

Anxiety Clinical Guidelines for PCPs

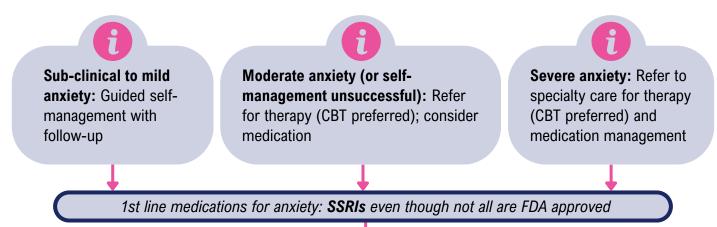
I. Primary Care Provider Visit

- 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

II. Focused Assessment

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)



	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	20mg-30mg	5mg	10mg-20mg	25mg -50mg
increments				
Common dose	20mg-60mg per day	5mg-20mg/day	10mg-60mg/day	25mg-200mg/day
range				
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 \ge 12 years) q6-8 hours prn

See Reverse Side for Dosing and Maintenance

Disclaimer: Thanks to the Massachusetts Child Psychiatry Access Program supported by the Massachusetts Department of Mental Health for creating the original material that the Youth Access to Psychiatry Program (YAP-P) has adapted for South Carolina. These guidelines are maintained by YAP-P in the Department of Behavioral Health and Developmental Disabilities (BHDD). This guide should not be used as an exclusive basis for decision-making. Use of these clinical guidelines is strictly voluntary and at the user's sole risk.

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III. 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

IV. Maintenance & Dose Tapering

- Monitor at intervals of 1-3 months for maintenance of remission, agitation, suicidality, and other side effects
 - o 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
 - o 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

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