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To:

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health – for cascade to:

Consultants in Public Health

Assistant Directors – for cascade to:

Nursing Teams

Allied Health Professional Teams

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to all relevant staff

Directors of Nursing – for cascade to all relevant staff

Heads of Pharmacy and Medicines Management –
for cascade to all relevant staff

Clinical and Social Care Governance Leads

Directors of Finance

Director of Integrated Care, HSC Board – **for distribution to:**

Assistant Directors – for cascade to:

Pharmacy and Medicines Management Team

Medical Advisers

General Medical Practices – for cascade to all
practice staff including GP locums and nurses

Community Pharmacists; and

Non-Medical Prescribers

For Information:

Chief Executive, Regulation & Quality Improvement Authority

Chief Executive, Patient and Client Council

Chair, RCGP

Community Pharmacy Northern Ireland

Northern Ireland General Practitioners Committee

Regional Medicines Information Services

NIMDTA

NICPLD

NIPEC

Permanent Secretary, DHSSPS

Chief Pharmaceutical Officer, DHSSPS

Chief Medical Officer, DHSSPS

Sangers Wholesalers

AAH Wholesalers

2 May 2012

Dear Colleague

Regional Prescribing Policy – Supporting Tool for the Implementation of National Guidance on the Drug Management of Anxiety Disorders

The purpose of this letter is to draw your attention to the new regional document “Supporting Tool for the Implementation of National Guidance on the Drug Management of Anxiety Disorders” which has recently been endorsed by the Medicines Management Forum (MMF).

Background

In 2008, the Regional Psychiatry Expert Group developed guidance on the ‘Management of Patients with Depression and Depression with Anxiety’ based on NICE CG 22 (Anxiety) and NICE CG 23 (Depression).

In October 2009, NICE issued ‘Depression: the treatment and management of depression in adults’ (CG90). The Regional Psychiatry Expert Group has since updated NI guidance in line with this guidance.

In January 2011, NICE issued ‘Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults’ (CG 113). The Regional Psychiatry Expert Group has now updated the NI guidance in line with this updated guidance.

Aim

The aim of this document is to give brief information on the pharmacological management of:

- Generalised Anxiety Disorder (GAD)
- Panic Disorder (PD)
- Social Anxiety / Social Phobia
- Obsessive Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)

In some instances it may be difficult to determine the exact condition as comorbidity of anxiety disorders, depression and other mood disorders is common. If there are sufficient symptoms to suggest a depression disorder, then refer to the “Guidance on the use of SSRIs to Manage Depression or Depression with Anxiety in Adults” available at: http://www.hscboard.hscni.net/medicinesmanagement/Prescribing%20Guidance/index.html#P-1_0 When the person has an anxiety disorder without depression and the use of medication is being considered, the supporting tool should be used.

This document focuses on the pharmacological management of anxiety disorders. Non-drug treatments are also recommended. Further information is available at: <http://guidance.nice.org.uk/CG/Published>.

Development of the guidance

The document has been developed by the Regional Psychiatry Expert Group which is a sub-group of the Medicines Management Forum. The draft document was reviewed and revised through consultation with the wider HSC in Northern Ireland and the pharmaceutical industry. The document is in line with the NICE guidance 'Generalised anxiety disorder and panic disorder (with or without agoraphobia) in adults: Management in primary, secondary and community care (www.nice.org.uk/CG113) most recently updated in January 2011.

The main points of the supporting tool:

The tool supports the implementation of NICE CG 113 by suggesting the first and second line drug choices in the pharmacological management of anxiety disorders. The tool suggests when to consider third line options and when to refer to secondary care.

This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer.

Action

HSC organisations and primary care practitioners should work collaboratively to implement this tool which supports NICE guidance. To this end, HSC Board Medicines Management Advisers will work proactively with GP practices to ensure implementation of this tool.

This guidance and support materials are available on the HSC Board website: http://www.hscboard.hscni.net/medicinesmanagement/Prescribing%20Guidance/index.html#P-1_0 and HSC Board primary care intranet site: http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources.htm .

Yours sincerely



Joe Brogan
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