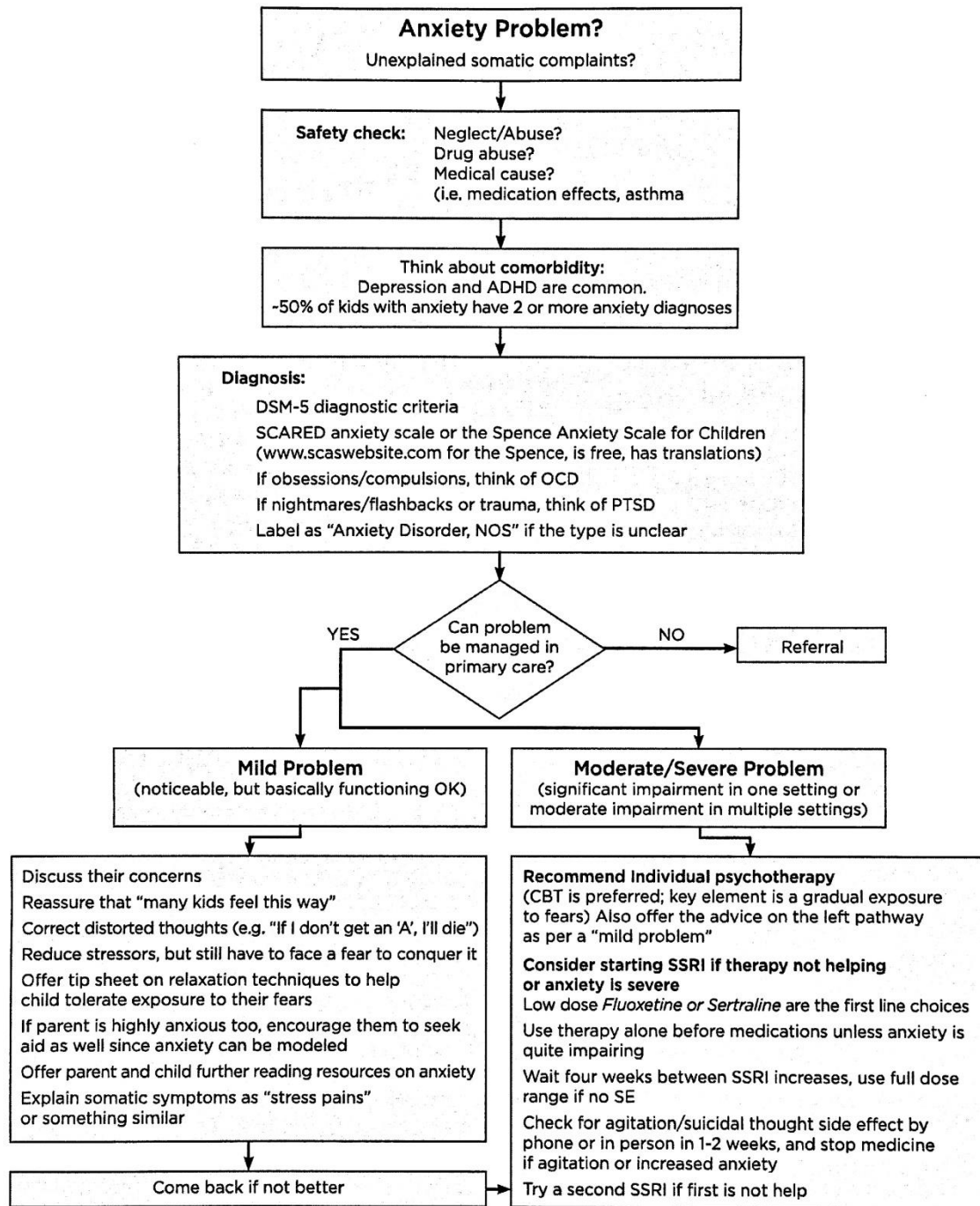


Disclaimer: These referral guidelines have been generated by HHP specialists in collaboration with primary care physicians and are a work in progress. They are provided as general guidance to practicing clinicians, may change with time, and are not intended to supersede the medical judgment of the clinician.

Anxiety



Primary References:

Jellinek M, Patel BP, Froehle MC eds. (2002): Bright Futures in Practice: Mental Health-Volume I. Practice Guide. Arlington, VA: National Center for Education in Maternal and Child Health: 203-211

AACAP: Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders, JAACAP; 46(2): 267-283

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Hilt, R. *Seattle Children's Hospital Partnership Access Line Washington Care Guide 2017*, pg.38

Screening tools:

SCARED (two forms to be completed, one by the parent and one by the child).

<http://www.midss.org/content/screen-child-anxiety-related-disorders-scared>

Anxiety Medications

Starting at a very low dose of SSRI for the first week or two with anxiety disorders is especially essential to reduce the child's experience of side effects (augmented by associated somatic anxieties).

Name	Dosage Form	Usual starting dose for adolescents	Increase increment (after 4 weeks)	RCT anxiety treatment benefit in kids	FDA anxiety approved for children?	Editorial Comments	Cost of 1 month supply: Generic (Brand)
Fluoxetine (Prozac)	10, 20, 40mg 20mg/5ml	5-10 mg/day (60mg max)*	10-20mg**	Yes	Yes (For OCD >7yr)	Long ½ life, no SE from a missed dose	\$4-5
Sertraline (Zoloft)	25, 50, 100mg 20mg/ml	25 mg/day (200mg max)*	25-50mg**	Yes	Yes (For OCD >6yr)	May be prone to SE from weaning off	\$7-15
<i>Sertraline and Fluoxetine are both first line medications for child anxiety disorders, per the evidence base</i>							
Fluvoxamine (Luvox)	25, 50, 100mg	25 mg/day (300mg max)*	50mg**	Yes	Yes (For OCD >8yr)	Often more side Effect than other SSRI's, has many drug interactions	\$10-30
Paroxetine (Paxil)	10, 20, 30 and 40 mg 10mg/5ml 12.5, 25, 37.5 mg CR forms	5-10 mg/day (60mg max)*	10-20mg**	Yes	No	Not preferred if child also has depression. Can have short ½ life	\$9-10
Citalopram (Celexa)	10, 20, 40mg 10mg/5ml	5-10 mg/day (40mg max)*	10-20mg**	Yes	No	Very few drug interactions	\$4-8
Escitalopram (Lexapro)	5, 10, 20mg 5mg/5ml	2.5-5 mg/day (20mg max)*	5-10mg**	No	No	Active isomer of citalopram	\$10-22

*Recommend decrease maximum dosage by around 1/3 for pre-pubertal children

**Recommend using the lower dose increase increments for younger children.

Successful medication trials should continue for 6 -12 months.

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Hilt, R. *Seattle Children's Hospital Partnership Access Line Washington Care Guide* 2017, pg.47

Helpful websites:

American Academy of Child & Adolescent Psychiatry

http://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx

Anxiety Disorders Association of America

www.adaa.org

Child Anxiety Network

<http://www.childanxiety.net/>

Children's Center for OCD and Anxiety

www.worrywisekids.org

National Institute of Mental Health

<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>

Technology based resources:

- Example apps include "Virtual Hope Box" app, Headspace for Kids (does require subscription after trial but aimed towards kids)
- Search for additional apps with keywords: "Meditation" "Mindfulness"
- Search for YouTube videos with keywords: "Progressive Muscle Relaxation" "Deep Breathing" "nature sounds"

Special considerations: Suspecting PTSD

- **Assess for safety and ensure child is safe.**
- Ask for details from the child, or consider asking the details of the caregiver.
- Look for symptoms such as 1) intrusive thoughts, nightmares; 2) avoidance of reminders; 3) mood or cognition changes; 4) hypervigilance/ hyperarousal
- There is **no compelling evidence for medications to address PTSD in children**; first line is Trauma-focused cognitive behavioral therapy (TF-CBT); though clonidine and prazosin can be helpful off-label use for nightmares
- Helpful website: After the Injury (www.aftertheinjury.org)