ANXIETY GUIDELINES FOR PRIMARY CARE PROVIDERS

PCP visit:

- Screen for behavioral health problems using age-appropriate universal screening tools
  - Pediatric Symptom Checklist-(PSC17, PSC35 or PSC-Y)
  - If screen is positive, conduct **focused assessment**
- If concern for imminent danger, refer to hospital or crisis team for psychiatric assessment
- Consult with NJPPC Hub CAP as needed

Focused assessment including clinical interview, medical workup, mental status exam, and standardized symptom rating scales (see **Anxiety Clinical Pearls**)
SCARED: parent and child versions for ages 8-18 (total score ≥25)
GAD-7: self-report ages 12+ (5-9 mild, 10-14 moderate, ≥15 severe)
Preschool Anxiety Scale: parent report ages 2½ - 6½ (total score >60)

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

Medication Initiation and Monitoring: Acute Treatment Phase

Refer to ***Medications to Treat Anxiety Disorders in Children & Adolescents*** table for specific guidelines

- Select a first-line evidence-based medication for anxiety
- Start daily test dose for 1-2 weeks
- If test dose tolerated, increase daily dose
- 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 NJPPC Hub CAP as needed

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At 4 weeks, re-assess symptom severity with SCARED, GAD-7 or Preschool Anxiety Scale

- **If screen is positive and impairment persists, increase daily dose**
- **Monitor every 2-weeks 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 NJPPC Hub CAP as needed**

At 8 weeks, re-assess symptom severity with SCARED, GAD-7 or Preschool Anxiety Scale

- **If screen is positive and impairment persists, increase daily dose**
- **Monitor every 2-weeks 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 NJPPC Hub CAP as needed**

Medication Management: Maintenance Phase

At 12 weeks, re-assess symptom severity with SCARED, GAD-7 or Preschool Anxiety Scale

- **If screen is positive and impairment persists, consult with NJPPC Hub CAP for next steps**
- **If screen is negative with mild to no impairment, remain at current dose for 6-12 months**
- **Monitor monthly for maintenance of remission, medication adherence, side effects, agitation or suicidality**
- **For severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency psychiatric assessment**
- **Consult with NJPPC Hub CAP as needed**

Medication Management: Discontinuation Phase

After 6-12 months of symptom remission, re-assess symptom severity with SCARED, GAD-7 or Preschool Anxiety Scale

- **If screen is negative with no 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**
  - **Tapering should ideally occur during a time of relatively low stress**
- **Maintenance of medication may be considered beyond the 6-12 month period in cases of high severity/risk, recurrent pattern, and/or long duration of illness**
- **Monitor with SCARED, GAD-7 or Preschool Anxiety Scale for several months after discontinuation for symptom recurrence**
- **Consult with NJPPC Hub CAP as needed**