



Evidence Scan: Care pathways for anxiety

Questions

1. What evidence-based care pathways exist for treatment of anxiety?
2. What is the average duration of treatment for anxiety and related mental health disorders?
3. What strategies and tools exist for implementing care pathways?

Summary of findings

- Evidence supports health care organizations using a stepped-care model, which means providing the most effective and least resource-intensive treatment based on symptom severity, patient function, and response to treatment.¹
- Most care pathways for anxiety are based in evidence and share similar guidance (see table 1), providing a strong starting place for implementation.
- Cognitive behavioral therapy (CBT) is the psychotherapy with the most evidence of efficacy for anxiety disorders. CBT is considered over SSRIs as a first-line treatment for mild to moderate anxiety similar efficacy because it has fewer side effects.² CBT and SSRIs are recommended for moderate to severe anxiety and for patients who don't respond well to initial treatment.
- Duration of treatment protocols range widely from 1 to 21 or more weeks, with 12 to 18 weeks being the most common (see table 2).
- Some evidence suggests that the Unified Protocol is as effective as single disorder protocols.³
- Elements of successful pathway implementation include: adequate staff training, clear team responsibilities, adaptation/flexibility in the pathway, and involving the team in development.⁴

1. What evidence-based care pathways exist for treatment of anxiety?

Several care pathways have been established for anxiety. All of them incorporate evidence-based practices and were developed based on current clinical practice guidelines for anxiety disorders — but none have been fully tested efficacy. Table 1 shows the most common anxiety pathways, the setting in which they were developed, the population they were applied to, the diagnoses included, and additional comments on the quality or use of the pathways.

Table 1. Example care pathways for anxiety

Care pathway	Setting	Population	Diagnoses	Quality and other comments
Clinical Work Pathway Anxiety	UCSF Benioff Children's Hospitals	Children and youth	separation anxiety disorder, social anxiety disorder, panic disorder, GAD	Outlines care pathways for mild, moderate, and severe anxiety and provides detailed information about CBT and SSRI treatment.

Care pathway	Setting	Population	Diagnoses	Quality and other comments
				States CBT is 6-20 sessions. Coping Cat curriculum is 16 sessions.
Outpatient Behavioral Health and Primary Care Clinical Pathway for the Evaluation/Treatment of Patients at Risk for Anxiety Disorder and OCD	Primary care and outpatient behavioral health, Children's Hospital of Philadelphia	Children and youth	GAD, social anxiety disorder, separation anxiety disorder, specific phobia, panic disorder, selective mutism, OCD	Outlines care pathways for mild, moderate and severe anxiety. Provides differentiated pathway for primary care and outpatient behavioral health. Describes phases of treatment as initial acute, acute, continuation, and maintenance. Includes list of evidence informing pathway.
Anxiety disorders care pathway	Outpatient behavioral health, UK NHS	Children and youth	GAD, social anxiety disorder, panic disorder, OCD, acute stress disorders, social anxiety disorder, adjustment disorder	Includes separate pathways for therapy and pharmacological treatments. Recommends 8-12 group or individual CBT sessions, with a minimum of 6 sessions over 12 weeks. References not listed.
Generalized anxiety disorder and panic disorder in adults: management	Unspecified, UK, National Institute for Health and Care Excellence (NICE)	Adults	GAD, panic disorder with or without agoraphobia	A stepped approach to treatment with psychological and pharmacological interventions based on symptom severity and response to treatment. <u>GAD:</u> Recommends CBT or applied relaxation consisting of 12-15 weekly sessions (fewer if remission, more if clinically indicated), duration 1 hour. <u>Panic disorder:</u> Recommends CBT for 7-14 hours total.
CLINICAL PATHWAY for the Screening, Assessment and Management of Anxiety and Depression in Adult Cancer Patients	Outpatient care, Australia	Adults with cancer		Includes assessment and triage and differentiates care based on symptom severity. Separate care pathways for each stage. Has a detailed outline, pathways are parallel for anxiety and depression and include information for anxiety with depression. Gives information about treatment of very severe anxiety. Includes references on adults with comorbid medical conditions.

Care pathway	Setting	Population	Diagnoses	Quality and other comments
Anxiety primary care pathway	Primary care, Calgary	Adults in primary care with GAD	GAD	Focused on self-management for mild (5-7) on GAD-7 and pharmacotherapy management and referral for moderate (10-14) - severe (15-21)

Key takeaways from care pathway review:

Existing clinical care pathways for anxiety disorders share common elements:

- Pathways begin with assessment and diagnosis based on validated assessment tools and evaluation by a skilled clinician.
- Pathways are determined by symptom severity and functional impairment.
- Pathways recommend psychotherapy and pharmacologic intervention at moderate to severe symptom severity and for mild to moderate anxiety that is unresponsive to treatment.
- Pathways do not outline specific numbers of sessions, but recommend reassessment after a predetermined amount of time and next steps in the pathways based upon response to treatment.
- CBT is the standard for psychotherapy. Other adjunctive therapies may be included such as mindfulness, exercise, relaxation, family therapy, and school-based supports for children and youth with anxiety disorders.
- Pathways are based on existing clinical practice guidelines, but there is no apparent testing of these pathways.

2. What is the average duration of treatment for anxiety and related disorders?

Guidelines specify components of CBT for each anxiety disorder. All include cognitive and behavioral components and have different emphases and elements which have been protocolized and tested. Treatment duration for anxiety varies, typically ranging from 10 to 20 CBT sessions, with some protocols as brief as 5 to 6 sessions or extending up to 30 sessions. Relapse prevention and booster sessions help maintain treatment gains and prevent relapse. Group therapy can be as effective as individual therapy for some anxiety disorders.

The evidence comparing shorter versus longer psychotherapy durations is unclear. A systematic review of 19 randomized clinical trials (RCTs), including a meta-analysis of 4 CBT studies, found no significant difference in anxiety symptoms between longer- and shorter-term treatments, but the certainty of this evidence was very low.⁵ One trial showed that adding a booster session (online refresher content) to online CBT for depression and anxiety (weekly sessions for 8 or 12 weeks) had a beneficial effect.⁶

Third-wave therapies such as Acceptance and Commitment Therapy (ACT) and mindfulness show some promise as adjunctive therapy or first-line treatment but have not been adequately tested to date. Table 2 below shows anxiety disorders, their corresponding duration of treatment, and support for duration.

Table 2. Average duration of treatment using CBT to treat anxiety disorders

Condition	Duration of therapy	Evidence and key findings
Anxiety (including social anxiety and panic disorders)	Compared shorter to longer durations: 5 vs 12 sessions 6 vs 12 12 vs 18 7 vs 14	Random-effects meta-analysis showed no evidence of a difference between shorter and longer-term CBT for anxiety disorders on anxiety symptoms at end of treatment (SMD: 0.08; 95% CI: -0.47 to 0.63; $p = 0.77$; $I^2 = 73\%$; four trials; small effect and very low certainty) ⁵
Anxiety (including OCD and panic with or without agoraphobia, generalized anxiety, and social anxiety disorders)	16 sessions of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP) could be as effective as single-disorder protocols (SDPs) for 16-21 weeks.	Randomized control trial compared UP to SDPs and showed: • Patients were more likely to complete treatment with the UP than with SDPs (odds ratio, 3.11). • Both the UP and SDPs were superior to the waitlist control condition. • Reductions in clinical severity rating from baseline to the end of treatment and from baseline to the 6-month follow-up indicated statistical equivalence between the UP and SDPs.³ • The UP and SDP remained equivalent at 12 months follow-up.⁷
Generalized anxiety disorder (GAD)	No agreed upon recommendation, but some evidence that 12-15 sessions closely spaced followed by more widely spaced sessions up to 1 year.	Meta-analysis of 41 RCTs concluded that CBT is effective in the treatment of GAD based on interventions that typically lasted 12 sessions. ⁸
OCD	Number of CBT (inc.ERP) sessions has varied between 12 and 20 sessions across studies Clinical practice guidelines recommend 15-20 hours of therapist assisted CBT followed by periodic booster sessions for 4-6 months.	Clinical practice guidelines for obsessive-compulsive disorder describe evidence of CBT/ERP efficacy and the amount and frequency of sessions, however there are not studies comparing numbers of sessions. ⁹
Social anxiety	Individual psychotherapy: Usually 14-16 weekly sessions over 3-4 months. Group psychotherapy: 6-30 hours	Social anxiety, evidence-based treatments: ¹⁰ Individual psychotherapy: • Heimberg manual, CBT, 2 trials– 16 hours of therapy over 16 to 20 weeks • Clark and Wells manual, CBT, 3 trials – 21 hours of therapy over 14 weeks • No manual, CBT, 6 trials- 10 to 30 hours of therapy over 12 to 26 weeks • No manual, CBT, 4 trials- 15 hours of therapy over 15 to 26 weeks Group psychotherapy:

Condition	Duration of therapy	Evidence and key findings
		• Heimberg manual, CBT, 11 trials- 20 to 30 hours of therapy in groups of about 7 people over 12 weeks • No manual, CBT, 16 trials- 6 to 14 hours of therapy over 7 to 15 weeks

[This toolkit](#) from the National Council for Mental Health outlines a clear process for designing and implementing a new care pathway. It includes tools for mapping a care pathway, team member role definition template, care pathway diagram examples, and other tools.

Table 3 below summarizes a systematic review that identified barriers and facilitators to implementing clinical care pathways.⁴

Table 3. Barriers and facilitators to clinical care pathway implementation

Barriers	Facilitators
• Inadequate staffing • Insufficient education • Lack of financial compensation (i.e., incentives don't align with pathway work) • Low motivation • Lack of time • Insufficient involvement of professionals	• Adequate skills and knowledge through trainings • Strong multi-disciplinary communication • Individual tailored interventions (allowed adaptations to pathway) • Clear team responsibilities • Good fit of intervention to daily practice • Including the care team in pathway development

Additional considerations

- While there is variation in anxiety pathways, they all are quite similar. Health care organizations can draw from these to develop our own.
- It is important to include the care team when developing care pathways to improve engagement and likelihood of adoption.
- Some areas where there is low/no evidence include:
 - Low evidence directly comparing different durations of treatment.
 - Low evidence on specified treatment durations for symptom severity.
- Health care organizations should consider the Unified Protocol, as early evidence indicates that it is effective.
- There is more complexity in clinical treatment for anxiety when comorbid health and mental health conditions are present.

References

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