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.

**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.

**PARENT RESOURCES**

- National Institute of Mental Health
  - nih.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.

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).

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

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

**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).