MCPAP Anxiety Guidelines 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 MCPAP CAP as needed

Focused assessment including clinical interview (see *Anxiety Clinical Pearls*) 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 MCPAP CAP 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 MCPAP telephone consult 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 MCPAP CAP 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 MCPAP CAP 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 MCPAP CAP 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 MCPAP CAP 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 MCPAP CAP 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 MCPAP CAP regarding decision to taper.
- Monitor with **SCARED or GAD-7** for several months after discontinuation for symptom recurrence

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