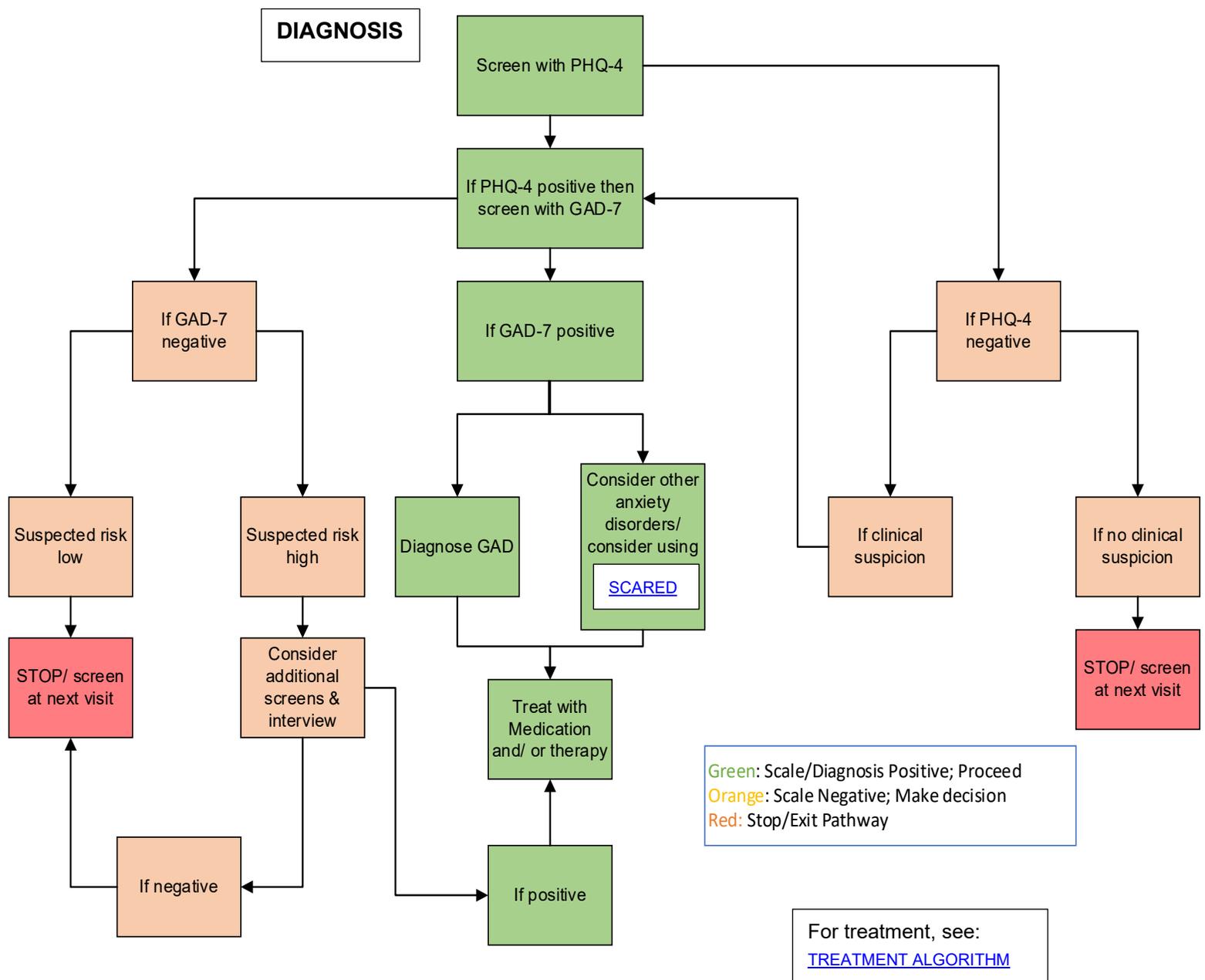


# Guideline: Pediatric Anxiety Diagnosis and Treatment, Outpatient

Updated: February 5, 2021

## Clinical algorithm:



## Clinical guideline summary

**CLINICAL GUIDELINE NAME:** Pediatric Anxiety Diagnosis and Treatment, Outpatient

**PATIENT POPULATION AND DIAGNOSIS:** 12 years and above

**APPLICABLE TO:** All Spectrum Health Sites

**BRIEF DESCRIPTION:** The guideline is designed for pediatrician or family practice providers to use with their pediatric patients ages 12 and above.

**OVERSIGHT TEAM LEADER(S):** Aniruddh Behere or Brittany Barber Garcia

**OWNING EXPERT IMPROVEMENT TEAM (EIT):** Pediatric Behavioral Health EIT

**MANAGING CLINICAL PRACTICE COUNCIL (CPC):** Primary Health CPC

**CPC APPROVAL DATE:** 10/22/2020

**OTHER TEAM(S) IMPACTED (FOR EXAMPLE: CPCs, ANESTHESIA, NURSING, RADIOLOGY):** Children's Health CPC

**IMPLEMENTATION DATE:** 1/1/2021

**LAST REVISED:** 2/5/2021

**FOR MORE INFORMATION, CONTACT:** Aniruddh Behere or Brittany Barber Garcia

## Clinical pathways clinical approach

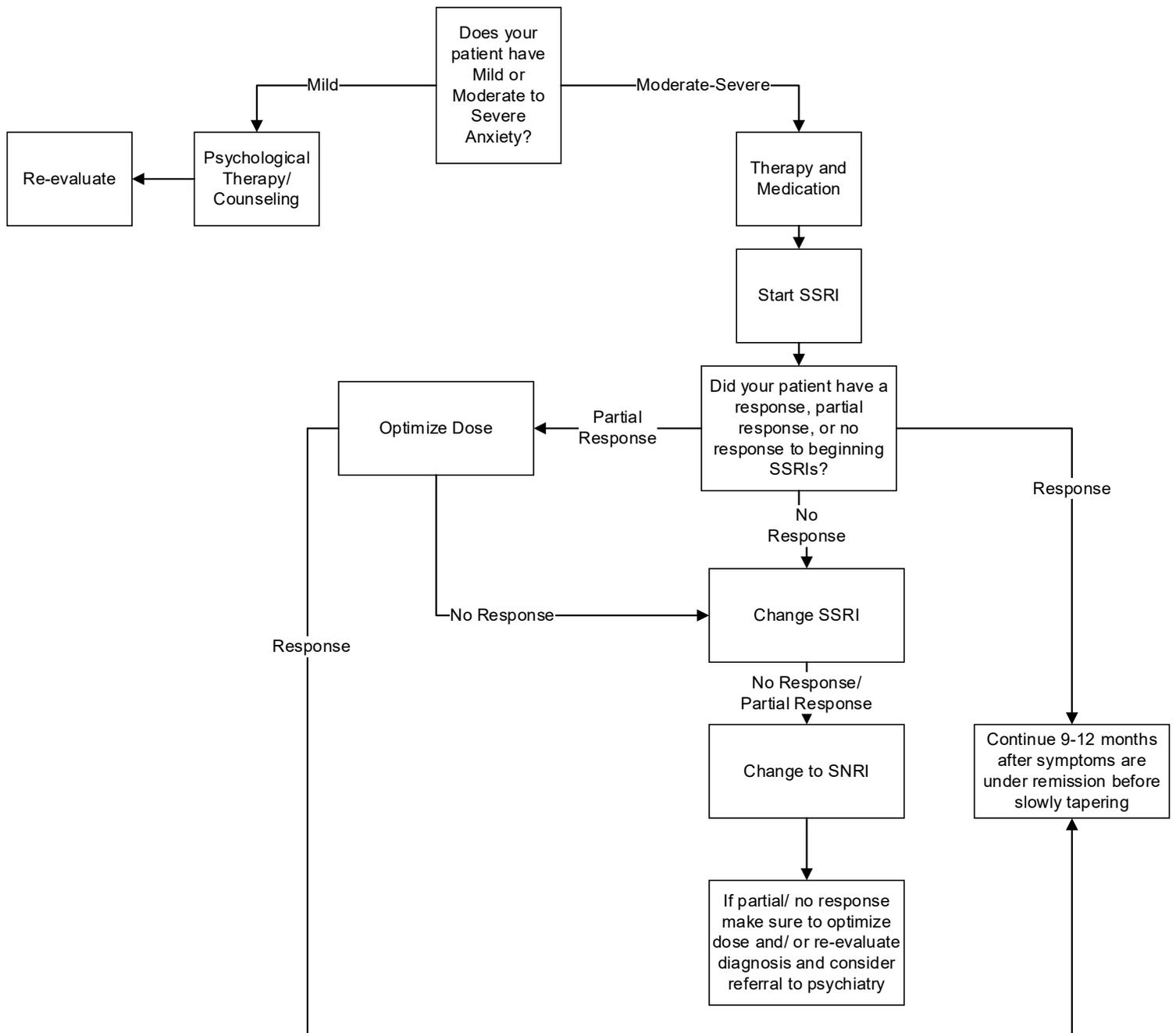
### TREATMENT AND MANAGEMENT:

The pathway is designed for pediatrician or family practice providers to use with their pediatric patients ages 12 and above. Assessment starts with the patient completing the PHQ-4 Screening. If the two anxiety-related items are positive, this automatically triggers the GAD-7 for the patient. If the GAD-7 is positive, a diagnosis for Generalized Anxiety Disorder should be considered, as the literature suggests good overlap between a positive GAD-7 and criteria for Generalized Anxiety Disorder. Additional anxiety diagnoses can be differentiated with the [SCARED](#) (a freely available, well-validated measure linked in the Anxiety Pathway FAQ). If a patient is diagnosed with Generalized Anxiety or another type of anxiety disorder, treatment with medication and/or therapy is recommended. Factors that can impact the decision between recommendation of medication, therapy, or both treatment recommendations include level of functional impairment caused by anxiety, degree of severity of anxiety, and duration of symptoms.

If a patient presents with mild anxiety and functional impairment, providing psychoeducation about the diagnosis, the purpose of therapy, and referral to counseling/psychotherapy is recommended. If the patient presents with moderate to severe anxiety, both therapy and medication are recommended. SSRIs are first-line treatment for anxiety in adolescents. Once the SSRI is started, assess response in 4-6 weeks. If there is a partial response, it is reasonable to optimize the dose. If there is no response to the

first SSRI and optimizing the dose does not achieve a response, it is reasonable to change SSRIs. Assess the patient's response in 4-6 weeks to the second SSRI. Again, if there is a partial response to the second SSRI, it is reasonable to optimize the dose. If a second SSRI has been tried with little to no response, changing to a SNRI is recommended. If minimal or no responses is seen with the SNRI, it is recommended to optimize this dose and/or re-evaluate the diagnosis and consider referral to psychology/psychiatry. Once a response is achieved with medication, continue medication for 9-12 months after symptoms are in remission before tapering medication slowly. It is recommended to follow up on therapy recommendations to ensure that patients have connected with a provider and maintain treatment for a minimum of two to three months.

**TREATMENT ALGORITHM**



## Identifying and Treating Anxiety in Adolescents Guideline Frequently Asked Questions

### Diagnosis

When should I diagnose Generalized Anxiety Disorder v. Anxiety NOS if the GAD-7 is positive?

The literature suggests good overlap between a positive GAD-7 and criteria for Generalized Anxiety Disorder, so it may be reasonable to make a diagnosis of Generalized Anxiety Disorder. If you believe further evaluation is necessary to determine if the most accurate diagnosis is GAD v. a different type of anxiety disorder, it may be reasonable to refer to Behavioral Health Specialist or Psychiatry/Psychology for evaluation.

If the GAD-7 is negative, but I still suspect GAD or a different type of anxiety, what should I do?

If clinical interview and judgment points to GAD or a different type of anxiety disorder (i.e., Panic Disorder, Separation Anxiety Disorder, Somatic Symptom Disorder, Obsessive Compulsive Disorder, etc.), it may be helpful to use an additional screening tool like the [SCARED](#). Additionally, depending on the scores and clinical judgment, it still may be appropriate to refer for therapy and/or treat with SSRI. In addition, referral to Behavioral Health Specialist or Psychology/Psychiatry for further evaluation of specific anxiety type may be justified.

If patients screen positive for both depression and anxiety, which diagnosis should I make? Is one primary?

Studies have shown that there are high rates of comorbidity between anxiety and depression. If a patient screens positive for both depression and anxiety, then it is appropriate to have both the diagnosis listed together. The diagnosis that appears to be causing more dysfunctional symptoms should be listed as a primary diagnosis.

### Medications for Anxiety

Is there a preferred SSRI for anxiety?

Although not FDA approved for pediatrics, it may be reasonable to start with Sertraline, Citalopram, or Lexapro. Fluoxetine (can be activating and heighten symptoms of anxiety) and Paxil (due to slightly higher rates of suicidal behavior) are less preferred options.

What medications are FDA approved for pediatric anxiety disorders?

Fluoxetine (>7yrs), Fluvoxamine (>8yrs), and Sertraline (>6yrs) are approved for pediatric OCD. Duloxetine has been approved for pediatric Generalized Anxiety Disorder (>7yrs)

What are the most common side-effects to monitor for after initiating a SSRI?

Typical side-effects include fatigue, headache, upset stomach, diarrhea and nausea. These tend to improve within the first few days. Citalopram should not be given above 40mg due to risk for arrhythmias. Sertraline may induce tics due to its action on dopamine. SSRIs may also induce easy bruising due to effects on platelets. Fluoxetine may be preferred to give in the morning due to activating side effects. Sertraline may be preferred to give before bed due to sedating side effects.

Can SSRIs induce mania?

There is a slight risk of drug induced mania with SSRIs. The risk may be greater in someone with a predisposition for Bipolar Disorder. Bupropion has a lower risk of causing mania in someone with a predisposition for Bipolar Disorder.

With comorbid anxiety/depression/ADHD which should be treated first?

Typically, the symptom or diagnosis with the greatest dysfunction should be treated first.

If we are not getting good efficacy with a first medication, how do you wean one and start another?

There are two options. The first option is to reduce the first medication, and before titration is complete, start second medication; this may be the preferred method when patients are older or who have more severe anxiety.

The second option is to completely stop the first medication, have a brief period with no medication (wash out), and then to start the second medication. This may be the preferred method in younger children, or those who have sensitivities.

What is the role of benzodiazepines and other meds in the treatment of anxiety?

Benzodiazepines are typically not preferred in pediatric anxiety disorders. Apart from risk of dependence and tolerance, they can also cause disinhibition. They may be used for very brief periods of time to bridge until SSRI/SNRIs take effect in someone with severe anxiety.

Is there a safer SSRI in pregnant patients?

SSRIs should be used with caution in pregnant patients. Risk versus benefits, especially in the first trimester, should be considered carefully and medication may be restarted in the second or third trimester.

Is regular blood work required for someone who is on a SSRI?

Regular blood work is not indicated either while initiating medication or during treatment.

What medications can be used for sleep problems?

Sleep disorder maybe related to underlying anxiety but should be further investigated as indicated. Typically, melatonin either IR or ER should be trialed first. Subsequently hydroxyzine 25-50mg or trazodone (may need to monitor for serotonin syndrome and increase risk for priapism typically >200mg), 25-100mg or mirtazapine 7.5-15mg can be used (monitor for serotonin syndrome). Clonidine (0.05-0.2mg) may also be used to help with sleep initiation (monitor for low BP).

Should I be concerned about the Black Box warning?

Pooled data has shown increased suicidal thoughts/behaviors in 3.5% cases with SSRI vs. 2% in placebo groups. It is important to discuss risk for changes in mood and behavior after starting medications. FDA recommends weekly contact for the first week, and every 2 weeks contact through week 12, and then as indicated.

Do the medications need to be taken life long?

Current recommendations state that medications may be weaned off slowly after the patient has been stable on a medication regimen for about 9-12 months.

Is Genesight testing helpful?

Current evidence is mixed regarding the usefulness of Genesight testing. It may be considered in a patient with treatment resistant depression or poor tolerance to medications. It's also important to interpret the results correctly and columns with yellow and red are not necessarily contraindications to use. No specific guidelines exist that recommended Genesight testing while initiating treatment.

## **Behavioral Health Treatment**

How can I refer a patient for further mental health evaluation?

Spectrum Health Primary Care Providers can put in an Order for REF98, which refers the patient to a SH LMSW who will review the case, call the patient, and help connect the patient to appropriate outpatient mental health services.

HDVCH Psychiatry accepts referrals for patients with mental health concerns and co-occurring medical disorders and patients who are under the age of 6 without co-occurring medical disorders for evaluation and medication treatment recommendations.

Internal referrals can be placed with REF81 in EPIC. SH Adult Psychiatry and Behavioral Medicine internal referrals can be placed with REF91 in EPIC.

HDVCH Psychology accepts referrals for patients with mental health concerns and co-occurring medical disorders for evaluation and psychotherapy treatment. Internal referrals can be placed to HDVCH Psychology with REF81 in EPIC.

Are medications effective alone or should the patient be referred for therapy?

Repeated studies have shown that greatest response to treatment is seen with a combination of cognitive behavior therapy and medication. Either of these treatments by themselves may be less effective.

### **Additional Support**

How often should I screen for anxiety with the GAD-7?

Screening for anxiety and depression in pediatric patients is recommended annually by the American Academy of Pediatrics. Spectrum Health has patients complete the PHQ-4 at every visit greater than 2 weeks after the previous visit. A positive PHQ-4 will trigger a GAD-7.

How can I access case consultation?

If you have a case you would like to discuss with child psychiatry and psychology experts, you can submit them to Mental Health Integrated Primary Care Enhancement (M-HIPE) by sending an EPIC InBasket message to Dr. Jennifer Bowden.

Is there a way to access psychiatry for urgent questions?

Spectrum Health Pediatric Behavior Health can be reached via PerfectServe or by calling HDVCH Direct for over the phone consultations/questions. You may also reach the office directly by calling 616-267-2830.

Are there any apps patient can use to support mental well-being and reduce anxiety?

All apps listed below are freely available to use and available for Android and iOS.

Mindfulness/Meditation:

- o [10% Happier](#)
- o [Calm](#)
- o [Headspace](#)
- o [Breathe2Relax](#)

Somatic Symptoms/Pain:

- o [WebMap Mobile](#)
- o [Pain Bytes](#)

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