Child or Adolescent with Concern for Anxiety Disorder in Outpatient Setting

Inclusion: patient/family reports risk factors or symptoms for anxiety (Box 1)
Exclusion: Inpatient management or child < 2.5 years old

Screen for Anxiety
Perform history and clinical interview and/or offer validated age appropriate screening tool (Box 2)

Positive screen or clinical diagnosis?

- **No** → Off Pathway; offer anxiety prevention education if applicable
- **Yes** →

At any time, if patient endorsing **suicidal ideation**, complete risk assessment (e.g. SAFE-T/C-SSRS) and follow recs per risk level

Assess severity of symptoms
Perform screening tool if not yet performed

Mild =
Minor severity of symptoms and minor functional impairment and no suicidal ideation

- Recommend CBT for anxiety alone

Moderate =
Moderate severity of symptoms and moderate functional impairment/moderately distressing symptoms and no suicidal ideation

- CBT +/- medication
- Consider medication for moderate symptoms/ impairment or if preferred by parent or child
- Consider medication if CBT option unavailable

Severe =
Severe symptoms and intensity of symptoms leading to markedly impaired functioning.
Can include suicide ideation

- Recommend CBT in conjunction with medication.
- 1st line medication is SSRI (Box 3)
- If endorsing **suicide ideation**, complete risk assessment (e.g. SAFE-T/C-SSRS); follow recs per risk level

- Assess for suicide risk using validate tool (e.g. ASQ) if not yet performed
- Continue CBT for a minimum of 6-8 weeks
- Recommend follow-up every 4 weeks when initiating/adjusting medications
- Re-assess patient at least every 3 months once treatment plan established

Treatment Failure?

- **Yes** →
  - Start 1st SSRI if not yet
  - Trial 2nd SSRI if treatment failure with 1st SSRI
  - Augment with CBT if not already done
- **No** →
  - Continue CBT for a minimum of 6-8 weeks
  - Recommend follow-up every 4 weeks when initiating/ adjusting medications
  - Re-assess patient at least every 3 months once treatment plan established
  - Continue medication treatment for a minimum of 1 year from symptoms improvement

Treatment Failure?

- **No** → (see above)
- **Yes** →
  - Trial 2nd SSRI if treatment failure with 1st SSRI
  - Trial SNRI after 2nd treatment failure with SSRI
  - Augment with CBT if not already done

Refer to Psychiatry
- Recommend referring to psychiatry when patient has failed 2 SSRI and 1 SNRI medication trials

Box 1: Risk Factors and Symptoms for Anxiety

Genetic
• Heritability of anxiety disorders is 25-45%
Environment
• Exposure to environmental stress, including caregiver response to stress • Transitions or changes in routine (ex: start daycare or school) • Attachment difficulties such as parental separation or parental overprotection • Major life events Examples include: death in the family, violence, divorce, conflict between parents, and/or natural disaster • Child mistreatment
Temperament
• Cautious, inhibited or fearful • Self-critical or perfectionistic • Fussy or difficult as an infant
Special Populations
• Ages 12-17 • LGBTQ or transgender youth • Chronic medical conditions

Symptoms or Anxiety "Red Flags"

- **Easily distressed or agitated** when in a stressful situation
- **Reassurance seeking** (e.g. repetitive questions, "what if" concerns)
- **Somatic complaints;** regularly too sick to go to school (e.g. headaches and/or stomachaches)
- **Anticipatory anxiety**—worrying hours or weeks ahead
- **Sleep disruption** (e.g. early insomnia, refusal to sleep alone, nightmares)
- **People-pleasing**
- **Avoidance** (e.g. refusing to participate in expected activities and/or school)
- **Insecure attachment** dynamic between caregiver and patient

Box 2: Screening Tools for Mental Health

Tool	Description and When to Use
SCAS – Preschool Anxiety Scale	• Ages 2.5-6 years old
SCARED	• Ages 8-18 years old • Assess anxiety broadly • Parent and child/adolescent version
GAD-7	• Ages 11 years old to adulthood • Brief tool and easy to complete • Questions worded ideally for adolescent
ASQ	• Age 8 years and older • Brief tool to assess for suicide • Positive screens identifies children that need further mental health or suicide safety assessment

Box 3: Medication Treatment Tips for Anxiety

- **SSRIs first-line** (preferred) (e.g. escitalopram, fluoxetine, and sertraline)
- **SNRIs** second or third line (e.g. duloxetine and venlafaxine)
- **Titration:** SSRI or SNRI, increase dose 2-4 weeks after initiation if tolerated; then may increase every 4-8 weeks as needed to reach therapeutic effect. Anxiety usually requires higher doses than depression. See Box 4 for SSRI Titration Table
- **Consider discussing with child psychiatry,** if: 1) starting medication in a child < 6 OR 2) increasing the dose above listed max dose at any age
- **Treatment Failure:** typically defined as lack of improvement after 6-8 weeks at the optimal dose for the specific medication

Box 4: SSRI Titration Table

A cross titration approach may be used in which the first SSRI is tapered by the following increments and intervals, and the second SSRI is titrated up

Medication	Tapering Increment	Time Interval
Fluoxetine	10mg	1-2 weeks
Sertraline	25 mg	1-2 weeks
Citalopram	10 mg	1-2 weeks
Escitalopram	5 mg	1-2 weeks

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Acronyms and Abbreviations

AA	Atypical Antipsychotics
BZD	Benzodiazepine
CBT	Cognitive Behavioral Therapy
GAD	Generalized Anxiety Disorder
PTSD	Post-Traumatic Stress Disorder
SSRI	Selective Serotonin Reuptake Inhibitor
SNRI	Selective Norepinephrine Reuptake Inhibitor
TCA	Tricyclic antidepressants

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