Review of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) clinical practice guideline for the treatment of panic disorder, social anxiety disorder, and generalised anxiety disorder

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA appreciates the opportunity to provide feedback on the *Clinical practice guideline for the treatment of panic disorder, social anxiety disorder, and generalised anxiety disorder* by the Royal Australian and New Zealand College of Psychiatrists (RANZCP).

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DAA interest in this consultation

DAA is the peak professional body for dietitians in Australia. DAA acknowledges the importance of improving the health of individuals suffering from various anxiety disorders. DAA is interested in guidelines that support best practice in anxiety management in Australia.

The Accredited Practising Dietitian (APD) program is the foundation for self-regulation of the profession, and a public assurance of safety and quality. There is a continuously growing body of evidence to support the link between diet, nutrition and mental health, including anxiety disorders (see references 1-29). There are benefits to both patients and practitioners in using a multidisciplinary team in health care (30-33). APDs provide medical nutrition therapy to those suffering from a variety of mental health conditions including different types of anxiety disorders, and anxiety as a comorbidity. Clinicians should consider utilising the skills of APDs in the management of anxiety disorders.

Key Recommendations

DAA recommends including the importance of using a multidisciplinary team in the care of individuals with anxiety. Specifically, referring to an APD for personalised dietary assessments and advice.

DAA supports that those living with an anxiety disorder are provided with advice on healthy behaviours or lifestyles, including advice on healthy eating. DAA recommends that the guidelines should specify that this advice is in line with the Australian Dietary Guidelines (ADGs) (34).

DAA recommends choosing consistent data-collection terminology and question content throughout the guidelines regardless of the specific anxiety disorder.

DAA recommends the guidelines encourage clinicians to discuss with patients the potential of medication side-effects such as weight and/or appetite changes, and to provide a referral to an APD for prevention and management of such changes.

DAA recommends that evidence supporting both the relationship between nutrition and mental health, and the benefits of multidisciplinary care should be included in the guidelines.

Discussion

Multidisciplinary teams and APDs

DAA recognises the essential nature of a multidisciplinary team approach in achieving better health outcomes for patients, and uniting practitioners (30-33). As such, the role of the APD in the management of anxiety disorders and associated comorbidities should be considered when developing clinical guidelines. Clinicians should encourage and promote dietary improvements in patients through the referral to, and support ongoing intervention with, an APD (33).

DAA have identified sections of the draft guidelines that should highlight the role of the multidisciplinary team and prompt a referral to an APD:

Section 1 & 2: Summary Section, Introduction & Methods (pages 4-21)

Page 6, Figure 1. Management of Anxiety Disorders in a Nutshell, 'Treatment' box.

Section 4: Panic Disorder and Agoraphobia (pages 34-48)

Page 39, 'Comorbidity', paragraph two

Page 40, 54, and 67 'Treatment, table: *Recommendations for the treatment of panic disorder'*, first row

Section 5: Social Anxiety Disorder (pages 48-63)

Page 53, 'Distinguishing Social Phobia from Other Mental Disorders', paragraph 3 and 5

Page 54, 'Treatment, table: *Recommendations for the treatment of panic disorder'*, first row

Section 6: Generalised Anxiety Disorder (pages 63-78)

Page 67 'Treatment, table: Recommendations for the treatment of panic disorder', first row

DAA recommends that this paragraph should include the following statement:

If an individual with body dysmorphia [paragraph 3]/an eating disorder [paragraph 5] is identified, a referral should be made for the individual to see an APD experienced in disordered eating for an individualised assessment and nutritional intervention.

Section 7: Anxiety Disorders in Special Populations (page 78-84)

Page 83, 'Clinical Considerations'

Australian Dietary Guidelines

DAA agrees that a healthy diet is an important, first-line treatment strategy for anxiety disorders. DAA recommends expanding statements in the guidelines that recommend healthy eating to include that healthy eating advice provided is in line with the ADGs (34). Referral to an APD should be offered to individuals requiring a personalised dietary assessment, this includes any patient who has an associated pre-existing comorbidity or requires advice beyond the ADGs.

DAA recommend that the following sections and pages of the draft guidelines where 'healthy behaviours' is included should refer to the ADGs for healthy eating advice, and for the clinician to refer to an APD when more complex advice is required:

Section 1 & 2: Summary Section, Introduction & Methods (pages 4-21)

Page 10 and 14, 'Treatment', bullet point 4.

Page 10, 14, and 17: Key Recommendations for the Treatment of Panic Disorder, first row.

Section 3: General Issues in the Recognition and Management of Anxiety Disorders (pages 21-34)

Page 32, 'General Principals of Treatment', subheading: 'education'

Assessment information

DAA agrees that a detailed assessment for all anxiety disorders is vital to accurately capture consistent health data for each patient, this assessment needs to be comprehensive to ensure all data is collected. DAA recommends choosing consistent data-collection terminology and question content throughout the guidelines, regardless of the specific anxiety disorder.

DAA recommend that the following sections of the draft guidelines include the above information:

Section 3: General Issues in the Recognition and Management of Anxiety Disorders (pages 21-34)

Page 25: 'Assessment'

Section 4: Panic Disorder and Agoraphobia (pages 34-48)

Page 37: 'Assessment'

Section 5: Social Anxiety Disorder (pages 48-63)

Page51: 'Assessment'

DAA also recommends including the following bullet point to capture lifestyle factors:

Lifestyle factors (e.g. diet quality, exercise levels, substance use, and sleep quality).

Medications

DAA agrees that lifestyle interventions should be first line treatment for anxiety disorders, however understand that medications may be required in some cases for effective treatment and management. Antidepressants, which are also used to treat some anxiety disorders, can have side effects. These can include weight and/or appetite changes (11). DAA recommends the guidelines encourage clinicians to discuss these potential side effects with patients, and to provide a referral to an APD for prevention and management of weight and appetite changes if required.

The following sections of the draft guidelines should recommend that clinicians discuss medication-related weight/appetite changes with patients, and refer on to an APD accordingly:

Section 3: General Issues in the Recognition and Management of Anxiety Disorders (pages 21-34)

Page 28, 'Pharmacotherapy', Sub-heading: '*adverse effects of antidepressants*'

Page 32, 'General Principals of Treatment, subheading: '*Discussing treatment options with patients*'

Page 34, 'Practical Guidance for Clinicians', subheading: '*practical issues in pharmacotherapy*'

Section 6: Generalised Anxiety Disorder (pages 63-78)

Page 74, 'Pharmacological treatment', subheading: '*efficacy of SSRIs and SNRIs*'

Evidence Statements for Nutrition and Mental Health

Guidelines are an evidence-based practice tool and as such, DAA recommends evidence should be included to highlight the role of nutrition in mental health. This will enable clinicians to provide holistic support to patients with anxiety disorders.

The following sections in the document should include evidence to support the role of nutrition in mental health:

Section 3: General Issues in the Recognition and Management of Anxiety Disorders (pages 21-34)

Page 22 and 23, 'Epidemiology'

Page 25, 'Treatment for Anxiety Disorders'

DAA recommends adding the following evidence-based statement to this section of the guidelines. For this topic, DAA have provided an evidence-based statement that may be used in the guidelines:

Whether the anxiety disorder is the primary condition, or a comorbidity, growing evidence suggests improving diet quality and reducing substance use may result in a reduction of mood, anxiety and depressive symptoms (5-9,15,20-23,30,31). Clinicians should consider referral to an APD as part of a multidisciplinary approach to treatment, which has shown to produce better patient outcomes and unite care providers (1-4).

Other comments

Throughout the document, a number of grammatical and punctual errors have been identified. A detailed edit of the document is warranted prior to publication to ensure consistency throughout.

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