



MCPAP Clinical Conversations: Anxiety Update: Rollout of New MCPAP Pediatric Anxiety Algorithm

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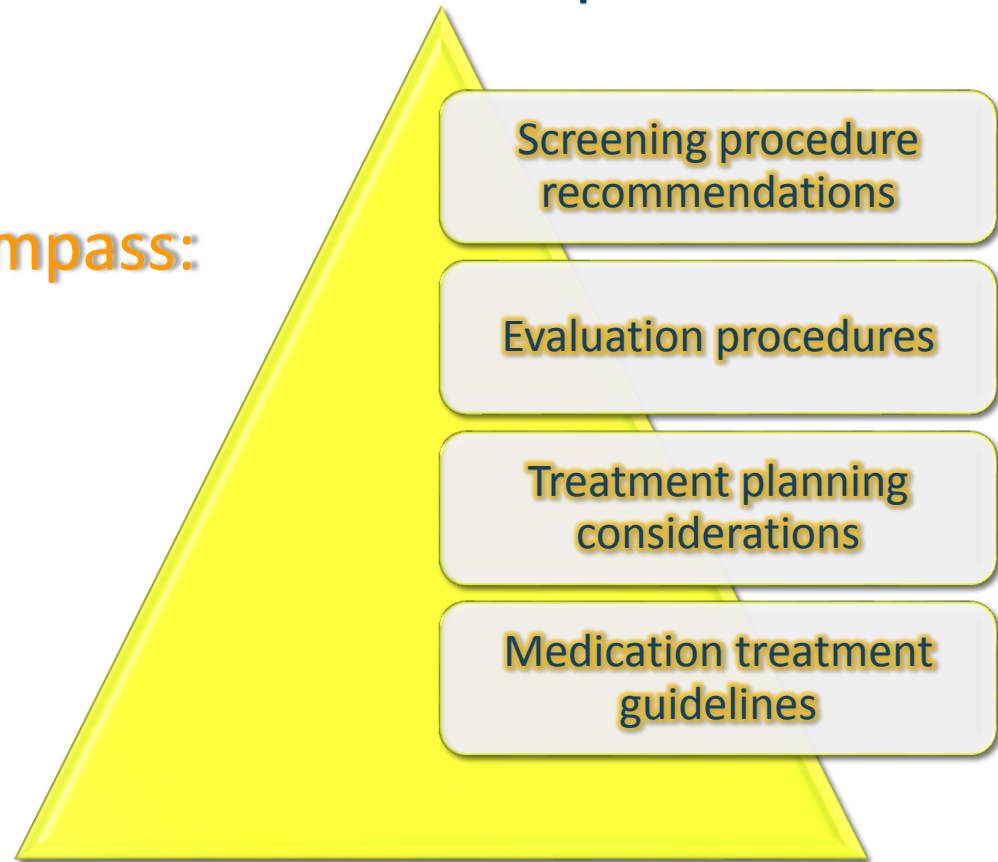
Overview

- Re-Introduction to MCPAP Clinical Algorithms
- Presentation of MCPAP Pediatric Anxiety Clinical Algorithm
- Questions and Discussion

MCPAP Clinical Algorithms: Purpose

- Creation of practical clinical guidelines for PCP's when dealing with common mental health problems

➤ Guidelines encompass:



MCPAP Clinical Algorithms: Content

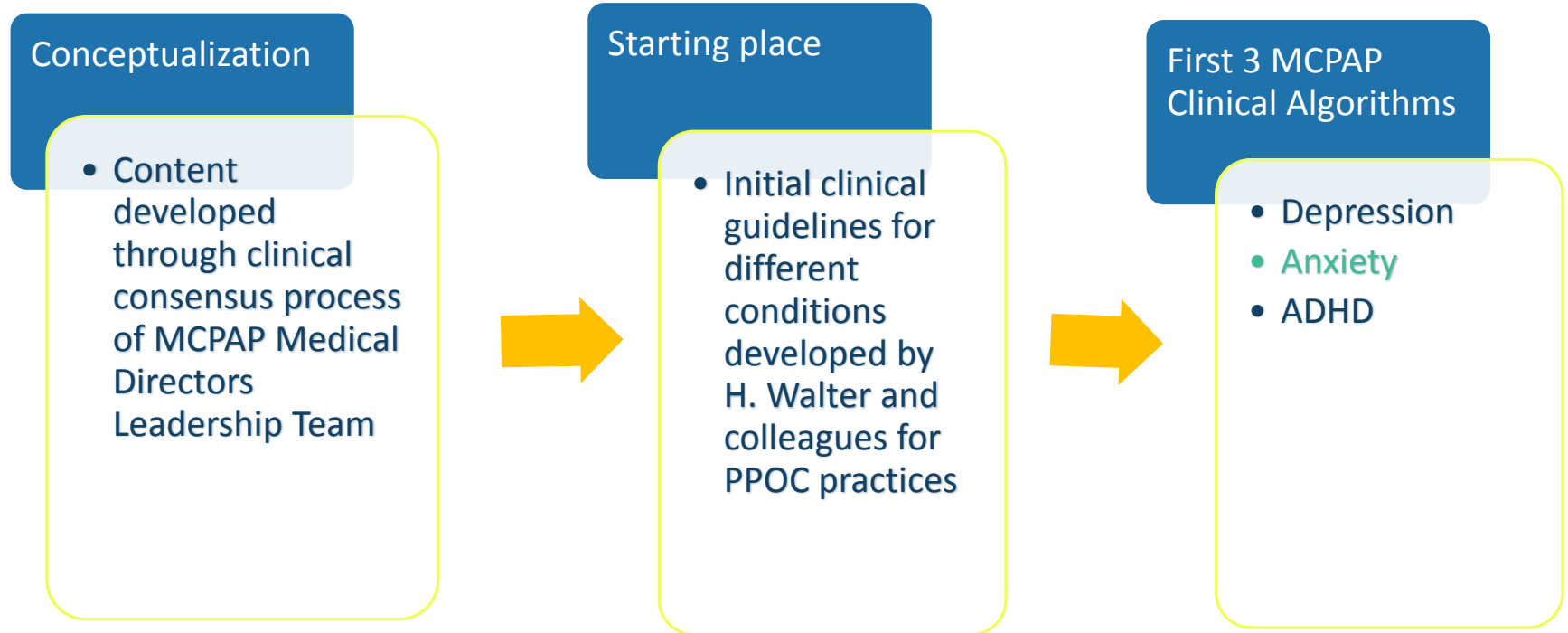
1. Content is developed to be most helpful for PCP in regular primary care practice

2. Content includes procedures that can be performed in all algorithms in the context of regular primary care practice

3. Content recommends the use of standard well-validated clinical rating scales that can be used in primary care practice

4. Content recommends the use of medication guidelines suggesting evidence supported first-line medication treatment for mental health conditions commonly treated in primary care

MCPAP Clinical Algorithms: Process



MCPAP Clinical Algorithms: Applications

To help train primary care providers in basic evidence-supported tools and procedures for mild-to-moderate, relatively uncomplicated forms of mental health problems that can reasonably be handled in primary care practice

To help MCPAP consulting teams provide consistent training and guidance to primary care providers during phone and face-to-face consultations across the state

Algorithms will likely not be the best starting point for severely ill, treatment-resistant or highly complicated presentations of mental illness in primary care

Primary care providers are encouraged to make liberal use of MCPAP phone consultation and face-to-face consultations for complicated, treatment-resistant or severely ill presentations rather than relying on MCPAP Clinical Algorithms

MCPAP Anxiety Clinical Algorithm

- Second clinical algorithm “rolled out” by MCPAP teams
- Provides clinical guidance for the PCP in terms of:
 - ☐ Screening for anxiety disorders in children and teens
 - ☐ Diagnostic evaluation procedures
 - ☐ Treatment planning considerations
 - ☐ Initial medication selection and management procedures

MCPAP Anxiety Guidelines for PCPs

PCP visit:

- Screen for behavioral health problems
 - Parent: Pediatric Symptom Checklist-17 (cut-points: 15 total, 5 internalizing, individual anxiety item)
- If screen is positive, conduct brief interview focusing on distress, impairment, danger
 - If concern for sub-clinical anxiety, provide guided self-management with follow-up
 - If concern for clinical anxiety, conduct focused assessment including precipitating factors, symptom rating scales, family history of anxiety, and "red flags" for medication use
 - If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
 - Consult with MCPAP CAP as needed

Symptom rating scales for anxiety:
SCARED (parent & child): ages 8-18 (cut-point: 25 parent & child) OR
GAD-7: ages 12+ (cut-point: 11 moderate, 17 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 2X/d
Call MCPAP telephone consult to consider benzodiazepine for severe distress not responsive to above treatment.

At 4 weeks, re-assess symptoms 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 symptoms 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 30mg 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 symptoms 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 approximately 1 year
- 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 symptoms 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 for several months after discontinuation for symptom recurrence

Screening and Evaluation Procedures

Clinical Decision-Making Procedures

Medication Selection Support

Follow-up and Monitoring Support

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Acknowledgement,
Origins and Process
of Development

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- HJ Walter, Department of Psychiatry, Boston Children's Hospital (adapted by MCPAP with permission)



Screening and Evaluation Procedures

PCP visit:

Screen for Behavioral Health problems



Pediatric Symptom Checklist (PSC)-17 (cut-points: 15 total, 5 internalizing, individual anxiety items)



If concern for sub-clinical anxiety, provide guided self-management with follow-up

If concern for clinical anxiety, conduct focused assessment including precipitating factors, symptom rating scales, family history of anxiety disorders, and “red flags” for medication use

If screen is positive, conduct brief interview focusing on distress, impairment, danger

If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment

Consult with MCPAP CAP as needed

At screening:

PSC-17-I subscale ≥ 5
is considered positive
for internalizing
symptoms

PSC-17-A subscale ≥ 7
is considered positive
for ADHD symptoms

PSC-17-E subscale ≥ 7
is considered positive
for externalizing
symptoms

PSC-17 total ≥ 15 is
considered positive
for total problems

Pediatric Symptom Checklist-17 (PSC-17)

Caregiver Completing this Form: _____ Date: _____

Name of Child: _____

		Please mark under the heading that best fits your child			For Office Use		
		NEVER	SOME-TIMES	OFTEN	I	A	E
1.	Fidgety, unable to sit still						
2.	Feels sad, unhappy						
3.	Daydreams too much						
4.	Refuses to share						
5.	Does not understand other people's feelings						
6.	Feels hopeless						
7.	Has trouble concentrating						
8.	Fights with other children						
9.	Is down on him or herself						
10.	Blames others for his or her troubles						
11.	Seems to be having less fun						
12.	Does not listen to rules						
13.	Acts as if driven by a motor						
14.	Teases others						
15.	Worries a lot						
16.	Takes things that do not belong to him or her						
17.	Distracted easily						
(scoring totals)							

Scoring:

- Fill in unshaded box on right with: "Never" = 0, "Sometimes" = 1, "Often" = 2
- Sum the columns.
PSC17 Internalizing score is sum of column I
PSC17 Attention score is sum of column A
PSC17 Externalizing score is sum of column E
PSC-17 Total Score is sum of I, A, and E columns

Suggested Screen Cutoff:

PSC-17 - I ≥ 5
PSC-17 - A ≥ 7
PSC-17 - E ≥ 7
Total Score ≥ 15

Higher Scores can indicate an increased likelihood of a behavioral health disorder being present.

At screening:

PSC-17-I subscale ≥ 5
is considered positive
for internalizing
symptoms

PSC-17-A subscale ≥ 7
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PSC-17-E subscale ≥ 7
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PSC-17 total ≥ 15 is
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14.	Talks too much						
15.	Worries a lot						
16.	Wishes things that do not belong to him or her						
17.	Distracted easily						
(scoring totals)							

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PSC-17 - E ≥ 7
Total Score ≥ 15

Higher Scores can indicate an increased likelihood of a behavioral health disorder being present.

For initial diagnosis:

Administer SCARED (parent and child): for ages 8-18

Or

Administer GAD-7: for ages 12 and above

All responses should be verified by a clinician and a definitive diagnosis is made on clinical grounds

Diagnosis of any definite Anxiety Disorder requires impairment in functioning

Important “rule outs” :

- ✓ Adjustment reactions
- ✓ Mood Disorders
- ✓ Medical Disorders
- ✓ Reactions to medications
- ✓ Illicit substance use

Screen for Child Anxiety Related Disorders (SCARED)

Parent Version—Pg. 1 of 2 (To be filled out by the PARENT)

Name: _____

Date: _____

Directions:

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When my child feels frightened, it is hard for him/her to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child gets headaches when he/she is at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When he/she gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. He/she gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For initial diagnosis:

Administer SCARED (parent and child): for ages 8-18

Or

Administer GAD-7: for ages 12 and above

All responses should be verified by a clinician and a definitive diagnosis is made on clinical grounds

Diagnosis of any definite Anxiety Disorder requires impairment in functioning

Important “rule outs” :

- ✓ Adjustment reactions
- ✓ Mood Disorders
- ✓ Medical Disorders
- ✓ Reactions to medications
- ✓ Illicit substance use

Generalized Anxiety Disorder Screen (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(circle your answer)*

	Not at All	Several Days	More than half the days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritated	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
TOTAL				

Add up the total of all the numbers you circled on the questionnaire. Place that score on the line below. Use the table below to interpret your results.

Score: _____

Scoring and Interpretation of SCARED

SCARED Scoring

Total Score ≥ 25 is considered positive

Subscales broken down by specific items mapping to specific disorders:

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

Scoring and Interpretation of GAD-7

Generalized Anxiety Disorder Screen (GAD-7)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(circle your answer)*

	Not at All	Several Days	More than half the days	Nearly Every Day
Feeling nervous, anxious or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritated	0	1	2	3
Feeling afraid as if something awful might happen	0	1	2	3
TOTAL				

Add up the total of all the numbers you circled on the questionnaire. Place that score on the line below. Use the table below to interpret your results.

Score: _____

Cut point for youth is 11 or higher on this scale

Scores of 17 or higher on this scale is considered severe anxiety

Clinical Decision-Making Procedures I

Diagnostic Evaluation

- Symptom rating scales for assessment of **anxiety severity**:
 - ❑ **SCARED (parent and child)** ages 8-18 (cut-point: 25 parent, 25 youth)
OR
 - ❑ **GAD-7** ages 12+ (cut-point: 11 moderate, 17 severe)
- Assessment for “red flags” and diagnostic “rule-outs” that would be expected to affect treatment planning

Red Flags

- Suicidality
- Psychosis
- Trauma
- Substance Abuse


Diagnostic Rule-Outs

- Adjustment Disorders
- Mood Disorders
- Medical Disorders
- Reactions to medications
- Illicit substance use

Clinical Decision-Making Procedures II

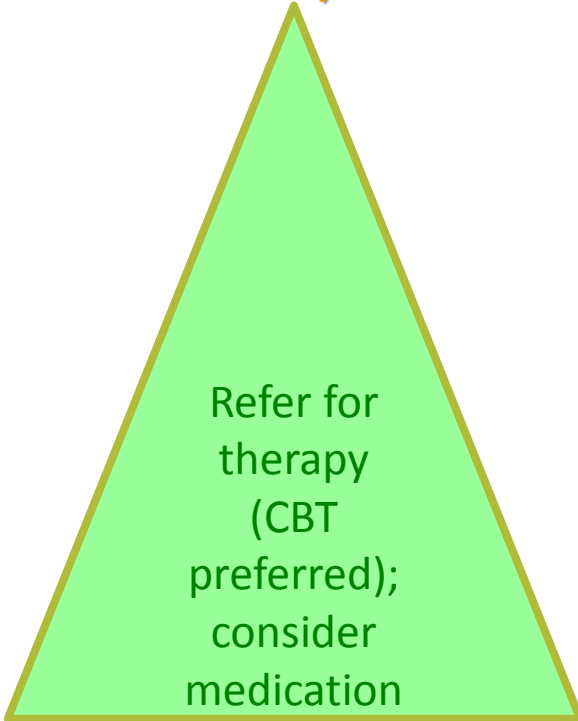
Treatment planning

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) & medication management until stable

Medication Selection Support I

Start low, go slow- dose adjustments no faster than every 2 weeks

FDA approved for non-OCD anxiety:

*duloxetine***

** For GAD ages 7+:
not recommended as 1st line agent at present

If test dose tolerated, increase daily dose

Evidence-based medication for depression:

Sertraline
Fluoxetine

Start daily test dose for 1-2 weeks

- Fluoxetine 10mg
- Sertraline 25mg

Monitor weekly for agitation, suicidality & 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

- Fluoxetine 5mg
- Sertraline 12.5mg

Medication Selection Support II

Usual therapeutic dose range for youth with non-OCD anxiety disorders:

- ❑ Fluoxetine 10 - 60 mg
- ❑ Sertraline 25 – 200 mg

Most evidence based information suggests close monitoring during initial phases of treatment with suggested dose escalations every 2-4 weeks based on:

- ❑ Medication tolerance
- ❑ Therapeutic response

PRN medications for breakthrough acute anxiety:

- ❑ mild non-controlled substances such as anti-histamines more generally preferred (i.e., hydroxyzine 12.5 -25 mg for ages below 12; 25-50 mg for ages 13 and above) -> not to exceed 2 doses per day
- ❑ Benzodiazepines rarely indicated -> consider MCPAP CAP consultation if being considered

Follow-up and Monitoring Support I

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

- ❑ If score > cut-point & impairment persists, increase daily dose (e.g., fluoxetine 20mg or sertraline 50mg); monitor bi-monthly for agitation, suicidality & 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

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NOTE 1: If distress/impairment are severe, can increase fluoxetine by 10mg every 2 weeks to 30mg and sertraline by 25mg every 2 weeks to 100mg, obtaining follow-up SCARED at 4 & 8 weeks

NOTE 2: If distress/impairment score remains relatively unchanged after extended treatment, or youth remains severely affected with no treatment response, consider MCPAP phone consultation or face-to-face consultation at that time

Follow-up and Monitoring Support II

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

- ❑ If score > cut-point & impairment persists, consult with MCPAP CAP for next steps
- ❑ If score < cut-point with mild to no impairment, remain at current dose for approximately 1 year

Monitor monthly for maintenance of remission, agitation, suicidality, & 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

Follow-up and Monitoring Support III

Treatment termination considerations

After approximately 1 year of medication, re-assess symptom severity with **SCARED** or **GAD-7**

- ❑ If score < cut-point without impairment, decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue medication; consult with MCPAP CAP as needed

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Algorithms will likely not be the best starting point for severely ill, treatment-resistant or highly complicated presentations of mental illness in primary care



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Thank you for your attendance
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Questions and Comments
invited and appreciated!