

PCP Visit:

- Screen and/or conduct a clinical assessment for behavioral health problems
- If screen or assessment is positive, conduct focused assessment
 - If concern for imminent danger, refer for emergency mental health assessment
 - Consult with YAP-P as needed at any point for guidance

Focused assessment includes clinical interview (see *Anxiety Clinical Pearls*) and symptom rating scales:

- **SCARED** (parent & child versions): (ages 8-18 years) Score ≥ 25 may indicate an anxiety disorder
- **GAD-7**: age ≥ 12 years (score ≥ 10 may indicate moderate to severe anxiety)

Sub-clinical to mild anxiety:

Guided self-management with follow-up

Moderate anxiety (or self-

management unsuccessful):
Refer for therapy (CBT preferred); consider medication

Severe anxiety:

Refer to specialty care for therapy (CBT preferred) and medication management

1st line medications for anxiety: SSRIs even though not all are FDA approved

	FDA Approved Medications for Anxiety		Evidence-based Medications for Anxiety	
Generic name	duloxetine	escitalopram	fluoxetine	sertraline
Ages approved	7-17 years	≥7 years	NA	NA
Starting dose	20mg-30 mg/day	5mg-10mg/day	5mg-10mg/day	12.5mg-25mg/day
Dose change increments	20mg-30mg	5mg	10mg-20mg	25mg -50mg
Common dose range	20mg-60mg per day	5mg-20mg/day	10mg-60mg/day	25mg-200mg/day
Tapering	Decrease daily dose by 25-50% every 2-4 weeks to starting dose then stop medication			
For all antidepressants, monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to emergency room or crisis team for emergency evaluation.				
For severe distress, consider PRN use of hydroxyzine which is FDA approved for anxiety in children & youth.				
Dosing: 12.5-25mg (age<12 years), 25-50mg (age ≥12 years) q6-8 hours prn				

Initiation & Dose Titration

- ➔ At 4 weeks after medication initiation, reassess symptom severity with **SCARED** or **GAD-7**
 - If score remains elevated and impairment persists, increase daily dose of antidepressant
- ➔ At 8 weeks, reassess symptom severity with **SCARED** or **GAD-7**
 - If score remains elevated and impairment persists, increase daily dose of antidepressant
- ➔ At 12 weeks, reassess symptom severity with **SCARED** or **GAD-7**
 - If score remains elevated and impairment persists, consult with YAP-P for next steps
 - If score is improved with mild to no impairment, remain at current antidepressant dose for 6-12 months

Maintenance & Dose Tapering

- ➔ Monitor at intervals of 1-3 months for maintenance of remission, agitation, suicidality, and other side effects
 - For severe agitation or suicidal intent or plan, refer for emergency psychiatric assessment
- ➔ After 6-12 months of successful treatment, reassess symptom severity with **SCARED** or **GAD-7**
 - If score is below threshold and there is no functional impairment, consider tapering per above
 - Tapering should ideally occur during a time of relatively low stress
 - Maintenance of medication may be considered beyond the initial 6- to 12-month period of successful treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness
- ➔ Monitor clinically and/or with **SCARED** or **GAD-7** periodically after antidepressant discontinuation for symptom recurrence