

**Disclaimer:** These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.

## GENERALIZED ANXIETY DISORDER Effective December 21, 2017

### Clinical Suspicion

- More days than not for  $\geq 6$  months:
  - Excessive anxiety and worry about various events/activities
    - Worry is difficult to control
  - $\geq 3$  of the following:
    - Restlessness/On edge, easily fatigued, Difficulty concentrating, Irritable, Muscle tension, sleep disturbance
- Sx cause significant distress/impairment of functioning
- Sx not attributable to substance/medication, medical condition, another psychiatric disorder

### GAD-7 Screening Tool

- Interpretation
  - 5  $\rightarrow$  Mild Anxiety
  - 10  $\rightarrow$  Moderate Anxiety
  - $\geq 10$   $\rightarrow$  Further evaluation
  - 15  $\rightarrow$  Severe Anxiety

**$\geq 10$**

**Assess Safety**  
Suicidal/Homicidal Ideations

**Positive**

Send to ED

**Negative**

**Rule Out Causes**  
Medical, Substance/Rx, Psychiatric

### Patient Education

- Combined Medication and Psychotherapy is most effective
- Remove possible triggers (Stress, Caffeine, Stimulants, Nicotine, Dietary triggers)
- Encourage physical activity (60-90% of maximal heart rate for 20min 3x/week)
- Assess Use of Complementary/Alternative Medicine (Kava, St. John's Wort, Lavender Oil, Passion Flower, Valerian Root, Supplements - Vitamin B Complex, 5-Hydroxytryptophan, Inositol, L-Theanine, L-Tryptophan, S-Adenosyl-L-Methionine)

### Pharmacologic Treatment

### Psychotherapy

- Cognitive Behavior Therapy (CBT)
  - Weekly for  $\geq 8$  weeks before considering ineffective
    - Cobalt Computerized CBT
- Applied Relaxation
  - Abdominal Breathing and Muscle Relaxation Exercises
    - The Anxiety and Phobia Workbook by Edmund Bourne
    - YouTube Videos
- Mindfulness-based Stress Reduction
  - Palouse Mindfulness.com
- Other Resources
  - Support Groups
  - HPH Psychiatry-Referral Directory
  - Bereavement Network of Hawai'i Directory
  - United Self-Help Directory

### Referral to Psychiatry

- Poor response to Tx
- Atypical presentation
- Concern for significant comorbid psychiatric illness
- Patient request

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## TREATMENT FOR GENERALIZED ANXIETY DISORDER

### 1<sup>st</sup> Line of Medications:

SSRIs: start with low or medium doses and titrate every 4-6 weeks as tolerated. Try max dose for 6 weeks.

SSRI Medication	Dosage Range	Cost of 1 month supply: Generic (Brand)
Citalopram	10-40mg	\$4-8
Escitalopram	10-20mg	\$10-22
Fluoxetine	10-60mg	\$4-5
Paroxetine	10-40mg	\$9-10
Sertraline	50-150mg	\$7-15

↓  
**Not Effective**

### 2<sup>nd</sup> Line of Medications:

Medication	Dosage Range	Cost of 1 month supply: Generic (Brand)
<b>SNRIs:</b>		
Venlafaxine	37.5-225 mg	\$13-30
Desvenlafaxine	25-100 mg	\$25-50
Duloxetine	20-60 mg	\$15-50
Quetiapine	25-150 mg	\$7-10
Buspirone	10-60 mg	\$5-7
<b>Antihistamine:</b>		
Hydroxyzine	25-100 mg	\$4-10
Diphenhydramine	25-100 mg	\$5-20
Gabapentin	100-1200 mg	\$7-10
<b>Benzodiazepines:</b>		
Short-acting: Alprazolam	0.25-3 mg	\$5-10
Medium-acting: Lorazepam	0.5-3 mg	\$5-10
Long-acting: Clonazepam	0.5-3 mg	\$5-10
<b>Beta blocker:</b>		
Propranolol	10-40 mg	\$8-10

### TREATMENT COMMON PROBLEMS & CONSIDERATIONS

- Overweight or Weight Gain:
  - Add or switch to Bupropion (150-450 mg)
  - For less weight gain than SSRI's
    - Consider Venlafaxine (37.5-225 mg) or Desvenlafaxine (25-100 mg)
- Sexual Dysfunction/Sexual Side Effects:
  - Add or switch to Bupropion (150-450 mg), Duloxetine (20-60 mg), Mirtazapine (15-45 mg), Buspirone (10-60 mg)
  - Add to antidepressant: Sildenafil (50-100 mg prn), Tadalafil (5-20 mg prn), Amantadine (100-200 mg), Cyproheptadine (4 mg bid/tid), Yohimbine (5.4 mg bid/tid)
- Considerations:
  - Elderly → Start low, Go slow, Avoid Paroxetine
  - Pregnancy → Continue Tx, use Fluoxetine (10-60 mg) and/or Sertraline (50-150 mg), Avoid Paroxetine
  - Breastfeeding → Paroxetine and Sertraline are safest
- Medication Switching/Cross Tapering of Antidepressants:
  - Generally SSRI's/SNRI's could be tapered over a period of 2-4 weeks or longer gradually, some with longer half-life like Fluoxetine/Prozac could be tapered over 1-2 weeks only. Taper off one med completely over 2 weeks and add a new one or you could add a new med while you are tapering the old medication, but with caution at a low dose and titrate slowly. **If unsure, please call Psychiatry.**