

Anxiety Disorder—Assessment

FAST FACTS

Anxiety may precipitate or exacerbate common physical complaints (headaches, abdominal pain, asthma attacks, etc).

Untreated and undertreated anxiety disorders can lead to depression and suicidality.

For information about management/treatment and referral guidance, refer to the companion Community Practice Support Tool, Anxiety Disorder—Management.

For urgent issues, call 24/7 the Psychiatric Intake Response Center (PIRC) at 513-636-4124 (crises) or Physician Priority Link® at 513-987-7997 (same-day medical or diagnostic consultation).

Anxiety is a sense of uneasiness, nervousness, worry, fear or dread in response to a stressor or situation. Anxiety becomes a disorder when it causes significant changes in functioning (sleep, body sensations, social interactions), often leading to avoidant behaviors (selective mutism, school refusal, poor concentration).

ASSESSMENT

Perform a history and physical exam (HPE) as part of a routine screening for depression and anxiety and when there are concerns for mental health.

History and Physical Exam

You may observe:

- Avoidant eye contact; elevated heart rate and blood pressure
- Blushing, stammering, sweating, gastrointestinal symptoms, freezing, stiffening
- Dysregulated behavior: distracting hyperactivity, emotional lability, restlessness, irritability, aggression, elopement

Other diagnostic features of common pediatric anxiety disorders include inconsolable distress when away from attachment figure, fear of negative judgement or ridicule, specific phobias (needles, animals, etc.) and vomiting.

Sleep disturbances, daytime energy, school attendance, body sensations and concentration are often negatively impacted by excessive worries. Get specific details of functioning.

Self-Report Screening Tools

Recommended for youth ages 8 years and older who do NOT show obvious signs or verbally endorse having a problem with anxiety. If a general screening tool indicates risk is present, proceed with a targeted screen below. Alternatively, go straight to a targeted screen when possible/appropriate. See scoring values on next page.

General Screening Tools to Identify Risk:

- Generalized Anxiety Disorder (GAD)-2
- NIHCQ Vanderbilt Assessment anxiety-related questions—Parent questions: #41, 42, 47; teacher questions #29–31
- Pediatric Symptom Checklist (PSC)—Internalizing Sub-Scale
- Strength and Difficulties Questionnaire (SDQ)—Emotional Symptoms Sub-Scale
- SCARED (Screen for Childhood Anxiety-Related Disorders)-5

Targeted Screens:

If screen(s) indicate a risk, provide a targeted screen:

- GAD-7 for ages 12+ years
- SCARED for ages 8–17 years

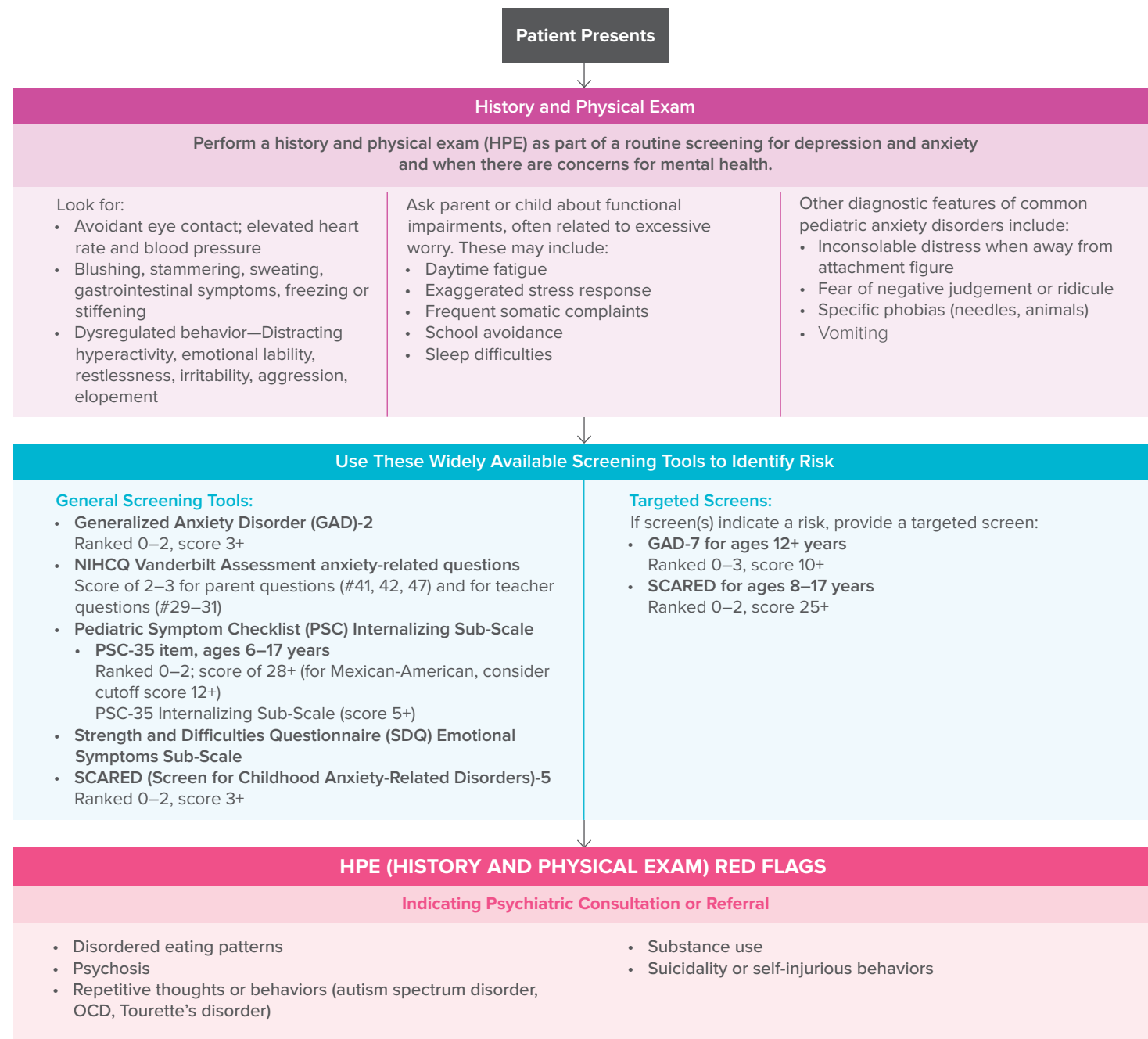
HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

- Disordered eating patterns
- Psychosis
- Repetitive thoughts or behaviors (autism spectrum disorder, OCD, Tourette's disorder)
- Repeated substance use
- Suicidality or self-injurious behaviors

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Anxiety Disorder—Assessment

PCPs can help identify, explain and initiate needed evidence-based interventions early in the course of anxiety disorders. Treatment reduces impairments and promotes healthy social-emotional functioning and development.



For treatment information, refer to the companion Community Practice Support Tool, Anxiety Disorder—Management.

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