



Anxiety Clinical Guidelines for PCPs

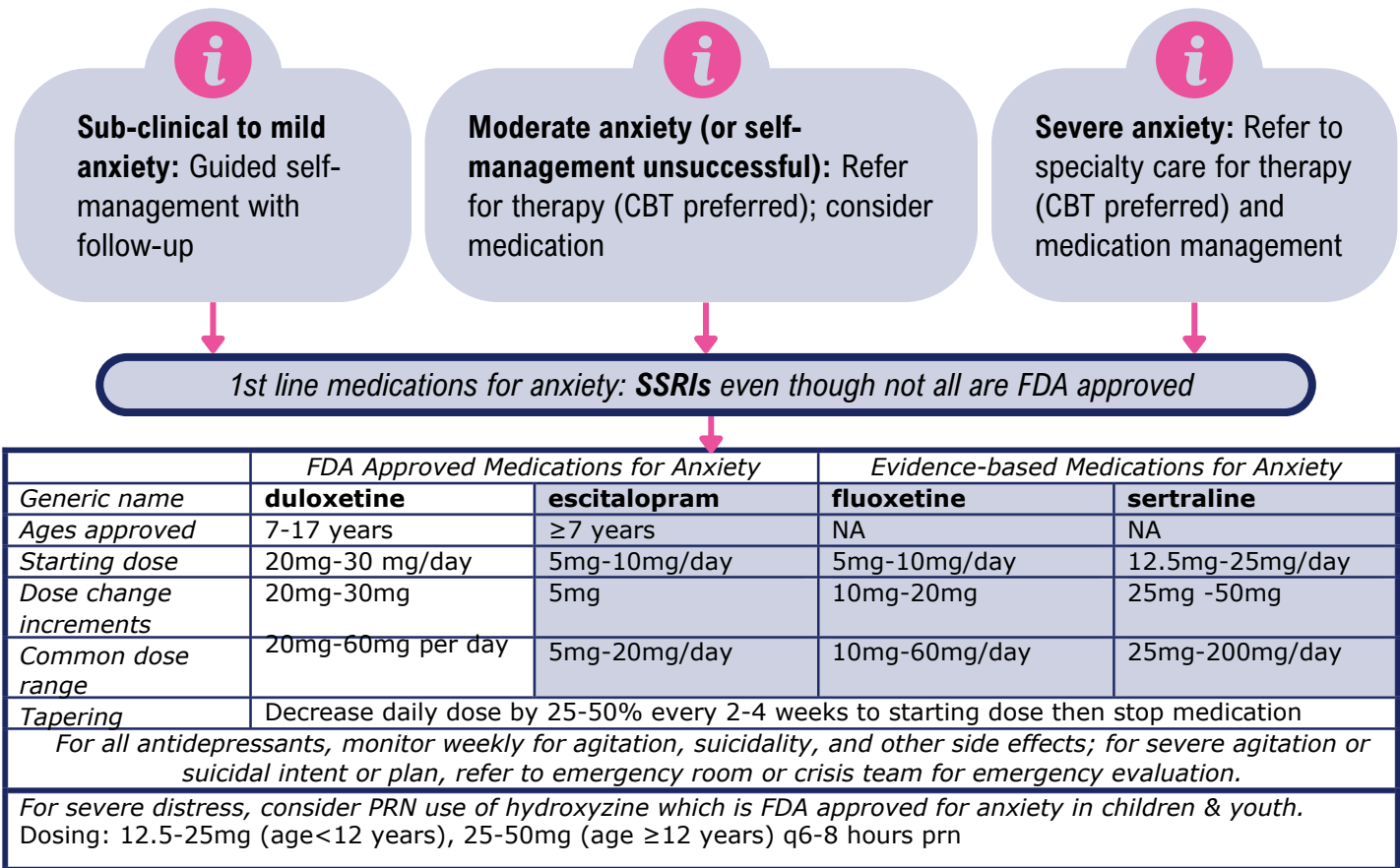
I. Primary Care Provider Visit

- 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)



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.

Acknowledgement: YAP-P is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$445,000 with 20% financed by BHDD Office of Mental Health. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



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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
 - 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

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