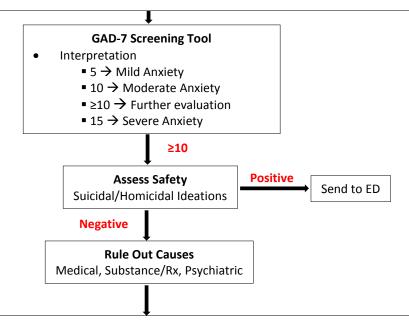
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GENERALIZED ANXIETY DISORDER Effective December 21, 2017

Clinical Suspicion

- More days than not for ≥6 months:
 - Excessive anxiety and worry about various events/activities
 - Worry is difficult to control
 - ≥3 of the following:
 - o 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



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 ≥8 weeks before considering ineffective
 - Cobalt Computerized CBT
- Applied Relaxation
 - Abdominal Breathing and Muscle Relaxation Exercises
 - The Anxiety and Phobia Workbook by Edmund Bourne
 - You Tube 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

1st Line of Medications:

SSRIs: start with low or medium does 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

2nd Line of Medications:

Medication	Dosage Range	Cost of 1 month supply: Generic (Brand)
SNRIs:		
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
Antihistamine:		
Hydroxyzine	25-100 mg	\$4-10
Diphenhydramine	25-100 mg	\$5-20
Gabapentin	100-1200 mg	\$7-10
Benzodiazepines:		
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
Beta blocker:		
Propranolol	10-40 mg	\$8-10
Ποριαποιοι	10-40 IIIg	20-10

TREATMENT COMMON PROBLEMS & CONSIDERATIONS

- Overweight or Weight Gain:
 - Add or swicth 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.