



## Anxiety Disorders

### OBJECTIVE

The objective of this Clinical Practice Guideline (CPG) is to provide evidence-based practice recommendations for the treatment of Generalized Anxiety Disorder (GAD). In addition, the CPG outlines the organizations that WellCare aligns with regarding GAD and relevant Measureable Health Outcomes.

### OVERVIEW

Generalized anxiety disorder (GAD) and panic disorder (PD) are two common mental disorders in the United States. Over 43 million of adults in the United States (18%) suffer from some form of mental illness – anxiety and depressive disorders are the two most common. Unfortunately, many do not receive the care they need. Primary care physicians (PCPs) are often the first to identify, diagnose, and initiate treatment for mental health conditions.<sup>1</sup> The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5™)* defines GAD an anxiety disorder characterized by persistent, excessive and difficult-to-control anxiety and worry about a number of activities or events. The degree of worry and anxiety are not in balance to the actual likelihood or impact of the anticipated events – its focus often shifts from one concern to another during the course of the disorder. This may lead to difficulty in the patient’s ability to control the worry and can interfere with daily activities.<sup>2</sup>

Anxiety disorders can disrupt a patient’s activities of daily living as well as their overall quality of life. Diagnosis requires a broad differential and caution to identify confounding variables and comorbid conditions. Screening and monitoring tools can be used to help make the diagnosis and monitor response to therapy. The GAD-7 and the Severity Measure for Panic Disorder are free diagnostic tools. Successful outcomes may require a combination of treatment modalities tailored to the individual patient. Treatment often includes medications such as selective serotonin reuptake inhibitors and/or psychotherapy, both of which are highly effective. Among psychotherapeutic treatments, cognitive behavior therapy has been studied widely and has an extensive evidence base.

Benzodiazepines are effective in reducing anxiety symptoms, but their use is limited by risk of abuse and adverse effect profiles. Physical activity can reduce symptoms of GAD and PD. A number of complementary and alternative treatments are often used; however, evidence is limited for most. Several common botanicals and supplements can potentiate serotonin syndrome when used in combination with antidepressants. Medication should be continued for 12 months before tapering to prevent relapse.<sup>3</sup>

Panic disorder (PD) is a common anxiety disorder that can be disabling; as with GAD, PD impacts the patient’s daily activities. Effective treatment for PD can lead to less frequent (and intense) panic attacks as well as a reduction in anticipatory anxiety and agoraphobic avoidance.<sup>4</sup> Conditions linked to a higher prevalence of PD include those with the following conditions: thyroid disease, migraine headaches, cancer, mitral valve prolapse, chronic pain, vestibular disorders, cardiac disease, allergic conditions, irritable bowel syndrome, and respiratory disease.<sup>5</sup> As with GAD, effective treatment and management can greatly improve a patient’s quality of life.

### Hierarchy of Support

#### GUIDELINE HIERARCHY

CPGs are updated annually or as necessary due to updates made to guidelines or recommendations by the American Academy of Family Physicians (AAFP), American Psychiatric Association (APA), and the National Institute

for Health and Care Excellence (NICE). When there are differing opinions noted by national organizations, WellCare will default to the member's benefit structure as deemed by state contracts and Medicaid / Medicare regulations. If there is no specific language pertaining to Anxiety Disorders, WellCare will default (in order) to the following:

- National Committee for Quality Assurance (NCQA);
- United States Preventive Services Task Force (USPSTF), National Quality Strategy (NQS), Agency for Healthcare Research and Quality (AHRQ);
- Specialty associations, colleges, societies, etc. (e.g., American Academy of Family Physicians, American Congress of Obstetricians and Gynecologists, American Cancer Society, etc.).

Links to websites within the CPGs are provided for the convenience of Providers. Listings do not imply endorsement by WellCare of the information contained on these websites. NOTE: All links are current and accessible at the time of MPC approval.

WellCare aligns with the AAFP, APA, and NICE on the topic of Anxiety Disorders. Highlights are noted below from their respective publications.

### **AMERICAN ACADEMY OF FAMILY PHYSICIANS (AAFP)**

The American Academy of Family Physicians (AAFP) published the *Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults*. Components include:

- Epidemiology, Etiology, and Pathophysiology
- Typical Presentation and Diagnostic Criteria
- Differential Diagnosis and Comorbidity
- Treatment
- Referral and Prevention

The AAFP publication can be found in its entirety [here](#).<sup>3</sup>

### **AMERICAN PSYCHIATRIC ASSOCIATION (APA)**

In 2009, the American Psychiatric Association (APA) published the second edition of a guideline on *Panic Disorder*. Treatment recommendations focus on psychiatric management, formulation and implementation of a treatment plan, and maintaining or discontinuing treatment after response. For additional information, please reference the APA guideline on PD [here](#).<sup>4</sup>

### **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (NICE)**

The National Institute for Health and Care Excellence (NICE) guideline on GAD and PD includes recommendations on the principles of care for people with GAD and/or PD as well as recommendations on stepped care for the population. The NICE guideline can be found in its entirety [here](#).<sup>6</sup>

## **Evidence Based Practice**

### **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)**

The Agency for Healthcare Research and Quality (AHRQ) has not published any reports on this topic.

### **MEASUREMENT OF COMPLIANCE**

WellCare is committed to adhering to the measures and standards published by the Centers for Medicare and Medicaid Services (CMS) and the National Committee for Quality Assurance (NCQA). Please reference WellCare's Clinical Policy Guiding Document titled *Measures of Compliance*.

NOTE: To access Clinical Policy Guiding Documents visit [www.wellcare.com](http://www.wellcare.com) – select the Provider tab, then “Tools” and “Clinical Guidelines”.

## Care Management

Anxiety disorders are the most prevalent mental health disorders in America, however only about 50% of patients received appropriate treatment.<sup>7</sup> Going untreated; anxiety disorders can cause severe impairment and negatively affect a person's relationships, work or ability to study. Even daily activities such as shopping, cooking and going outside can be impaired and anxiety can lead to low self-esteem, substance abuse and isolation from family and friends. Generalized Anxiety Disorder (GAD) can be explained as a severe, chronic, exaggerated worrying about everyday events. A person diagnosed with GAD must have at least three of the following symptoms: frequent feelings of fatigue, restlessness, irritability, difficulty focusing, sleep problems and muscle tension. The anxiety also must be associated with at least one of the following behaviors: avoidance of a situation in which a negative outcome may occur, considerable time and effort in preparing for a situation in which a negative outcome may occur, procrastination in behavior or decision-making due to worries, repeatedly seeking reassurance due to worries. Cognitive Behavioral Therapy (CBT) with a combination of SSRIs is considered first line treatment.<sup>8</sup>

### MEASURABLE HEALTH OUTCOMES

Targeted Case Management outcomes (**Extended Program Goals**) result from successful self-management (see Case Management Objectives).

- **Symptoms:** Member will have a GAD-7 score of <15
- **Symptoms:** Member will verbalize at least 3 coping skills or relaxation techniques that can be used for managing anxiety
- **Symptoms:** Member's panic attacks will be reduced to <3 times a week per member written log
- **Engagement:** Member will initiate at least one social contact per week >80% of the time per member or caregiver report
- **Engagement:** Member will leave the house to complete a task such as grocery shopping at least twice a week >90% of the time per member verbal report
- **Engagement:** Member will engage in at least one pleasurable or rewarding activity daily >80% of the time per member report
- **Engagement:** Member will verbalize at least 3 instances where he/she used assertive communication to make needs/desires known per member report
- **Engagement:** Member will attend work or school >90% of the time as evidenced by member/caregiver or provider report
- **Adherence:** Member will attend therapy appointments >80% of the time as evidenced by medical claims or provider report
- **Utilization:** Member's ER visits related to anxiety will reduce by >60% as evidenced by medical claims

### CASE MANAGEMENT GOALS

Goals should target specific care gaps and/or adherence issues, and measure the member's progress towards self-management and adherence which lead to the targeted health outcomes above.

- **Symptoms:** Member will obtain a mood journal and be educated on how to document frequency, intensity and duration of anxiety in the journal
- **Symptoms:** Member will verbalize at least 3 coping skills that can be used at work or school to manage anxiety
- **Symptoms:** Member will verbalize at least 3 negative thoughts and correct to positive realistic statements
- **Symptoms:** Member will verbalize a daily goal of completing at least one household duty
- **Symptoms:** Member will verbalize how to do at least 2 relaxation techniques for management of anxiety
- **Engagement:** Member will be able to verbalize alternate beverages to consume that do not contain caffeine
- **Engagement:** Member will identify at least 3 people that are supportive that he/she can reach out to
- **Engagement:** Member will identify at least 3 activities that can be done that provide a sense of happiness/accomplishment
- **Engagement:** Member will be connected to employment resources
- **Adherence:** Member will be referred to a therapist that can provide CBT
- **Adherence:** Member will have a medication evaluation to consider an antidepressant

- **Utilization:** Member will identify Safety/Crisis Plan for extreme anxiety to be used instead of attending ER

Specific for Members requiring hospitalization: The Member participates in provider follow-up visit within 7 days of hospital discharge.

### **CASE MANAGEMENT OBJECTIVES**

- Communicate with and coordinate treatment with different providers
- Ensure member has attended an outpatient therapy appointment within 30 days of referral
- Refer member to self-help books for managing anxiety that can be accessed at the local library such as *The Feeling Good Handbook* by David Burns, MD
- Use Motivational Interviewing Techniques to encourage treatment adherence
- Refer to Cobalt (FearFighter)
- Educate on relaxation techniques such as mindfulness, deep breathing, meditation, yoga, visualization, guided imagery and progressive muscle relaxation
- Refer to self-help and support groups for anxiety such as through NAMI
- Encourage social activities including support groups, recreational activities and contact with friends and family
- Refer member to a massage therapist to reduce muscle tension
- Encourage exercise as a way to reduce anxiety
- Educate on effective planning and assertive communication
- Educate member on creating a “worry time” and delaying the worry until that time
- Educate member on negative thinking and replacing negative thoughts with more positive realistic thoughts

### **MEDICAL BEHAVIORAL INTEGRATION**

Anxiety disorders may be secondary to a general medical condition. A full medical workup should be completed to rule out medical causes of anxiety prior to diagnosis of GAD. If members have an irregular heartrate or abnormal blood pressure a Cardiology consultation may be indicated. Member may need a Neurology consultation if symptoms include headaches, visual field abnormalities, balance abnormalities, or mental status changes. An Endocrinologist may be consulted if symptoms include heat or cold intolerance, problems with fluid balance, or mood swings due to cortisol abnormalities.<sup>7</sup>

### **MEMBER EDUCATIONAL RESOURCES**

Currently there are no Krames/StayWell Member educational materials utilized by WellCare Case Managers.

### **PHARMACOLOGY**

SSRIs are generally used as first-line agents, Prozac may be used, but initially it may increase anxiety and so may be poorly tolerated initially unless started at a very low dosage. Paxil may also be used, but dose have a sedating quality. Celexa has a risk of QT prolongation and so an EKG should be done first and it should not be used with those that have long QT syndrome and should not exceed 40 mg/day or 20 mg/day if used with omeprazole, fluconazole or cimetidine. Lexapro and Zoloft are also good SSRI options for anxiety.<sup>7</sup> Findings suggest that both selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors are useful first-line agents for most of the anxiety disorders, particularly given the frequent comorbidity with mood disorders. Hydroxyzine is indicated for anxiety and probably achieves anxiolysis by inhibiting the histamine H1 receptor and the serotonin-2a receptor.<sup>9</sup> Remeron may also be used but may cause morning sedation and increase in appetite or weight gain. Tricyclic antidepressants may also be used for anxiety. For severe anxiety disorders monoamine oxidase inhibitors may be effective but require clinical experience and adherent patients.<sup>9</sup> Sedation with benzodiazepines may also be used. Xanax should be discouraged as it has a higher potential for rebound anxiety and dependence. Klonopin has fewer withdrawal reactions upon discontinuation. Benzodiazepine can ease anxiety and provide the patient with the confidence that long-term therapy can control symptoms. They can be used as an adjunct while SSRIs are being titrated to an effective dose and should be tapered over 4-12 weeks while SSRIs are continued. Long-term usage of benzodiazepines should be avoided. Buspar can also be used for anxiety.<sup>7</sup>

A database of medication guidelines has been developed by the University of South Florida (USF) and is available

here. Medications are searchable by childhood or adult disorders.<sup>10</sup>

### Related WellCare Guidelines

In addition to the information contained in this document, please reference the following CPGs: *Behavioral Health Screening in Primary Care Settings (HS-1036)*; *Depressive Disorders Adults in Children and Adolescents (HS-1022)*; *Post-Traumatic Stress Disorder (HS-1048)*; *Substance Use Disorders (HS-1031)*; and *Suicidal Behavior (HS-1027)*.

NOTE: Clinical Policies can be accessed by going to [www.wellcare.com](http://www.wellcare.com) – select the Provider tab, then “Tools” and “Clinical Guidelines”.

### References

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### Disclaimer

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*Easy Choice Health Plan ~ Harmony Health Plan of Illinois ~ Missouri Care ~ Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona  
OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ WellCare Prescription Insurance ~ WellCare Texan Plus (Medicare – Dallas and Houston markets)  
WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

### Medical Policy Committee Approval History

Date	History and Revisions by the Medical Policy Committee
6/7/2018	<ul style="list-style-type: none"> <li>• Approved by MPC. No changes.</li> </ul>
8/18/2017	<ul style="list-style-type: none"> <li>• Approved by MPC. New.</li> </ul>