



Anxiety Disorders in Children and Adolescents: Assessment and Management Recommendations for PCPs

PCP visit:

- Screen for behavioral health problems
 - Pediatric Symptom Checklist-17 (cut-points: 15 total, 5 internalizing, individual anxiety item)
- If screen is positive, conduct focused assessment
 - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
 - **Consult with TCAPES (833-281-5020) as needed**

Focused assessment including clinical interview and symptom rating scales:

SCARED (parent and child): ages 8-18 (cut-point: 25 parent and child) OR

GAD-7: ages 12+ (cut-points : 10 moderate, 15 severe)

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 until stable

Evidence-based medications for anxiety: **Fluoxetine, Sertraline**

- Start daily test dose for 1-2 weeks (e.g., fluoxetine 5mg or sertraline 12.5mg)
- If test dose tolerated, increase daily dose (e.g., fluoxetine 10mg or sertraline 25mg)
- Monitor weekly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; consult with TCAPES as needed

Consider PRN meds for severe distress: Hydroxyzine: 12.5-25mg (age<12), 25-50mg (age 12+) q4h PRN not to exceed twice daily
Call TCAPES consult line to consider benzodiazepine for severe distress not responsive to above treatment.

At 4 weeks, re-assess symptom severity with **SCARED** or **GAD-7**

- If score > cut-point and impairment persists, increase daily dose (e.g., fluoxetine 20mg or sertraline 50mg); monitor bi-monthly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment; consult with TCAPES as needed

At 8 weeks, re-assess symptom severity with **SCARED** or **GAD-7**

- If score > cut-point and impairment persists, increase daily dose (e.g., fluoxetine 30mg or sertraline 75mg); monitor bi-monthly for agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment; consult with TCAPES as needed

NOTE: If distress/impairment are severe, can increase fluoxetine by 10mg every 2 weeks to 40mg and sertraline by 25mg every 2 weeks to 100mg, obtaining follow-up **SCARED** or **GAD-7** at 4 and 8 weeks

At 12 weeks, re-assess symptom severity with **SCARED** or **GAD-7**

- If score > cut-point and impairment persists, consult with TCAPES for next steps
- If score < cut-point with mild to no impairment, remain at current dose for 6-12 months
- Monitor monthly for maintenance of remission, agitation, suicidality, and other side effects; for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment; consult with TCAPES as needed

After 6-12 months of successful treatment, re-assess symptom severity with **SCARED** or **GAD-7**

- If score < cut-point without impairment, then consider tapering medication according to the following schedule: decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue medication; consult with TCAPES as needed. Tapering should ideally occur during a time of relatively low stress. Maintenance of medication may be considered beyond the 6- to 12-month period of successful treatment in cases of high severity/risk, recurrent pattern, and/or long duration of illness. Consider consulting with TCAPES regarding decision to taper.
- Monitor with **SCARED** or **GAD-7** for several months after discontinuation for symptom recurrence

This resource was adapted from the MCPAP (Massachusetts Child Psychiatry Access Program) Anxiety Guidelines with permission from John H. Straus, M.D. and is for educational purposes only.

