetine and venlafaxine can produce a discontinuation syndrome (which may be reduced by extended-release preparations),
  - the risk of suicide and toxicity in overdose.
- ◆ If symptoms do not respond to an alternative SSRI or SNRI, offer an MAOI (phenelzine\* **U** or moclobemide\*).
- ◆ If there is no response to drug treatment, discuss the option of individual CBT.

**Prescribing**

- ◆ Discuss treatment options and any concerns the person has about taking medication.
- ◆ Provide written and verbal information on the:
  - likely benefits of different drugs,
  - potential of each drug for side effects, discontinuation syndromes and drug interactions,
  - risk of early activation symptoms with SSRIs and SNRIs, such as increased anxiety, agitation, jitteriness and problems sleeping,
  - gradual development, over 2 weeks or more, of the full anxiolytic effect,
  - importance of taking medication as prescribed, reporting side effects, discussing any concerns about stopping medication with the prescriber, and the need to continue treatment after remission to avoid relapse.
- ◆ Advise people taking an MAOI of the diet and drug interactions with these drugs. See [BNF Section 4.3.2](#).

**Continuing or stopping pharmacological treatment**

- ◆ If the person's symptoms have responded well to drug treatment in the first 3 months, continue it for at least a further 6 months.
- ◆ When stopping a drug treatment, reduce the dose of the drug gradually. If symptoms reappear after the dose is lowered or the drug is stopped, consider increasing the dose, reintroducing the drug or offering individual CBT.

**Short-term psychodynamic psychotherapy**

- ◆ For adults who decline CBT and drug treatment, consider short-term psychodynamic psychotherapy that has been specifically developed to treat SAD.
- ◆ Be aware of the limited clinical effectiveness and lower cost effectiveness of this intervention compared with CBT, self-help and pharmacological interventions.

**Monitoring**

- ◆ For people aged <30 years prescribed 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 of this age, **AND**
  - see them within 1 week of first prescribing, **AND**
  - monitor the risk of suicidal thinking and self-harm weekly for the first month.
- ◆ Review people aged ≥30 years, who are not assessed to be at risk of suicide, within 1 to 2 weeks of first prescribing an SSRI or SNRI then every 2 to 4 weeks during the first 3 months of treatment and every month thereafter.
- ◆ See people who are assessed to be at risk of suicide weekly until there is no indication of increased suicide risk, then every 2 to 4 weeks during the first 3 months of treatment and every month thereafter.
- ◆ For people who develop side effects soon after starting a drug treatment, provide information and consider one of the following strategies:
  - monitoring the person's symptoms closely (if the side effects are mild and acceptable to the person),
  - reducing the dose of the drug,
  - stopping the drug and offering either an alternative drug or individual CBT, according to the person's preference.

**Interventions NOT recommended****Children and young people**

- ◆ **Do NOT** routinely offer drug treatment to treat SAD in children and young people.

**Adults**

- ◆ **Do NOT** routinely offer anticonvulsants, tricyclic antidepressants, benzodiazepines or antipsychotic medication.
- ◆ **Do NOT** routinely offer computerised CBT to treat specific phobias.

**Adults, children and young people**

- ◆ **Do NOT** routinely offer mindfulness-based interventions or supportive therapy to treat SAD.
- ◆ **Do NOT** offer St John's wort or other over-the-counter medications and preparations for anxiety. Explain the potential interactions with other prescribed and over-the-counter medicines and the lack of evidence to support their safe use.
- ◆ **Do NOT** offer botulinum toxin\*\* to treat hyperhidrosis (excessive sweating).
- ◆ **Do NOT** offer endoscopic thoracic sympathectomy\*\* to treat hyperhidrosis or facial blushing.

\* See Summary of Product Characteristics for full prescribing information.

\*\* There is no good quality evidence for these treatments and they may be harmful.

**U** Unlicensed indication. Obtain and document informed consent.