

Supplementary Material 4: Content of the online survey for healthcare professionals

Thank you for taking part in this survey.

Generalised anxiety disorder (GAD), characterised by chronic worrying, is the most common anxiety disorder in older people. The main symptoms that characterise GAD are excessive worry and feelings of fear, dread, and uneasiness that have lasted at least six months. Other symptoms include restlessness, tiredness or irritability, muscle tension, difficulties with concentrating, difficulties with sleeping, shortness of breath, fast heartbeat, sweating, and dizziness. The aim of this survey is to find out what types of treatment are typically offered to older people experiencing GAD or clinically significant chronic anxiety that has not responded well to treatment. For the purposes of this survey, treatment-resistant GAD is defined as GAD that has failed to respond to treatment after receiving a course of medication and/or individual face-to-face psychological therapy.

We will now ask you 19 questions about your experiences of working with older people with treatment-resistant GAD or clinically significant chronic anxiety. It should take approximately 5 minutes to complete. However, you can discontinue the survey at any time if you wish. If there are particular questions that you would prefer not to answer then you can indicate this in the survey, without having to give a reason. Your responses will be kept strictly confidential and anonymous, and you will not be identified in any of the information you provide. All data will be handled and stored in accordance with the UK Data Protection Act 1988. Please see the Participant Information Sheet for further information about this survey.

• Question 1 (out of 19): How old are you?

- <20 years old
- 20-29 years old
- 30-39 years old
- 40-49 years old
- 50-59 years old
- 60-69 years old
- ≥70 years old
- I'd prefer not to say

- Question 2 (out of 19): What sex are you?

- Male
- Female
- I'd prefer not to say

- Question 3 (out of 19): How would you describe your ethnic or racial background?

- Asian/Asian British
- Black/Black British
- White/White British
- Mixed
- I'd prefer not to say
- Other (please state): _____

- Question 4 (out of 19): What region of the UK do you work in?

Please state the first 3-4 characters of your postcode (e.g. WR6 or NW11) or nearest town/city: _____

- I'd prefer not to say

- Question 5 (out of 19): What is your clinical profession? *Please tick all that apply.*

- General practice
- Medicine for older people
- Nursing
- Psychiatry
- Psychology
- Other (please state): _____

- Question 6 (out of 19): What level have you reached in your clinical profession (e.g. consultant, Band 7, high-intensity therapist)?

Please state: _____

- Question 7 (out of 19): What level of care do you work in? *Please tick all that apply.*

Primary care

Secondary care

Tertiary care

Other (please state): _____

- Question 8 (out of 19): What type of healthcare setting do you work in? *Please tick all that apply.*

NHS

Private/public

Other (please state): _____

- Question 9 (out of 19): How many years has it been since you qualified as a healthcare professional?

<1 year

1-5 years

6-10 years

11-15 years

16-20 years

21+ years

- Question 10 (out of 19): What percentage of all the people you see per month are aged 65+?

Please state: _____

- Question 11 (out of 19): Of all the people you see per month who are **aged 65+**, on average, approximately what percentage have treatment-resistant GAD or clinically significant chronic anxiety?

Please state: _____

- Question 12 (out of 19): What treatment(s) do you typically offer to (or refer for) an older person with treatment-resistant GAD or clinically significant chronic anxiety? *Please tick all that apply.*

- Signpost/refer to other services: _____
- Antidepressants e.g. fluoxetine (Prozac), citalopram (Cipramil), escitalopram (Lexapro), paroxetine (Seroxat), sertraline (Zoloft), duloxetine (Cymbalta), venlafaxine (Effexor), mirtazapine (Zispin), amitriptyline (Tryptizol), nortriptyline (Allegron), imipramine (Tofranil), clomipramine (Anafranil)
- Anxiolytics e.g. buspirone (Buspar)
- Sedatives e.g. alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), temazepam (Restoril), flurazepam (Dalmane), triazolam (Halcion), chlordiazepoxide (Librium)
- Hypnotics e.g. zolpidem (Ambien), zopiclone (Zimovane)
- Anti-epileptics e.g. pregabalin (Lyrica), gabapentin (Neurontin)
- Antipsychotics e.g. olanzapine (Zyprexa), quetiapine (Seroquel)
- Antihistamines e.g. hydroxyzine (Vistaril)
- Cognitive Behavioural Therapy (e.g. a talking therapy with an emphasis on changing worrying thoughts by looking at the evidence for and against them and changing behaviours linked with worrying)
- Relaxation Therapy (e.g. a talking therapy with an emphasis on learning deep breathing or muscle relaxation skills)
- Mindfulness Based Therapy (e.g. a talking therapy with an emphasis on observing worrying thoughts and allowing them to be rather than trying to change them)
- Psychodynamic Psychotherapy (e.g. a talking therapy focused on the past, on the subconscious and on repeating patterns in relationships)
- Counselling (e.g. a talking therapy with a focus on talking, with little skills practice in session and at home)
- Other (please state): _____

- Question 13 (out of 19): How often do you typically offer/refer for pharmacotherapy (such as antidepressants, anxiolytics, sedatives or hypnotics) for an older person with treatment-resistant GAD or clinically significant chronic anxiety?

- Always
- A lot of the time
- About half of the time
- Some of the time
- Never
- Not applicable for my clinical profession
- Other

Please indicate the reason(s) for your answer below: _____

- Question 14 (out of 19): How often do you typically offer/refer for psychological therapy (such as Cognitive Behavioural Therapy, Relaxation Therapy or Counselling) for an older person with treatment-resistant GAD or clinically significant chronic anxiety?

- Always
- A lot of the time
- About half of the time
- Some of the time
- Never
- Not applicable for my clinical profession
- Other

Please indicate the reason(s) for your answer below: _____

- Question 15 (out of 19): What factors typically stop you from offering or referring for pharmacotherapy (such as antidepressants, anxiolytics, sedatives or hypnotics) for the management of treatment-resistant GAD or clinically significant chronic anxiety in an older person? *Please tick all that apply.*

- Comorbid health problems
- Side effects
- Patient preference
- Personal clinical experience
- I don't think it would work
- Not applicable for my clinical profession
- Other

Please indicate the reason(s) for your answer below: _____

- Question 16 (out of 19): What factors typically stop you from offering or referring for psychological therapy (such as Cognitive Behavioural Therapy, Relaxation Therapy or Counselling) for the management of treatment-resistant GAD or clinically significant chronic anxiety in an older person? *Please tick all that apply.*

- Comorbid health problems
- Patient preference
- Personal clinical experience
- Lack of availability of psychological therapy
- I don't think it would work
- Not applicable for my clinical profession
- Other

Please indicate the reason(s) for your answer below: _____

Question 17 (out of 19): In your opinion, how helpful are the following types of pharmacotherapy for treating older people with treatment-resistant GAD or clinically significant chronic anxiety? *Please tick the response that best applies to you for each type of treatment.*

Medication	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful	I have no opinion
Antidepressants ¹						
Anxiolytics ²						
Sedatives ³						
Hypnotics ⁴						
Anti-epileptics ⁵						
Antipsychotics ⁶						
Antihistamines ⁷						

¹ Examples include fluoxetine (Prozac), citalopram (Cipramil), escitalopram (Lexapro), paroxetine (Seroxat), sertraline (Zoloft), duloxetine (Cymbalta), venlafaxine (Effexor), mirtazapine (Zispin), amitriptyline (Tryptizol), nortriptyline (Allegron), imipramine (Tofranil) and clomipramine (Anafranil).

² Examples include buspirone or Buspar.

³ Examples include alprazolam (Xanax), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan), temazepam (Restoril), flurazepam (Dalmane), triazolam (Halcion) and chlordiazepoxide (Librium).

⁴ Examples include zolpidem (Ambien) and zopiclone (Zimovane).

⁵ Examples include pregabalin (Lyrica) and gabapentin (Neurontin).

⁶ Examples include olanzapine (Zyprexa) and quetiapine (Seroquel).

⁷ Examples include hydroxyzine or Vistaril.

Question 18 (out of 19): In your opinion, how helpful are the following types of psychological therapy for treating older people with treatment-resistant GAD or clinically significant chronic anxiety? *Please tick the response that best applies to you for each type of treatment.*

	Not at all helpful	Slightly helpful	Moderately helpful	Very helpful	Extremely helpful	I have no opinion
Cognitive Behavioural Therapy ¹						
Relaxation Therapy ²						
Mindfulness Based Therapy ³						
Counselling ⁴						
Psychodynamic Psychotherapy ⁵						
Other (please state)						

¹ A talking therapy with an emphasis on changing worrying thoughts by looking at the evidence for and against them and changing behaviours linked with worrying.

² A talking therapy with an emphasis on learning deep breathing or muscle relaxation skills.

³ A talking therapy with an emphasis on observing worrying thoughts and allowing them to be rather than trying to change them.

⁴ A talking therapy with a focus on talking, with little skills practice in session and at home.

⁵ A talking therapy focused on the past, on the subconscious and on repeating patterns in relationships.

- Question 19 (out of 19): Please add any other comments that you have about what “treatment as usual” looks like in older people with treatment-resistant GAD or clinically significant chronic anxiety, and how effective it is in your clinical experience:

This is the end of the survey. Thank you for taking the time to complete it - we are extremely grateful.