

Anxiety Disorder—Management

PARENT RESOURCES

National Institute of Mental Health

nimh.nih.gov

Mindpeace Cincinnati

mindpeacecincinnati.org

Ohio Minds Matter

OhioMindsMatter.org

Consider additional training via cincychildrensecho.org or programs offered through Cincinnati Children's Continuing Medical Education Department.

WHEN TO REFER

PCPs without additional mental health training may consider referring to a medical specialist (psychiatrist or psychiatric advanced practice provider).

Consider consultation and/or referral to child psychiatrist if red flags, comorbid conditions or complications are present.

See next page for guidance on referring for specialty care.

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 disorders are present when a child's worrying thoughts evoke an abnormally high or prolonged stress response and cause impaired functioning (sleep, socializing, learning, etc.) Anxiety disorders impede healthy social-emotional development and require an evidence-based intervention.

MANAGEMENT/TREATMENT

Cognitive Behavioral Therapy (CBT) has the most evidence for effectively treating anxiety disorders at all severity levels for ages 6 to 18 years. Educate patient and family about diagnosis and treatment options.

Minimal anxiety (GAD-7 0–4): Consider anticipatory guidance about signs of impairments in functioning that may indicate a disorder is present, or if worries worsen/do not improve.

Mild anxiety (GAD-7 5–9): Provide family education about impairments connected to anxious thoughts. Consider brief office intervention. If symptoms persist, refer to evidence-based psychotherapy—such as CBT.

Moderate anxiety (GAD-7 10–14): Provide education about anxiety disorders. Consider therapy referral for CBT, or provide brief office intervention. If no improvement, consider adding 1st line pharmacology to CBT.

Moderate anxiety not improving or severe anxiety (GAD-7 15+): Provide education about impairments due to anxiety. Consider starting 1st line pharmacology. Refer to CBT and provide brief office interventions.

For comorbid conditions: After referring to CBT, continue to periodically reassess progress with self-report screening tool. Medically monitor specific details of functioning. If not improving or worsening, continue adjusting interventions until sustained remission, or consider re-evaluation of symptoms.

Treatment goal is symptom remission (not just improvement). Remission is:

- GAD-7 <5
- SCARED subscores and total below threshold
- Optimized functioning: Sleep, learning, socializing, mood, activity, ability to appropriately manage distress

MEDICAL MONITORING

If referring for psychotherapy or medical management, follow-up monthly until first specialty appointment, then every 1–3 months.

- Monitor ongoing progress using targeted tools.
- Get specific about sleep, appetite, socializing, school functioning and internal distress/body symptoms. Responses of “fine” or “better” are not adequate.

See table on next page for drug dosing information.

Refer to the companion Community Practice Support Tool, Anxiety Disorder—Assessment, for guidance on screening for and diagnosing anxiety.

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.

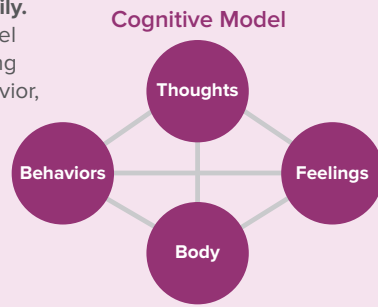
Anxiety Disorder—Management

BRIEF OFFICE INTERVENTIONS

Utilize these techniques to provide self-management skills when unable to initiate formal treatment. Additional training is provided through www.cincychildrensecho.org.

1. Educate patient and family.

Utilize the Cognitive Model to demonstrate how strong emotions can affect behavior, body sensations and thoughts



2. Teach and model self-management techniques.

- **Recognize/reframe negative thought patterns**
Teach “just because” statements, e.g. or "Just because I answered the question wrong doesn't mean I'm stupid."
- **Problem-solving technique.** STEP = State the problem, Think of solutions, Evaluate the options, Pick one and plan how
- **Self-care/behavioral modification**
 - Brain health basics: promote intentional focus on nutrition, activity, social connectedness, sleep, caring for others
 - Focus on one small, achievable goal/step first

For patients with over-responsive sympathetic nervous system and/or excessive fear/panic, explain that their "fight or flight" response is not stopping when it should. Encourage:

- **Deep/slow breathing**—Triggers “rest and digest” pathway
- **Relaxation**—Progressive muscle relaxation, guided imagery
- **Mindfulness/grounding**—Focused attention (e.g., “5 Senses”)

KEY: Practice beforehand when NOT stressed or in a crisis.

MEDICAL MANAGEMENT

Use for moderate to severe anxiety or if therapy progress is impaired. Medication may be requisite for youth with social anxiety disorder. Start with the lowest available dose, and increase dose every 1–2 weeks until lowest therapeutic dose, as tolerated. Once remission is achieved, continue medication for 9–12 months at sustaining dose.

	FDA Approval (Common uses)	Starting Doses	Titration by	Therapeutic Range (max dose)
Fluoxetine (Prozac) Caps/Tab/ Liquid	OCD 7 years+ Off-label • Generalized anxiety disorder (GAD) • Social Anxiety Disorder • Panic Disorder	AM dosing 10 mg 5 mg if <12 years	5–10 mg Every 1–2 weeks initially, then every 4 weeks	GAD/OCD 30–60 mg (60 mg)
Sertraline (Zoloft) Tab/Liquid	OCD 6 years+ Off-label • GAD (+ evidence) • Panic • Social Anxiety Disorder	Evening dosing 25 mg 12.5 mg <12 years	12.5–25 mg Every 2–4 weeks	75–200 mg (200 mg)
Escitalopram (Lexapro) Tab/Liquid	MDD 12 years+ Off-label • GAD	AM or PM dosing 5 mg 2.5 mg if <2 years	5 mg Every 4 weeks	10–20 mg (20 mg)

REFERRING FOR SPECIALTY CARE

For Evidence-Based Psychotherapy

- Division of Behavioral Medicine and Clinical Psychology: 513-803-8107
- Division of Psychiatry's Psychiatric Intake Response Center (PIRC): 513-636-4124
- mindpeacecincinnati.com—Local school-based therapists
- psychologytoday.com “Find a Therapist” tab (nationwide database for mental health clinicians)

For Medical Management

Consider a **formal** referral to Psychiatry +/- consultation if:

- Child is not achieving remission with interventions implemented
- Severe anxiety
- Any red flag is present, such as disordered eating patterns, psychosis, repetitive thoughts or behaviors (autism spectrum disorder, OCD, Tourette's disorder), repeated substance use, suicidality or self-harm

Formal referral options include:

- PIRC at 513-636-4124
- Ambulatory specialty referral: Psychiatry, specify “medical management”

Consider **informal** consult with psychiatrist:

- For clinical decision-making support at any severity level
- Or if comorbid conditions are present (e.g., ADHD or major depressive disorder)

If urgency, use PPL. If no urgency, use Epic Direct Messaging Psychiatry (if available) for a written response within 3 business days.

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).