



Anxiety Clinical Pearls for PCPs

I. Clinical History

Recommended Procedure	Clinical Pearls
☐ Assess current symptom severity, ideally using a standardized symptom rating scale	Pearl: Symptom severity will suggest appropriate level and type of treatment.
☐ Assess avoidant behavior	Pearl: Avoidance of activities and circumstances that provoke anxiety often are the most disabling aspects of anxiety disorders for children and adolescents, at times contributing to developmental delays. Avoidant behaviors become habitual and may be reinforced by family members and teachers. Avoidant behaviors may result in patients with severe anxiety disorders who want to be "free" of subjective feelings of anxiety. In addition to psychotherapy referral, primary care providers should educate patients and families regarding the importance of exposure to address this aspect of the disorder.
☐ Assess for acute and chronic stressors which may be contributing to presentation	Pearl: Stressors may trigger the onset of an anxiety disorder or exacerbate the course of one. Therapy referral is helpful to support effective coping.
☐ Assess chronicity of symptoms	Pearl: Anxiety disorders tend to be recurrent and persistent. There is some evidence that psychotherapy is more durably effective than medication treatment and should be included in the treatment plan to mitigate risk of recurrence.
☐ Assess for current or previous non-suicidal or suicidal thinking and behavior (self-harm, suicide attempts) and previous suicidal crises	Pearl: Anxiety disorders can be associated with suicidal ideation with or without comorbid depression.
☐ Assess for multiple anxiety disorders	Pearl: Patients commonly meet criteria for more than one anxiety disorder. The accurate identification of the type(s) of anxiety disorder is pertinent to the psychotherapy treatment plan, less so for the medication treatment plan.
☐ Assess for the presence of other psychiatric symptoms and/or substance use disorder	Pearl: The most common co-occurring psychiatric diagnoses include ADHD, depression and substance use disorders. These issues should be assessed and treated concurrently.

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II. Mental Status Examination

Recommended Procedure	Clinical Pearls
☐ Common mental status findings	Pearl: The most common co-occurring psychiatric diagnoses include ADHD, depression and substance use disorders. These issues should be assessed and treated concurrently.
☐ Suicidality ideation: suicidal thoughts, degree of planning, degree of intent, sense of control, ability to communicate with others and reach out for help, reasons for living	Pearl: Reports of active suicidal planning or intent or recent suicidal behavior increase safety risk; consider Psychiatric Crisis referral or YAP-P consultation. Consider mental health crisis referral or YAP-P consultation.

III. Medical Workup

Recommended Procedure	Clinical Pearls
☐ Perform general standard medical assessment	Pearl: General medical assessment is part of good medical care for youth presenting with concerning anxiety symptoms.
☐ Assessment of medical conditions that can present with anxiety symptoms (i.e., thyroid abnormalities, cardiac arrhythmias)	Pearl: Identification and intervention for general medical problems presenting with psychiatric symptoms may help with assessment and treatment planning; consider YAP-P consultation for complex situations.
☐ Assessment of medical treatments that can present with anxiety symptoms as untoward reactions (i.e., steroid treatments, anticonvulsants, pseudoephedrine, etc.)	Pearl: Identification and intervention for medical treatments presenting with psychiatric symptoms may help with assessment and treatment planning; consider YAP-P consultation for complex situations.
☐ Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	Pearl: Identification of medical conditions that could impact antidepressant treatment (i.e., liver disease, renal problems) or medications with significant drug-drug interaction potential; consider YAP-P consultation for complex situations.

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IV. Differential Diagnosis and Co-Morbidities

Recommended Procedure	Clinical Pearls
☐ Adjustment reactions to acute stressors (symptoms clearly correlated to recent and likely time-limited negative life event)	Pearl: Adjustment reactions rarely require pharmacological intervention; consider general health education, health maintenance strategies, or referral for psychotherapy as first-line intervention. Consider YAP-P consultation for complex situations.
☐ Consider bullying and/or other traumatic experiences	Pearl: Children who are victims of bullying and/or other traumatic experiences may present with avoidance and anxiety symptoms, which represent acute or recurrent adjustment reactions to bullying. Also consider that patients with anxiety disorders may be targets of bullying behavior, therefore the experience of bullying doesn't exclude the possibility of an anxiety disorder.
☐ Bipolar Disorders	Pearl: Bipolar disorders in youth can be complicated in terms of assessment; consider YAP-P consultation prior to initiating treatment if the youth is presenting with signs of bipolar disorder.
☐ Anxiety disorder due to another medical condition	Pearl: First-line treatment would be intervention for the medical problem, consider interventions for anxiety as indicated. Consider YAP-P consultation in complex situations.
☐ Substance use disorder	Pearl: Patients with anxiety disorders may self-medicate with substances and present with subjective anxiety associated with cravings and withdrawal. Careful assessment of the onset and course of the anxiety symptoms can help with differential diagnosis. In the case of dual diagnosis, it is necessary to treat both the anxiety disorder (avoiding benzodiazepines) and the substance use disorder concurrently.
☐ Autism spectrum disorder	Pearl: Patients with autism frequently have significant anxiety symptoms, which may be attributed to the core symptoms of autism. Consider consulting with YAP-P for help in clarifying diagnosis and addressing these symptoms.

VI. Assessment of Risk

Recommended Procedure	Clinical Pearls
☐ Assess youth comprehensively for suicidal thinking or behavior as main, short-term concern is risk of self-harm, suicidal behavior or completed suicide	Pearl: Call or text 988 (Suicide and Crisis Lifeline) and/or refer for emergency mental health services in the following situations: • Any evidence of recent suicidal behavior • Current active intent to engage in suicidal behavior • Current significant planning for suicidal behavior • Any degree of lack of cooperation in assessment from youth or family where risk for suicide has been identified • Evidence that youth or family will not or cannot access mental health services in times of worsening risk • Consider YAP-P consultation for complex or confusing situations

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V. Treatment Planning

Recommended Procedure	Clinical Pearls
☐ Present to family clinical impressions and recommendations regarding the need for treatment	Pearl: Consult with YAP-P as needed regarding developing an appropriate treatment plan.
☐ Using YAP-P guidelines, discuss treatment options with family and ascertain family preferences for treatment	Pearl: Family preferences regarding treatment choices can be considered along with many other factors in determining initial treatment plan in many situations; consider YAP-P consultation for complex situations.
☐ With medication treatment, utilize standard informed consent procedures discussing potential benefits and side effects of treatment, alternatives to medication, and prognosis with and without medication; include discussion of "black box" warning regarding treatment-emergent suicidality associated with all antidepressants for patients <25 years. Document this discussion in clinical record.	Pearl: Consult with YAP-P as needed regarding any concerns about informed consent as it applies to treatment planning: • Discuss with patient/family the risks of non-adherence to treatment, including but not limited to discontinuation effects with abrupt cessation and recurrence of symptoms. • Duloxetine and escitalopram are the only medications approved for maintenance treatment of anxiety in children/youth. • SSRIs are considered 1st line for treatment (even fluoxetine and sertraline even though they lack FDA approval) because of their greater tolerability and proven effectiveness in research studies.
☐ Discuss plan for medication monitoring, dosage adjustment and discontinuation	Pearl: Monitoring response to treatment, ideally with a standardized symptom rating scale and adjusting medication dose as indicated may lead to an improved outcome; the plan for medication discontinuation after symptom remission should be discussed.
☐ YAP-P currently does NOT recommend the use of routine pharmacogenetic testing for initial medication selection strategies in primary care for youth with anxiety.	Pearl: Pharmacogenetic testing is not currently incorporated into any standard practice guidelines for youth with anxiety. There may be specialized situations where pharmacogenetic testing is appropriate in specialty care. Consider consultation with YAP-P to discuss whether pharmacogenetic testing is warranted or how to interpret testing results.

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Recommended Procedure	Clinical Pearls
☐ Acute Treatment Phase (8 - 12 weeks)	Pearl: Goals - remission and/or reduction of symptoms, improvement in function Initiation and close monitoring of medication treatment response and tolerance • Monitor medication compliance and tolerance • If youth is experiencing side effects from medication, do not advance dose until this is addressed. • Re-assessment of anxiety symptoms at 4-, 8- and 12-weeks using GAD-7 or SCARED scales.
☐ Maintenance Phase (6 - 12 months)	Pearl: Goals - youth will continue to demonstrate reduction and/or remission of symptoms and improvement in function after initial positive treatment response • Maintain active treatment plan (medication, psychotherapy) during this period. • Monitoring is generally less involved or intensive assuming ongoing symptom improvement. • Monitor medication compliance and tolerance. • Ongoing collaboration with therapist if present • If symptoms and functioning improve for 6-12 months, reassess with GAD-7 or SCARED scale. • If response is sustained for 6-12 months, consider treatment discontinuation phase and consult with YAP-P as needed.
☐ Treatment Discontinuation Phase (3 - 6 months)	Pearl: Goals - safely and thoughtfully withdraw treatment and monitor for symptom recurrence • Informed consent with family: review potential benefits and risks of withdrawing treatment, and a plan to deal with problems or recurrence if needed. • Discuss medication strategies with family. • Continue active monitoring for several months during this phase; reevaluate need for resuming medication if symptoms recur and/or assessment scales indicate a trend towards relapse. • Continue collaboration with therapist if available.

Resources:

- GAD-7 Anxiety Scale
- Screen for Child Anxiety Related Disorders (SCARED)- CHILD version
- Screen for Child Anxiety Related Disorders (SCARED)- PARENT version
- Anxiety Disorders: Parents' Medication Guide, 2020. American Academy of Child & Adolescent Psychiatry and the American Psychiatric Association. (English)
- Anxiety Disorders: Parents' Medication Guide, 2020. American Academy of Child & Adolescent Psychiatry and the American Psychiatric Association. (Spanish)

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