

### 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  $\geq 25$  may indicate an anxiety disorder
- **GAD-7**: age  $\geq 12$  years (score  $\geq 10$  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

*1<sup>st</sup> line medications for anxiety: **SSRIs** even though not all are FDA approved*

Generic name	FDA Approved Medications for Anxiety		Evidence-based Medications for Anxiety	
	<b>duloxetine</b>	<b>escitalopram</b>	<b>fluoxetine</b>	<b>sertraline</b>
Ages approved	7-17 years	$\geq 7$ 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			
<i>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.</i>				
<i>For severe distress, consider PRN use of hydroxyzine which is FDA approved for anxiety in children &amp; youth. Dosing: 12.5-25mg (age &lt;12 years), 25-50mg (age <math>\geq 12</math> years) q6-8 hours prn</i>				

### 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