NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Social anxiety disorder: recognition, assessment and treatment of social anxiety disorder

1.1 Short title

Social anxiety disorder

2 The remit

The Department of Health has asked NICE: ‘to produce a clinical guideline on the diagnosis and treatment of social phobia (social anxiety disorder)’.

3 Clinical need for the guideline

3.1 Epidemiology

a) Social anxiety disorder is one of the most common anxiety disorders. Estimates of lifetime prevalence vary but have been as high as 12%, compared with estimates for other anxiety disorders of around 6% for generalised anxiety disorder, 5% for panic disorder, 7% for post-traumatic stress disorder (PTSD) and 2% for obsessive-compulsive disorder.

b) There is a significant degree of comorbidity between social anxiety disorder and other psychiatric disorders. Social anxiety disorder often occurs alongside depression (19%), substance use disorder (17%), generalised anxiety disorder (5%), panic disorder (6%), and PTSD (3%).

c) Social anxiety disorder is common in both men and women, but tends to have a higher prevalence in women. Black and minority

ethnic groups have a higher incidence of common mental health disorders but may be under represented in treatment services.

d) People with social anxiety disorder may use alcohol or other drugs to try to reduce their anxiety and alleviate depression. This can lead to substance abuse. A significant proportion of service users attending mental health services for conditions including anxiety disorders, such as panic disorder or social anxiety disorder, attend as a result of alcohol or benzodiazepine misuse.

e) Social anxiety disorder has an early median age of onset (13 years) and is the most persistent of the anxiety disorders. Despite the extent of suffering and impairment only about half of those with the disorder ever seek treatment, and those that do generally seek treatment only after 15–20 years of symptoms.

f) Social anxiety disorder may have a great impact on a person's functioning, disrupt normal life, interfere with their social relationships and quality of life, and impair performance at work or school.

3.2 Current practice

a) Recognition of social anxiety disorder in adults, children and young people by GPs is often poor. The problem of under recognition for anxiety disorders in general has recently been highlighted by evidence that the prevalence of PTSD is under recognised in primary care. In part this may stem from GPs not recognising the disorder, and the lack of clearly defined care pathways. But from a patient's perspective, stigma and avoidance may also contribute to under recognition. Pessimism about possible treatment outcomes on the part of clinicians and those with anxiety disorders may further contribute to this, despite the existence of effective treatments.

b) The early age of onset means that recognition of social anxiety disorder in educational settings is also an issue. Social anxiety disorder is associated with poor school performance, bullying and leaving school early. Teachers and other educational professionals may have limited knowledge of how to recognise and oversee the management of this disorder.

c) In primary care many service users are misdiagnosed as suffering from depression only. For many people depressive symptoms are present, but they may have developed as a consequence of having a social anxiety disorder. Misdiagnosis may also occur in secondary care if an adequate history has not been taken.

d) No national clinical guidelines are currently available for the treatment of social anxiety disorder, although the British Association for Psychopharmacology produced guidance on psychological and pharmacological interventions in 2005. Effective psychological and pharmacological interventions for social anxiety disorder exist but may not be accessed because of poor recognition, inadequate assessment, and limited awareness or availability of treatments.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, ‘Further information’).

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Adults (aged 18 and older) with social anxiety disorder.

b) Children and young people (from school age to 17 years) with social anxiety disorder.

c) Consideration will be given to the particular needs of black and minority ethnic groups (with possible poor access and uptake of treatments).

d) Consideration will be given to the particular needs of people with the following subclassifications of social anxiety disorder:

- generalised social anxiety (for example, those whose fears relate to a wide range of situations, such as meeting new people, talking to authority figures, eating or drinking in public, working while being observed, small groups, parties, and performance situations); a subset of these people also meet diagnostic criteria for avoidant personality disorder.
- performance social anxiety (for example, those whose fears are largely restricted to performance situations such as public speaking, music, acting and dance performances).
- selective mutism arising as a consequence of a social anxiety disorder.

4.1.2 Groups that will not be covered

a) Children from birth up to school age.

b) Children and adults with:

- autism spectrum conditions (this will be covered in the autism spectrum conditions guidelines – see section 5.2).
- body dysmorphic disorder (this is covered in the obsessive-compulsive disorder guideline – see section 5.1).

4.2 Healthcare setting

a) Care provided by primary, community and secondary healthcare professionals who have direct contact with, and make decisions concerning, the care of children, young people and adults with social anxiety disorder.

b) Improving access to psychological therapies (IAPT) services.

c) Educational and other settings where healthcare or related interventions may be delivered.

4.3 Clinical management

4.3.1 Key clinical issues that will be covered

a) Impediments to access for diagnosis and treatment.

b) Identification and recognition of social anxiety disorder.

c) Content and structure of an assessment.

d) Psychological interventions (for example, individual and group cognitive behaviour therapy [CBT], facilitated and non-facilitated self help, computerised cognitive behaviour therapy, social skills training, exposure therapy, anxiety management, interpersonal psychotherapy and psychodynamic psychotherapy).

e) Pharmacological interventions (for example, selective seratonin reuptake inhibitors [SSRIs], monoamine oxidase inhibitors [MAOIs], reversible MAOIs, tricyclics, other antidepressants, beta-blockers and benzodiazepines). Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a drug's summary of product characteristics to inform decisions made with individual patients.

f) Combined pharmacological and psychological interventions (including the use of cognitive enhancers).

g) Family based/ parenting interventions (for example, the FRIENDS programme, which is a family-based group CBT intervention involving cognitive restructuring for parents and assistance in building social support).

h) Modifying treatment to take account of comorbid conditions.

i) Surgical interventions (for example, surgery for facial blushing and treatment of hyperhidrosis with botulinum toxin A).

j) Pathways into and through care.

k) Monitoring of clinical and other outcomes.

4.3.2 Clinical issues that will not be covered

a) Treatment of comorbid conditions (however, see 4.3.1 h).

b) Interventions aimed at the primary prevention of social anxiety disorders in children and young people in educational and social care settings.

4.4 Main outcomes

a) Accuracy of recognition tools (considering sensitivity, specificity, positive predictive value, negative predictive value and area under the curve).

b) Percentage of people receiving appropriate treatment.

c) Symptom improvement (short and long term).

d) Educational, occupational and social performance/ functioning.

e) Health economic outcomes (for example, quality-adjusted life year [QALY]).

f) Health related quality of life.

g) Treatment acceptability.

4.5 Economic aspects

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see ‘Further information’).

4.6 Status

4.6.1 Scope

This is the final scope.

4.6.2 Timing

The development of the guideline recommendations will begin in July 2011.

5 Related NICE guidance

5.1 Published guidance

5.1.1 NICE guidance to be updated

This guideline will update the section of the following NICE guidance that deals with phobia, subject to stakeholder agreement following a technology appraisal review proposal:

- Computerised cognitive behaviour therapy for depression and anxiety (review). NICE technology appraisal guidance 97 (2006). Available from www.nice.org.uk/guidance/TA97

5.1.2 Other related NICE guidance

- Common mental health disorders. NICE clinical guideline 123 (2011). Available from www.nice.org.uk/guidance/CG123
- Alcohol dependence and harmful alcohol use. NICE clinical guideline 115 (2011). Available from www.nice.org.uk/guidance/CG115
- Anxiety. NICE clinical guideline 113 (2011). Available from www.nice.org.uk/guidance/CG113
- Looked-after children and young people. NICE public health guidance 28 (2010). Available from www.nice.org.uk/guidance/PH28
- Depression in adults (update). NICE clinical guideline 90 (2009). Available from www.nice.org.uk/guidance/CG90
- Social and emotional wellbeing in secondary education. NICE public health guidance 20 (2009). Available from www.nice.org.uk/guidance/PH20
- Social and emotional wellbeing in primary education. NICE public health guidance 12 (2008). Available from www.nice.org.uk/guidance/PH12
- Obsessive compulsive disorder and body dysmorphic disorder. NICE clinical guideline 31 (2005). Available from www.nice.org.uk/CG31
- Depression in children and young people. NICE clinical guideline 28 (2005). Available from www.nice.org.uk/guidance/CG28
- Post-traumatic stress disorder. NICE clinical guideline 26 (2005). Available from www.nice.org.uk/guidance/CG26

5.2 Guidance under development

NICE is currently developing the following related guidance (details available from the NICE website):

- Autism spectrum disorders in children and young people. NICE clinical guideline. Publication expected September 2011.
- Service user experience in adult mental health. NICE clinical guideline and quality standard. Publication expected October 2011.
- Autism spectrum conditions in adults. NICE clinical guideline. Publication expected June 2012.

- Management of autism in children and young people. NICE clinical guideline. Publication TBC.

6 Further information

Information on the guideline development process is provided in:

- 'How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS'
- 'The guidelines manual'.

These are available from the NICE website (www.nice.org.uk/GuidelinesManual). Information on the progress of the guideline will also be available from the NICE website (www.nice.org.uk).