no/minimal symptoms and has optimal functioning. Reduce dose gradually over 4 weeks. Prolong treatment if:
» Previous episode/s of anxiety (extend treatment to at least 3 years).
» Any of: severe anxiety, suicidal attempt, sudden onset of symptoms, or family history of bipolar disorder (extend treatment to at least 3 years).
» ≥ 3 episodes of anxiety (advise lifelong treatment). *LoE:Ib*[15]

For severe panic attacks:
- Benzodiazepines, e.g.: (Doctor prescribed)
- Diazepam, oral. *LoE:IIIb*[16]
  - 2.5–5 mg immediately.
  - Continue with 2.5–5 mg at night, for a maximum of 10 days for relief of severe anxiety.
  - Start definitive treatment with psychotherapy/SSRI. *LoE:Ia*[17]

CAUTION - BENZODIAZEPINES
» Associated with cognitive impairment – reversible with short-term use and potentially irreversible with long-term use.
» Elderly are at risk of over-sedation, falls and hip fractures.
» Dependence may occur after only a few weeks of treatment.
» Prescribe for as short a period of time as possible.
» Warn patient not to drive or operate machinery when used short-term.
» Avoid use in people at high risk of addiction: e.g. personality disorders and those with previous or other substance misuse. *LoE:IVb*[18]

REFERRAL
» Any risk of harm to self or others.
» Comorbid severe mental or physical conditions.
» Poor response to treatment.
» Repeated panic attacks.
» Children and adolescents.

16.4 MOOD DISORDERS

DESCRIPTION
The person's thoughts and behaviour are driven by their mood, which may be depressed, sad, angry, happy, elated, manic, or any of these in combination.
Mood disorders may be:
» Due to another medical condition, e.g. HIV, TB, anaemia of any cause, malignancy, hypothyroidism, and chronic pain conditions.
» Comorbid with other medical conditions e.g. epilepsy, diabetes, and cardiovascular disease.
» Due to substance use, e.g. alcohol, cannabis, benzodiazepines.
» Comorbid with substance use.