Social Anxiety Disorder Treatment Guide Summary

CONDITION	OPTIONS
Social anxiety disorder	Start with first-line medication with or without psychosocial intervention Start with psychotherapy alone
Wait 6–8 weeks with first-line medication alone to assess response if clinically feasible.	
Wait 10–12 weeks to assess response if psychotherapy alone.	
If no response or partial response with first-line medication alone, titrate every 2 weeks until maximum dose is reached or problematic side effects occur.	
If no response or partial response to psychotherapy alone	Add a first-line medication (see Table 7.2, p. 93)
If no response or partial response to first-line medication alone	Add psychotherapy; allow 6–8 weeks for response
If no response to maximum dose of first-line medication, with psychotherapy (or without, if patient not receptive)	Switch to another first-line medication, and titrate to maximum dose or problematic side effects Consider mindfulness strategies Consider exercise regimen
If no response to optimum dose of second first-line medication, with or without psychotherapy	Switch to a second-line medication (see Table 7.2, p. 93)
If partial response to first-line or second-line medication, or unable to tolerate maximum dose, with or without psychotherapy	Consider third-line medication (see Table 7.2, p. 93) Add adjunctive therapy
If inadequate response to above, with or without psychotherapy	Consider referral
If response	Consider continuing treatment for a minimum of 1 year

Medication Guidelines

SSRIs are generally preferred. Consider including medication if a comorbid condition is present (e.g., OCD, or substance use disorder) or in severe or long-lasting cases. Allow a 6–8 week trial at minimum dose, then titrate every 2 weeks until maximum dose is reached.

Add-on

Add-on d-cycloserine can enhance exposure therapy for social anxiety disorder.

An add-on drug is a second-line recommendation due to the potential increase in side effects and/or drug interactions; however, an add-on has advantages in patients who took a long time to respond to keep them motivated to continue with the treatment plan, address side effects secondary to the current drug, or target residual symptoms. Physicians should weigh factors such as the patient's past history and degree of response, side effects to the initial antidepressant, and the potential side effects of the new medication.[1] Consider consulting a psychiatrist.

1 Kennedy SH, Lam RW, Cohen NL, Ravindran AV, et al. Clinical guidelines for the treatment of depressive disorders. IV. Medications and other biological treatments. Can J Psychiatry. 2001; 46 Suppl 1:38S–58S.

Social Anxiety Disorder Treatment Guide Summary

Other Considerations

Psychotherapy may be useful at any point in treatment. Consider individual, couples, or family treatment when indicated. Consider mindfulness strategies.

Switching: The first-line recommendation is to switch to another drug (monotherapy) over adding-on a second drug due to better tolerability and less potential for side effects. Physicians can follow the same titration schedule as for the first treatment trial; however, the dose can be increased sooner if tolerated.