MCPAP
Massachusetts Child Psychiatry Access Program

Anxiety "Clinical Pearls" for Primary Care Providers

I. CLINICAL HISTORY AND MEDICAL WORK-UP

Recommended Procedure	Clinical Pearls
☐ Assess current symptom severity, ideally using a standardized symptom rating scale	**Pearl:** Symptom severity will suggest appropriate level and type of treatment.
☐ Assess avoidant behavior	**Pearl:** Avoidance of activities and circumstances that provoke anxiety often are the most disabling aspects of anxiety disorders for children and adolescents, at times contributing to developmental delays. Avoidant behaviors become habitual and may be reinforced by family members and teachers. Avoidant behaviors may result in patients with severe anxiety disorders to be "free" of subjective feelings of anxiety. In addition to psychotherapy referral, primary care providers should educate patients and families regarding the importance of exposure in order to address this aspect of the disorder.
☐ Assess for acute and chronic stressors which may be contributing to presentation	**Pearl:** Stressors may trigger the onset of an anxiety disorder or exacerbate the course of one. Therapy referral is helpful to support effective coping.
☐ Assess chronicity of symptoms	**Pearl:** Anxiety disorders tend to be recurrent and persistent. There is some evidence that psychotherapy is more durably effective than medication treatment and should be included in the treatment plan in order to mitigate risk of recurrence.
☐ Assess for current or previous non-suicidal or suicidal thinking and behavior (self-harm, suicide attempts) and previous suicidal crises	**Pearl:** Anxiety disorders can be associated with suicidal ideation with or without comorbid depression.
☐ Assess for multiple anxiety disorders	**Pearl:** Patients commonly meet criteria for more than one anxiety disorder. The accurate identification of the type(s) of anxiety disorder is pertinent to the psychotherapy treatment plan, less so for the medication treatment plan.
☐ Assess for the presence of other psychiatric symptoms and/or substance use and abuse	**Pearl:** The most common co-occurring psychiatric diagnoses include ADHD, Depression, and Substance Use Disorders. These issues should be assessed and treated concurrently.

II. MENTAL STATUS EXAMINATION

Recommended Procedure	Clinical Pearls
☐ Common mental status findings	**Pearl:** Clinicians may observe difficulties with separation, selective mutism, behavioral inhibition, or especially in younger children, over-arousal and hyperactivity. Mental status exam may be entirely normal. Children usually have poor insight into anxiety symptoms and may actively try to minimize or obscure symptoms.
☐ Suicidality ideation: suicidal thoughts, degree of planning, degree of intent, sense of control, ability to communicate with others and reach out for help, reasons for living	**Pearl:** Reports of active suicidal planning or intent or recent suicidal behavior increase safety risk; consider Psychiatric Crisis referral or MCPAP phone consultation.

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III. MEDICAL WORKUP

Recommended Procedure	Clinical Pearls
☐ Perform general standard medical assessment	**Pearl:** General medical assessment is part of good medical care for youth presenting with concerning anxiety symptoms
☐ Assessment of medical conditions that can present with anxiety symptoms (i.e., thyroid abnormalities, cardiac arrhythmias)	**Pearl:** Identification and intervention for general medical problems presenting with psychiatric symptoms may help with assessment and treatment planning; consider MCPAP phone consultation to discuss complex situations.
☐ Assessment of medical treatments that can present with anxiety symptoms as untoward reactions (i.e., steroid treatments, anti-convulsants, pseudephedrine, etc.)	**Pearl:** Identification and intervention for medical treatments presenting with psychiatric symptoms may help with assessment and treatment planning; consider MCPAP phone consultation to discuss complex situations.
☐ Assessment of medical conditions and concurrent medical treatments that may affect treatment planning	**Pearl:** Identification of medical conditions that could impact antidepressant treatment (i.e., liver disease, renal problems) or medications with significant drug-drug interaction potential; consider MCPAP phone consultation for complicated situations.

IV. DIFFERENTIAL DIAGNOSIS

Recommended Procedure	Clinical Pearls
☐ Adjustment reactions to acute stressors (symptoms clearly correlated to recent and likely time-limited negative life event)	**Pearl:** Adjustment reactions rarely require pharmacological intervention; consider general health education, health maintenance strategies, or referral for psychotherapy as first-line intervention. Consider MCPAP phone consultation for complex situations.
☐ Consider bullying	**Pearl:** Children who are victims of bullying may present with avoidance and anxiety symptoms, which represent acute or recurrent adjustment reactions to bullying. Also consider that patients with anxiety disorders may be targets of bullying behavior, therefore the experience of bullying doesn't exclude the possibility of an anxiety disorder.
☐ Bipolar disorders	**Pearl:** Bipolar disorders in youth can be complicated in terms of assessment; consider MCPAP phone or face-to-face consultation prior to initiating treatment if the youth is presenting with signs of bipolar disorder.
☐ Anxiety disorder due to another medical condition	**Pearl:** First-line treatment would be intervention for the medical problem; consider interventions for anxiety as indicated. Consider MCPAP consultation in complex situations.
☐ Substance use disorder	**Pearl:** Patients with anxiety disorders may self-medicate with substances and present with subjective anxiety associated with cravings and withdrawal. Careful assessment of the onset and course of the anxiety symptoms can help with differential diagnosis. In the case of dual diagnosis, it is necessary to treat both the anxiety disorder (avoiding benzodiazepines) and the substance use disorder concurrently.
☐ Autism spectrum disorder	**Pearl:** Patients with autism frequently have significant anxiety symptoms, which may be attributed to the core symptoms of autism. Consider consulting with MCPAP for help in clarifying diagnosis and addressing these symptoms.

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V. ASSESSMENT OF RISK

Recommended Procedure	Clinical Pearls
☐ Assess youth comprehensively for suicidal thinking or behavior as main, short-term concern is risk of self-harm, suicidal behavior, or completed suicide	**Pearl:** Refer for immediate and emergent Crisis Assessment with Emergency Psychiatric Service providers in the following situations: ▪ Any evidence of recent suicidal behavior ▪ Current active intent to engage in suicidal behavior ▪ Current significant planning for suicidal behavior ▪ Any degree of lack of cooperation in assessment from youth or family where risk for suicide has been identified ▪ Evidence that youth or family will not or cannot access Emergency Psychiatric Service providers in times of worsening risk ▪ Consider MCPAP phone consultation for complex or confusing situations

VI. TREATMENT PLANNING

Recommended Procedure	Clinical Pearls
☐ Present to family clinical impressions and recommendations regarding the need for treatment	**Pearl:** Consult with MCPAP by phone as needed regarding developing an appropriate treatment plan.
☐ Using MCPAP guidelines, discuss treatment options with family and ascertain family preferences for treatment	**Pearl:** Family preferences regarding treatment choices can be taken into account along with many other factors in determining initial treatment plan in many situations; consider MCPAP phone or face-to-face consultation for complicated situations.
☐ With medication treatment, utilize standard informed consent procedures discussing potential benefits of treatment, potential side effects, alternatives to medication treatment, and prognosis with and without medication treatment; include discussion of "black box" warning regarding treatment-emergent suicidality associated with all anti-depressants for patients ages 25 and younger. Document this discussion in clinical record. Although only duloxetine is FDA-approved for the treatment of anxiety in children and adolescents older than age 7, the SSRIs (especially sertraline and fluoxetine) generally are preferred despite lacking FDA approval due to their greater tolerability along with proven effectiveness in research studies.	**Pearl:** Consult with MCPAP CAP as needed regarding any concerns about informed consent as it applies to treatment planning.
☐ Discuss plan for medication monitoring, dosage adjustment, and discontinuation	**Pearl:** Monitoring response to treatment, ideally with a standardized symptom rating scale and adjusting medication dose as indicated may lead to an improved outcome; the plan for medication discontinuation after symptom remission should be discussed.

Recommended Procedure	Clinical Pearls
☐ MCPAP currently does NOT recommend the use of routine pharmacogenetic testing for initial medication selection strategies in primary care for youth with anxiety.	**Pearl:** Pharmacogenetic testing is considered experimental and is not incorporated at this time into any standard practice guidelines for youth with depression. There may be specialized situations where pharmacogenetic testing is appropriate in specialty care. Consider phone consultation with MCPAP CAP to discuss further as warranted.

VII: MEDICAL MONITORING

Recommended Procedure	Clinical Pearls
☐ Acute Treatment Phase (8-12 weeks)	**Pearl**: Goals - remission and/or reduction of symptoms, improvement in function ▪ Initiation and close monitoring of medication treatment response and tolerance ▪ Monitor medication compliance and tolerance ▪ If youth is experiencing side effects from medication, do not advance dose until side effect remits fully ▪ Re-assessment of anxiety symptoms at 4, 8, and 12 weeks using GAD-7 or SCARED ▪ Follow guidelines and consult with MCPAP CAP as needed
☐ Maintenance Phase (6-12 months)	**Pearl**: Goals - youth will continue to demonstrate reduction and/or remission of symptoms and improvement in function after positive acute treatment response ▪ Maintain active treatment plan (medication, psychotherapy) during this period ▪ Monitoring generally less involved or intensive assuming ongoing symptom improvement ▪ Monitor medication compliance and tolerance ▪ Ongoing collaboration with therapist if present ▪ Consult with MCPAP CAP as needed ▪ If symptoms and functioning improve for 6-12 months, reassess with GAD-7 or SCARED ▪ Discussion with MCPAP CAP of treatment discontinuation phase if response has been sustained for 6-12 months
☐ Treatment Discontinuation Phase (3 to 6 months)	**Pearl**: Goals - safely and thoughtfully withdrawn treatment and monitor for symptom recurrence ▪ Informed consent with family: potential benefits of withdrawing treatment, potential risks of withdrawing treatment, plan to deal with problems or recurrence if needed ▪ Discuss medication strategies with family (consult with MCPAP CAP as needed) ▪ Active monitoring for several months during this phase; re-evaluate need for resuming medication if assessment scales suggest episode relapse or recurrence ▪ Ongoing collaboration with therapist if present ▪ Consult with MCPAP CAP as needed