

“Please note that this guideline is intended for use as a reference to inform considerations for treatment of the conditions within its scope. References in this guideline to service types or specific treatment practices in the country of origin may not be equivalent in nomenclature or design to service types or treatment practices in the United States. Therefore, please refer to the clinical practice standards within the scope of your practice or the level of care criteria as described in your provider manual or other documentation.”

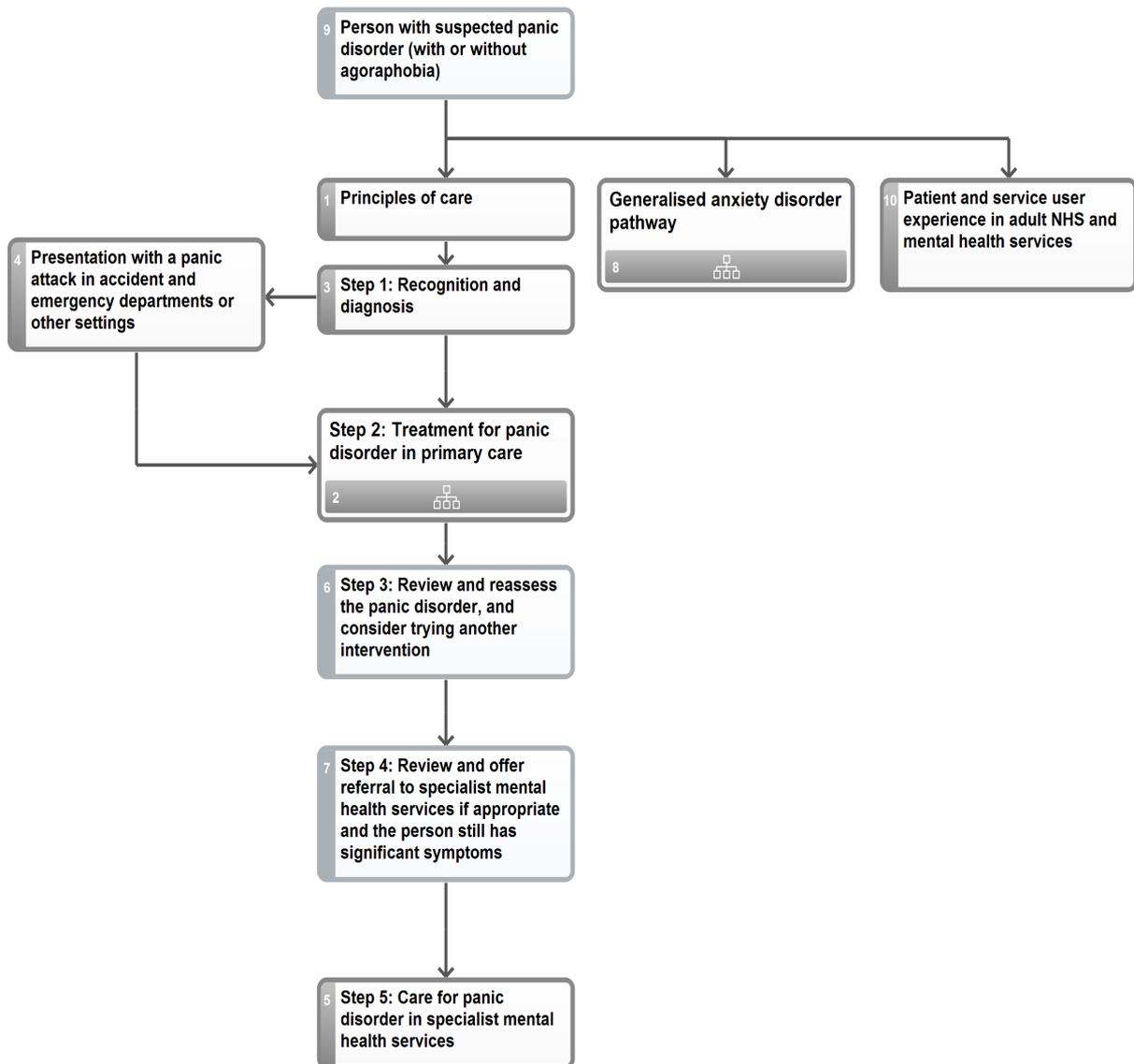
Panic disorder overview

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

<http://pathways.nice.org.uk/pathways/panic-disorder>

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1 Principles of care

Shared decision making and information provision

Shared decision making between the individual and healthcare professionals should take place during diagnosis and all phases of care.

To facilitate shared decision making:

- provide evidence-based information about treatment
- provide information on the nature, course and treatment of panic disorder, including the use and likely side-effect profile of medication
- discuss concerns about taking medication, such as fears of addiction
- consider the person's preference and experience and outcome of previous treatments
- offer information about self-help groups and support groups for people with panic disorder, their families and carers
- encourage participation in self-help and support groups.

Language

Use everyday, jargon-free language, and explain any technical terms.

Where appropriate, provide written material in the language of the person, and seek interpreters for people whose first language is not English.

Where available, consider providing psychotherapies in the person's own language if this is not English.

NICE has written information for the public explaining its guidance on [generalised anxiety disorder and panic disorder in adults](#).

2 Step 2: Treatment for panic disorder in primary care

[See Panic disorder / Step 2: Treatment for panic disorder in primary care](#)

3 Step 1: Recognition and diagnosis

Consultation skills

A high standard of consultation skills is needed so that a structured approach can be taken to the diagnosis and management plan.

Diagnosis

Ask about relevant information such as personal history, any self-medication, and cultural or other individual characteristics that may be important considerations in subsequent care.

Comorbidities

Be alert to comorbidity, which is common.

Identify the main problems through discussion with the person.

Clarify the sequence of the problems to determine the priorities of the comorbidities – drawing up a timeline to show when different problems developed can help with this.

4 Presentation with a panic attack in accident and emergency departments or other settings

If a person presents with a panic attack, he or she should:

- be asked if they are already receiving treatment for panic disorder
- undergo the minimum investigations necessary to exclude acute physical problems
- not usually be admitted to a medical or psychiatric bed
- be referred to primary care for subsequent care, even if assessment has been undertaken in the accident and emergency department
- be given appropriate written information about panic attacks and why they are being referred to primary care
- be offered appropriate written information about sources of support, including local and national voluntary and self-help groups.

5 Step 5: Care for panic disorder in specialist mental health services

Reassess the person's panic disorder, their environment and their social circumstances.

Evaluate:

- previous treatments, including effectiveness and concordance
- any substance use, including nicotine, alcohol, caffeine and recreational drugs
- comorbidities
- day-to-day functioning
- social networks
- continuing chronic stressors
- the role of agoraphobic and other avoidant symptoms.

Undertake a comprehensive risk assessment.

Develop an appropriate risk management plan.

To carry out these evaluations, and to develop and share a full formulation, more than one session may be required and should be available.

Consider:

- treatment of comorbid conditions
- CBT with an experienced therapist if not offered already, including home-based CBT if attendance at clinic is difficult
- structured problem solving
- full exploration of pharmacotherapy
- day support to relieve carers and family members
- referral for advice, assessment or management to tertiary centres.

Ensure accurate and effective communication between all healthcare professionals – particularly between primary care clinicians (GP and teams) and secondary care clinicians (community mental health teams) if there are existing physical health conditions that also require active management.

Implementation tools

The following implementation tool is relevant to this part of the pathway.

[Anxiety: audit support clinical criteria](#)

6 Step 3: Review and reassess the panic disorder, and consider trying another intervention

No additional information

7 Step 4: Review and offer referral to specialist mental health services if appropriate and the person still has significant symptoms

No additional information

8 Generalised anxiety disorder pathway

[See generalised anxiety disorder / generalised anxiety disorder overview](#)

9 Person with suspected panic disorder (with or without agoraphobia)

No additional information

10 Patient and service user experience in adult NHS and mental health services

NICE has produced pathways on:

- [Patient experience in adult NHS services](#)
- [Service user experience in adult mental health services](#)

Glossary

Sources

Anxiety. NICE clinical guideline 113 (2011)

Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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