UCL

ToSCA
Trial of Sertraline versus CBT for generalised Anxiety

NHS
National Institute for Health Research

# Prescribing Guidelines – Sertraline for Generalised Anxiety Disorder in the ToSCA Trial

## Treatment of GAD in Primary Care:

The interventions include:
- Step 1 - patient education including identifying substance misuse and co-morbid depressive disorder.
- Step 2 - psychological therapy including individual guided self-help.
**- Step 3 - pharmacological therapy (antidepressant medication) for those patients who have marked functional impairment or whose symptoms have not responded adequately to step 2 interventions.**

## GAD: Pharmacological Interventions - Key Points:

There is an evidence base for the effectiveness of the Selective Serotonin Re-uptake Inhibitors (SSRIs). NICE suggests using sertraline first line as it is the most cost effective medication. Please note sertraline does not have marketing authorisation for the treatment of GAD. Verbal informed consent should be obtained from the patient and documented in their notes.

All patients prescribed antidepressants should be informed about potential side effects (including transient increase in anxiety at the start of treatment) and of the risk of discontinuation/withdrawal symptoms if the treatment is stopped abruptly or in some instances if a dose is missed, or occasionally on reducing the dose of the drug.

Trial participants randomised to the sertraline arm of the ToSCA trial will be asked to make an appointment with their GP within 1-2 weeks of being notified about this and the GP practice will be asked to facilitate this appointment.

## At the 1st appointment – Time 0 – the GP is asked to:

- confirm they have not been taking any other prescribed antidepressant in the past 8 weeks
- ask about previous treatment response if applicable;
- assess risks of self-harm or deliberate overdose;
- assess possible interactions with concomitant medication;
- confirm that the patient agrees to proceed with the suggested treatment

- The GP needs to check that the patient understands that although sertraline does not have specific marketing authorisation for GAD, it was recommended by NICE on the basis of its effectiveness in GAD clinical trials and the patient is asked to give their (verbal) informed consent to having it prescribed – prescribing the drug on this basis should be documented in their GP notes
- The recommended starting dose in this trial will be 25mg Sertraline daily for the first week to improve tolerance early in therapy. The GP will need to explain that the patient will need to cut 50mg tablets prescribed in half, as there is currently no 25mg tablet form available.
- If the patient tolerates the 25mg dose for a week they should be advised to increase to a whole tablet or 50mg daily after the first week.
- A brief explanation of the most likely possible side-effects should be given and the appropriate action to be taken in such circumstances.

**At the 2nd appointment – within 2 weeks – the GP is asked to:**

- Check for acceptability, concordance and any side-effects from the medication.
- If the patient agrees to continue taking the medication they should increase the dose of sertraline to 50mg daily if they have not already done so.
- We would like you to use your normal procedures to review the patient's progress, i.e. clinical judgement and the patient's feedback. Please ask about and note functional change (occupational and social) as well as clinical improvement.
- We want to avoid the use of questionnaires assessing anxiety such as the GAD-7 or Hamilton Anxiety and Depression Scale (HADS) as these are being used as outcome measures in the trial.

**At the 3rd and 4th appointments – review at 6 weeks and 3 to 4 months – the GP is asked to:**

- Assess the efficacy of the medication and review any potential side-effects.
- Increase the dose of medication dose if required - the anticipation is that the usual treatment dose will be between 50 and 100 mg for most patients, although some might require 150mg.
- We would expect the patient and GP to report some significant improvement by six weeks, with this being well established by 3 months.
- If the patient cannot tolerate sertraline or has not responded, we would recommend that you prescribe an alternative SSRI or SNRI antidepressant in accord with NICE guidelines.
  Any changes in medication should be recorded – this data will be collected by the study team.

**At the 5th and 6th appointments – review at 8 months and 12 months:**

- If the patient agrees to continue with the sertraline as prescribed and both you and the patient think there has been an adequate therapeutic benefit there should be a further review at around 7 to 8 months and again at 12 months – asking about clinical and functional improvement, concordance with the medication and any side-effects experienced.

**General Points:**

- The GP must act in their patients' best interests, so if indicated should refer them to secondary care services or psychological treatments. We would prefer trial participants in the SSRI arm not be referred or receiving CBT whilst in the trial, but appreciate this may occasionally happen.
- If the patient is seen in-between these times to discuss their treatment for GAD or issues to do with the medication being received these please document these clearly in their notes.
- Please inform the study team of any serious medical events involving the trial participants whilst they are involved in the study – please see details on the accompanying safety reporting sheet.
- If the patient would like to continue taking sertraline for their GAD after the trial has finished they should discuss this with you and come to a joint decision about their future management.