Anxiety Disorder Screening Guide for Primary Care Physicians

Quick Stats

Anxiety disorders are amongst the most common psychiatric disorders in children and adolescents.

- 11% of US children ages 3–17 have a diagnosed anxiety problem, with higher rates in females than males.
- Estimated lifetime prevalence in the United States is ~20% to 30%.
- The median age of onset of anxiety disorders is ~11 years.

Differential Diagnosis

Children and adolescents with anxiety disorders are more likely to present with a variety of health problems, including headaches, asthma, gastrointestinal symptoms, and allergies.

Other common comorbid psychiatric conditions:	Medical conditions associated with anxiety:	Medication Induced Anxiety:	Drug Induced Anxiety:
Depression, ADHD, Obsessive Compulsive Disorder, and Eating Disorders	Asthma, Diabetes, Lead Intoxication, Hyperthyroidism, Pheochromocytoma, Cardia Arrhythmias	Bronchodilators, nasal decongestants, antihistamines, stimulant medications	Marijuana most commonly, but also consider other illicit drugs and nicotine

Screening recommendations:

Ages <8: There is insufficient evidence to support screening in children younger than eight years. At clinician and parent discretion, Preschool Anxiety Scale (PAS) is the recommended screening, and is completed by parent/primary care giver(s).

Ages 8+: Use either of the following screens in clinical settings to ensure accurate diagnosis: SCARED or GAD-7 (*see following page*)

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Patient Age: 8-18

SCARED

(Screen for Child Anxiety Related Emotional Disorders)

Parent & child questionnaire

- A score of ≥ 25 on the 41-item screen may indicate the presence of an anxiety disorder, with subscale scores for specific anxiety disorders (example: social anxiety disorder).
- A score of ≥ 3 on the 5-item short form may indicate the presence of an anxiety disorder.

Patient Age: 11-17

GAD-7

(Generalized Anxiety Disorder 7 Item)

Child questionnaire

- Total score (from 0-40) with higher scores indicating greater severity of generalized anxiety disorder.
- Average total score (0-5) allows the clinician to think of the child's generalized anxiety disorder in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4).

If Positive Screen:

Initiate structured clinical interview with an aim to:

- clarify symptom duration, functional impairment (school, families, peers), and common comorbidities (depression, ADHD, substance use);
- evaluate for panic attacks, separation anxiety, social anxiety, and specific phobias; and assess sleep, appetite, and somatic complaints.

Important: Always assess suicide risk when mood symptoms, hopelessness, or significant functional decline are present — acute safety concerns require immediate hospitalization or crisis team activation.

Evidence-Based Treatment:

- **Mild to moderate anxiety disorder:** Start cognitive behavioral therapy (CBT) — especially models with exposure components and parent involvement.
- **Moderate to severe anxiety disorder:** Combined CBT and pharmacotherapy yields better short-term outcomes than either alone.

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Medication Treatment Protocol:

Anxiety disorders are amongst the most common psychiatric disorders in children and adolescents.

- **Start:** Fluoxetine or sertraline - daily 1-2 weeks of test dose of 10mg fluoxetine or 25mg for sertraline.
- **For severe anxious distress** consider using PRN Hydroxyzine 12.5-50mg q4HR up to 3 times a day.
- **At 4 weeks**, if screening scores are still greater than cutoff point, increase dose of Fluoxetine to 20mg and Sertraline to 50mg. **Monitor** for agitation, suicidality, or other side effects.
- **At 8 weeks,** if screening scores are still greater than cutoff point, increase dose of Fluxoetine to 30mg or Sertraline 75mg.
- **Continue to monitor bi-monthly** while gathering SCARED or GAD-7 at every visit. If score indicates mild to no impairment, **maintain dose of SSRI for at least 6-12 months**.

When and How to Discontinue Medication

If after 6-12 months, in consultation with patient and family, there is a desire to discontinue and score indicates mild to no impairment, initiate slow taper of medication by decrease of 25%-50% every 2-4 weeks.

Uselful Links

1. NV PAL Anxiety guide for Nevada Clinicians
2. AACAP guide for families on anxiety in children
3. AACAP anxiety disorders resource center
4. Consent Form for Medication
5. SCARED Rating Scale (Child self rating)
6. SCARED Rating Scale (Parent version)
7. Generalized Anxiety Disorder 7-item (GAD-7) scale

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Common Disorders	Typical Age Range	Symptoms
Separation Anxiety	**Preschool/Early School Age**	• Often occurs in the form of school refusal; • Physical symptoms occur prior to school but subside when kept home; • Make a retun plan back to school, keeping in mind that home schooling will not help the situation; • Determine if parent's own anxiety may be contributing to child's anxiety or hindering the child in any way; • Gather information from school and advise parents to work with school to reduce classroom anxiety; • Accommodations can be made in IEP or 504 plan.
Social Anxiety	**Later School Age/ Early Adolescent**	• Often seen as significant avoidance behaviors including school refusal; • Leads to crying, tantrums and irritability to avoid social/school activities; • Often have episodes of enuresis and encopresis episodes in school or in various social situations; • Refer for psychotherapy so that children can learn relaxation strategies and reframe their negative thoughts.
Generalized Anxiety	**Later Adolescent/ Young Adult Years**	• Occurring later on during adolescence with or without panic attacks; • Often predominant symptoms become restlessness and irritability; • Physical symptoms are more pronounced including GI symptoms and headaches; • Children and adolescents don't understand that their fears are impacting their functioning; • Anxiety comes in the form of their own desire to be 'perfect', and the fear of being 'flawed' predominates; • Refer for psychotherapy to learn decatastrophizing techniques; • Common techniques to help alleviate anxiety include deep breathing and progressive muscle relaxation