

# Anxiety Care Pathways

for Pediatric Primary Care

## Screen

Screen for behavioral health problems: **Pediatric Symptom Checklist-17-Parent** (ages 6-18); **Youth** (ages 11-18):  
(cut-point: individual anxiety item)

Positive Screen

## Conduct Focused Assessment

**Conduct focused assessment** (symptom rating scales & clinical interview)

- If concern for imminent danger, refer to hospital or crisis team for emergency psychiatric assessment
- Consult with child and adolescent psychiatrist (CAP) via the centralized warmline (323)361-9150, as needed

**Symptom rating scale cut points:**

**SCARED Parent & Child** (ages 8 - 12); cut-point: 25 parent & child **OR**

**GAD-7** (for generalized anxiety only) (ages 12+); cut-points: 5 (mild), 10 (moderate), 15 (severe)

Scores ≤ cut-points;  
mild to no distress/impairment

**Sub-Clinical to Mild Anxiety**

Guided self-management with follow-up

Scores > cut-points;  
moderate distress/impairment

**Moderate Anxiety**

Refer for therapy; consider medication

Scores >> cut-points;  
severe distress/impairment; psychiatric/  
psychosocial/medical complexity; safety concerns

**Severe Anxiety**

Refer to specialty care for therapy & medication management until stable

## Consider Medication

**Selected medications for anxiety: Fluoxetine, Sertraline** (both evidence-based)

### Fluoxetine

### Sertraline

Start daily test dose for ≈ 1 week

Age ≤ 8: 5mg | Age > 8: 10mg

Age ≤ 8: 12.5mg | Age > 8: 25mg

If test dose tolerated, increase to therapeutic daily dose

Age ≤ 8: 10mg | Age > 8: 20mg

Age ≤ 8: 25mg | Age > 8: 50mg

Monitor ≈ weekly in the first month for agitation, suicidality, and other side effects: for severe agitation or suicidal intent or plan, refer to hospital or crisis team for emergency evaluation; for severe distress: consider short-term use of hydroxyzine 12.5-25mg (age <12) or 25-50mg (age 12+) q4h PRN not to exceed twice daily

## Follow Up

Re-assess symptom severity with SCARED (parent & child) or GAD-7 (teen) at the following times:

≈ 1 month ≈ 2 months

≈ 3 months

≈ 12 months

Scores > cut-points & distress/impairment persists

Scores < cut-points with mild to no distress/impairment

Scores > cut-points & distress/impairment persists

Scores < cut-points with mild to no distress/impairment

Scores > cut-points & distress/impairment persists

### Increase Dose

**Can increase** fluoxetine by 10mg every 3-4 weeks to 60mg and sertraline by 25mg every 1-2 weeks to 150mg if anxiety is moderately severe. Take with food and/or divide BID for se's). Full remission should be the target

### Remain at Current Dose

**Remain at current dose** for ≈ 12 months, monitor monthly

### Consider Alternate SSRI

**Consider second SSRI trial or consult with warmline (323-361-9150)**

### Taper Medication

**Consider tapering medication** decrease daily dose by 25-50% every 2-4 weeks to starting dose, then discontinue; tapering should ideally occur during a time of relatively low stress. Titration should start not sooner than 12 months after the point of full remission

### Consult or Refer

**Consult with warmline (323-361-9150) or refer to specialty care**