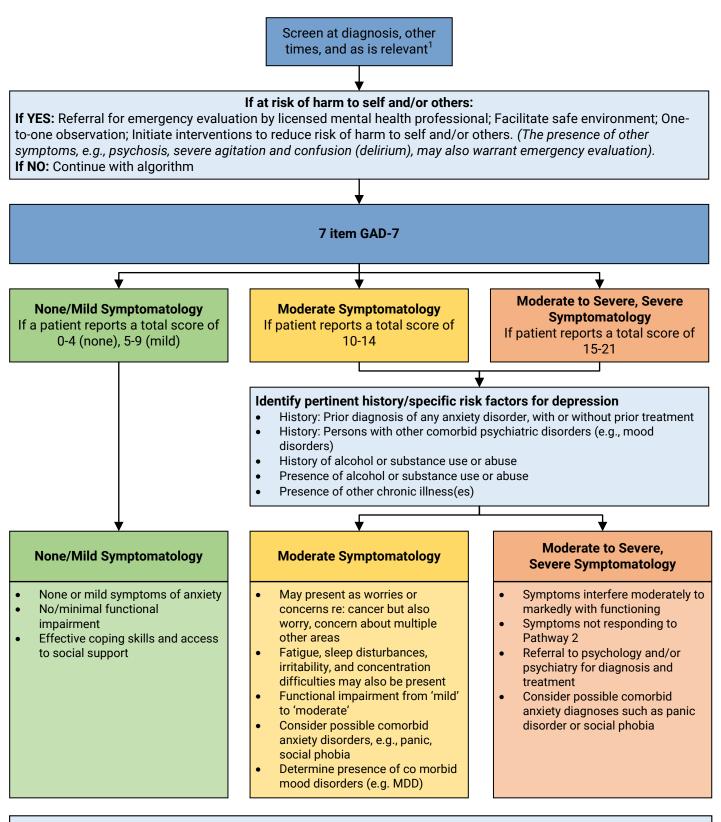
ASCO[®] Guidelines

Screening and Assessment: Anxiety in Adults with Cancer



*In this algorithm the use of the word anxiety refers to the GAD-7 scale scores and not to a clinical diagnosis of anxiety disorder(s).

1. Initial diagnosis/start of treatment, regular intervals during treatment, 3, 6, and 12 months post treatment, diagnosis of at recurrence or progression, when approaching death and during times of personal transition or re-appraisal such as family crisis.¹ 2. Presence of symptom in the last two weeks, rated as follows: 0 = not at all, 1 = several days, 2 = more than half the days, and 3 = nearly every day. Content of items: feeling nervous, anxious, on edge; cannot stop/control worry; worry too much; trouble relaxing; restlessness; easily annoyed, irritable; and, feeling afraid. Final item regarding difficulty of the problems

Note: Reference for GAD-7 is Spitzer, R.L. et al. (2006).²

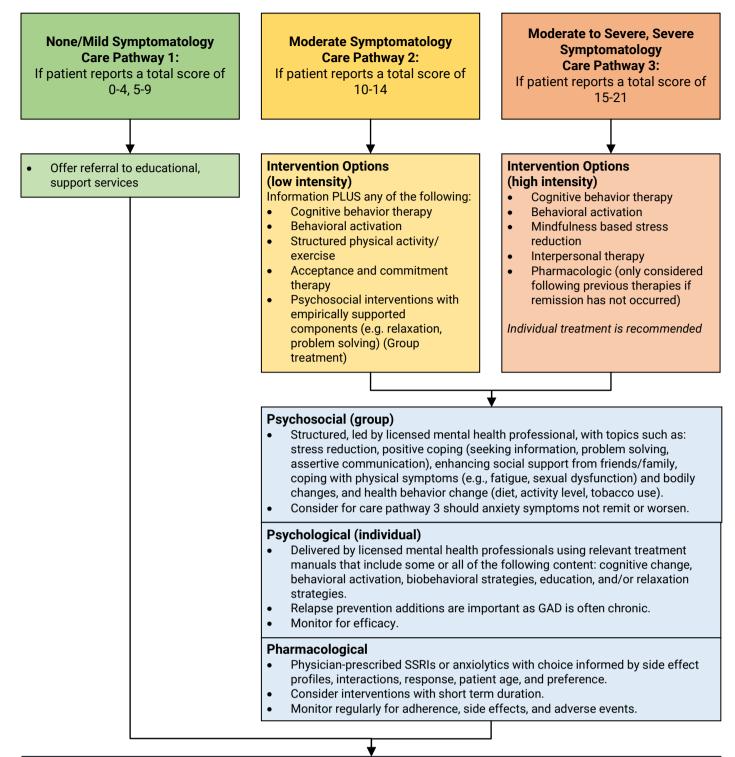
Abbreviations. GAD, generalized anxiety disorder; MDD, major depressive disorder

References ¹Howell D, Currie S, Mayo S, Jones G, Boyle M, Hack T, Green E, Hoffman L, Simpson J, Collacutt V, McLeod D, and Digout C. A Pan-Canadian Clinical Practice Guideline: Assessment of Psychosocial Health Care Needs of the Adult Cancer Patient. Toronto, May 2009 ² Spitzer RL, Kroenke K, Williams JB, et al: A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 166:1092-7, 2006

This algorithm is derived from recommendations in *Management of Anxiety and Depression in Adult Survivors of Cancer: ASCO Guideline Update*. This is a tool based on an ASCO Guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

ASCO[°] Guidelines

Care Map: Generalized Anxiety in Adults with Cancer



Supportive Care Services for All Patients, As Available and Appropriate
 Provide education and information (verbal plus any relevant materials) for the patient and family about: Normalcy of stress and anxiety in the context of cancer Specific stress reduction strategies (e.g., progressive muscle relaxation) Sources of informational support/resources (e.g., patient library, reliable internet sites) Availability of supportive care services (e.g., professionally led groups, informational lectures, volunteer organizations) for the patient and family at the institution or in the community Availability of financial support (e.g., accommodations, transportation, health/drug benefits) Information about signs and symptoms of anxiety disorders and their treatment Information on sleep hygiene and self-management of fatigue Information on other non-pharmacological interventions (physical activity, nutrition)

Follow-Up and Ongoing Reassessment

As cautiousness and a tendency to avoid threatening stimuli are cardinal features of anxiety pathology, it is common for persons

with symptoms of anxiety to not to follow through on potentially helpful referrals or treatment recommendations. With this in mind, on a monthly basis or until symptoms have subsided:

- Assess follow-through and compliance with individual or group psychological/psychosocial referrals, as well as satisfaction with services.
- Assess compliance with pharmacologic treatment, patient's concerns about side effects, and satisfaction with symptom relief.
- Consider tapering the patient from any antidepressant medications if anxiety symptoms are under control and if the primary environmental sources of anxiety are no longer present.
- If compliance is poor, assess and construct a plan to circumvent obstacles to compliance, or discuss alternative interventions that present fewer obstacles.
- After 8 weeks of treatment, if symptom reduction and satisfaction with treatment are poor, despite good compliance, alter the treatment course (e.g., add a psychological or pharmacological intervention; change the specific medication; refer to individual psychotherapy if group therapy has not proved helpful).

Abbreviations. GAD, generalized anxiety disorder; SSRIs, selective serotonin reuptake inhibitors

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