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25 September 2026

Dear Dr Adrian Hayter

Review request for Clinical Guideline CG113: Generalised anxiety disorder and panic disorder in adults

We (the undersigned organisations) are writing to request a review of **NICE CG113 Generalised Anxiety Disorder and Panic Disorder in Adults** in light of patient safety concerns associated with propranolol, including multiple fatal overdoses highlighted in recent Regulation 28 Prevention of Future Deaths (PFD) reports.

PFD reports and wider stakeholder engagement indicate that propranolol has continued to be implicated in several deaths. This is despite the existing safety warning in the **British National Formulary** (BNF), informed by the **Health Services Safety Investigations Body (HSSIB)**.

Propranolol is not currently recommended or mentioned within the CG113 guideline. We ask that CG113 be updated to clearly state that propranolol is **not recommended by NICE for the management of anxiety disorders and highlight the risk in overdose**.

We understand that NICE last reviewed this guideline in 2025 following a request from a Coroner as part of a **Regulation 28 PFD Report**. The **decision at the time was not to update the guideline**. One reason given was that the MHRA had not issued a Drug Safety Update, due to concerns about inadvertently increasing awareness of propranolol in overdose. Another factor was that propranolol is widely used, with millions of items prescribed and used safely each year. However, a recent **Regulation 28 PFD Report** highlighted that it is highly toxic and that there is no specific antidote to a propranolol overdose, with treatment being supportive and hospital based: the coroner recommended that doctors should be aware of these consequences.¹ Additionally, we understand that the MHRA are currently undertaking a review to establish whether stronger safety warnings are needed for propranolol².

Propranolol continues to be commonly prescribed for anxiety disorders³, particularly in primary care as it remains a licensed treatment option. This is despite limited evidence supporting efficacy for anxiety disorders and the potential for significant harm⁴. Propranolol is more lipophilic than other beta-blockers and readily crosses the blood brain barrier, so in overdose, it carries a higher risk of convulsions in

addition to cardiovascular collapse⁵. [REDACTED]

Current prescribing data suggests that clinicians are using pharmacological options not addressed within CG113, and that further clarification is required to support safe and evidence-based practice³. **NICE's guidance CG150 Headaches in over 12s: diagnosis and management** already highlights circumstances in which propranolol should be used with caution, including specific risks related to overdose.

We therefore request that CG113 be updated to explicitly address the use of propranolol in the management of anxiety disorders. **This should include a clear statement that propranolol is not recommended by NICE for this indication.** We also ask that, where, in line with clinical judgement, a clinician chooses to prescribe propranolol for anxiety disorders, the guideline should provide advice on relevant safeguards and prescribing considerations, including assessment of suicide and self-harm risk, consideration of prescribing quantities where appropriate, and implementation of measures to minimise the potential for serious harm.

We believe that the addition of clear, specific guidance within CG113 would help reduce avoidable harm, and support clinicians in delivering consistent, evidence-based care.

Yours sincerely



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