

Anxiety Disorders

This document is a resource for health care providers and patients and summarizes the **Anxiety Disorders Quality Standard** - see Resources (page 2) for link to full document.



Care for People with an Anxiety Disorder (Includes Specific Phobia, Social Anxiety Disorder, Generalized Anxiety Disorder, Panic Disorder, Agoraphobia)

Quality Statement (QS)* 1: Identification

Use (1) a validated screening tool or recognized screening questions and (2) validated severity-rating scales to identify people who would benefit from further comprehensive assessment and appropriate treatment for a suspected anxiety disorder.

Examples of validated screening tools:

- Specific phobia: [Specific Phobia Questionnaire \(SPQ\)](#)
- Social anxiety disorder: [3-item Mini-Social Phobia Inventory \(Mini-SPIN\)](#)
- Generalized anxiety disorder: [Generalized Anxiety Disorder 7-item scale \(GAD-7\)](#)
- Panic disorder: [Panic Disorder Severity Scale \(PDSS\)](#)

*These are provided in full on page 2

QS 2: Comprehensive Assessment

Assess people suspected to have an anxiety disorder within 4 to 8 weeks of the first point of contact to determine whether the person has a specific anxiety disorder, the severity of symptoms, whether they have any comorbid conditions, and whether they have any associated functional impairment.

QS 3: Support for Family

Ensure that families receive psychoeducation about anxiety disorders and are included in assessment and treatment planning, according to the wishes of the person with an anxiety disorder (see **Resources** box and the [Patient Guide](#)).

Treatment/Management

QS 4: Stepped-care Approach

Offer the least intensive, most effective treatment option first in the development of a treatment plan for people with an anxiety disorder.

Step 1: identification and assessment, education about anxiety disorders and treatment options, and ongoing monitoring of symptoms

Step 2: self-help, psychoeducation, and/or low-intensity psychological treatment

Step 3: higher-intensity psychological treatment and/or pharmacological treatments; consultation with or referral to a health care professional with specialized expertise in anxiety disorders

Step 4: more intensive treatment (psychological and/or pharmacological interventions); consultation with a health care professional with specialized expertise in anxiety disorders; consideration of inpatient care

QS 5: Self-Help

Connect people with self-help resources and support groups in alignment with their individual needs and preferences, and using a stepped-care approach.

QS 6: Cognitive Behavioural Therapy (CBT)

Ensure CBT is provided by a health care professional with expertise in anxiety disorders to people with an anxiety disorder within 4 to 6 weeks of their comprehensive assessment, in alignment with their individual needs and preferences, and a stepped-care approach.

QS 7: Pharmacological Treatment

Offer evidence-based, disorder-specific pharmacological treatment if symptoms are not improving with psychological treatment.

- Treatment should be appropriate to the severity of a person's illness, their preference, and their response
- Benzodiazepines should not be routinely prescribed for anxiety disorders unless specifically indicated

Follow-Up

QS 8: Monitoring

Monitor the effectiveness and tolerability of treatment, including side effects, adverse effects, adherence to treatment, and suicidal ideation.

Regular monitoring should take place at each session for psychotherapy and weekly/biweekly upon initiation of pharmacotherapy until the person's condition is stabilized.

QS 9: Support During Initial Treatment Response

Provide information on what to expect during initial treatment response. If treatment is not working, conduct reassessment (**QS 2**) and offer other treatment options (**Qs 4 to 7**) in line with individual needs and preferences, and a stepped-care approach.

QS 11: Relapse Prevention

Provide education and information on maintenance strategies to prevent relapse and how to manage symptoms if they re-emerge.

Referrals and Transitions in Care (If Applicable)

QS 10: Specialized Expertise in Anxiety Disorders

If a person with an anxiety disorder is not adequately responding to treatment, consult with or refer them to a health care professional with specialized expertise in anxiety disorders.

QS 12: Transitions in Care

Ensure that people moving between health care professionals and services experience coordinated and seamless transitions. Provide age-appropriate care across the lifespan. Facilitate communication between settings and care professionals.

Anxiety Disorders

QUALITY STATEMENTS

Quality Statement 1: Identification

People suspected to have an anxiety disorder are identified early using (1) a validated screening tool or recognized screening questions and (2) validated severity-rating scales.

Quality Statement 2: Comprehensive Assessment

People suspected to have an anxiety disorder, or who have had a positive screening result for an anxiety disorder, receive a timely comprehensive assessment to determine whether they have a specific anxiety disorder, the severity of their symptoms, whether they have any comorbid conditions, and whether they have any associated functional impairment.

Quality Statement 3: Support for Family

People with an anxiety disorder are encouraged to involve their family during their assessment and treatment, considering individual needs and preferences. Family members are connected to available resources and supports and provided with psychoeducation.

Quality Statement 4: Stepped-Care Approach

People with an anxiety disorder receive treatment that follows a stepped-care approach, providing the least intensive, most effective intervention first, based on symptom severity, level of functional impairment, and individual needs and preferences.

Quality Statement 5: Self-Help

People with an anxiety disorder are informed about and supported in accessing self-help resources, such as self-help books, Internet-based educational resources, and support groups, considering their individual needs and preferences and in alignment with a stepped-care approach.

Quality Statement 6: Cognitive Behavioural Therapy

People with an anxiety disorder have timely access to cognitive behavioural therapy, considering their individual needs and preferences and in alignment with a stepped-care approach. The cognitive behavioural therapy is delivered by a health care professional with expertise in anxiety disorders.

Note: This resource can be used to support primary care providers in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- [Anxiety Disorders Quality Standard](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-anxiety-disorders-quality-standard-en.pdf)
<https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-anxiety-disorders-quality-standard-en.pdf>
- [Anxiety Disorders Patient Guide](https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-anxiety-disorders-patient-guide-en.pdf)
<https://www.hqontario.ca/Portals/0/documents/evidence/quality-standards/qs-anxiety-disorders-patient-guide-en.pdf>
- [BounceBack](https://bouncebackontario.ca/)
<https://bouncebackontario.ca/>
- [ConnexOntario](https://www.connexontario.ca/en-ca/)
<https://www.connexontario.ca/en-ca/>
- [Major Depression Quality Standard](https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/major-depression)
<https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/major-depression>
- [Mental Health and Addiction services](https://www.ontario.ca/page/covid-19-support-people#section-4)
<https://www.ontario.ca/page/covid-19-support-people#section-4>
- [Obsessive-Compulsive Disorder Quality Standard](https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/obsessive-compulsive-disorder)
<https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/obsessive-compulsive-disorder>
- [Youth Wellness Hubs](https://youthhubs.ca/en/)
<https://youthhubs.ca/en/>

Additional tools and resources are on [Quorum: Tools for Implementation](https://quorum.hqontario.ca/en/Home/Posts/Anxiety-Disorders-and-Obsessive-Compulsive-Disorder-Tools-for-Implementation)

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Quality Statement 7: Pharmacological Treatment

People with a moderate to severe anxiety disorder, or people who are not responding to psychological treatment, are offered pharmacological treatment based on their specific anxiety disorder, considering their individual needs and preferences and in alignment with a stepped-care approach.

Quality Statement 8: Monitoring

People with an anxiety disorder have their response to treatment (effectiveness and tolerability) monitored regularly over the course of treatment using validated tools in conjunction with an assessment of their clinical presentation.

Quality Statement 9: Support During Initial Treatment Response

People with an anxiety disorder are informed about what to expect and supported during their initial treatment response. When initial treatment is not working, people with an anxiety disorder are reassessed. They are offered other treatment options, considering their individual needs and preferences and in alignment with a stepped-care approach.

Quality Statement 10: Specialized Expertise in Anxiety Disorders

People with an anxiety disorder who have not responded adequately to treatments are connected to a health care professional with specialized expertise in anxiety disorders.

Quality Statement 11: Relapse Prevention

People with an anxiety disorder who are receiving treatment are provided with information and education about how to prevent relapse and manage symptoms if they re-emerge.

Quality Statement 12: Transitions in Care

People with an anxiety disorder are given appropriate care throughout their lifespan and experience seamless transitions between services and health care professionals, including between care settings and from child and adolescent services to adult services.