



Anxiety Guideline for PCPs

☎ 877-SC-YAPPY (877-729-2779) **☎**

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
 - o 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

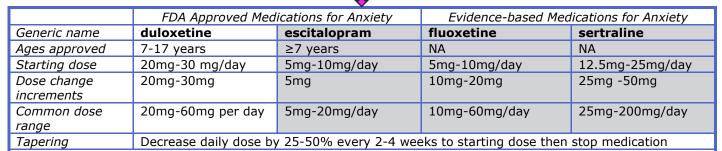
preferred); consider medication



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



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