Behavioral Health Clinical Practice Guidelines for:
Anxiety, Obsessive-Compulsive and Related Disorders in Children and Adults

OBJECTIVE
To guide the appropriate diagnosis and treatment of Anxiety Disorders in Children and Adults.

DIAGNOSIS & ASSESSMENT

MEETS DSM-5 DIAGNOSTIC CRITERIA FOR
- Panic Disorder
- Social Anxiety Disorder
- Specific Phobia
- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder

ASSESSMENT
- It is recommended that practitioners screen for anxiety symptoms, rate the severity, rate the impairment to functioning, and assess for co-morbid disorders, including underlying medical conditions and psychiatric diagnoses (like ADHD or depression).
- Review any substance induced condition such as excess caffeine intake (coffee, soda, chocolate), nicotine or other substances that increase anxiety symptoms.
- Complete full medical, developmental, school, and psychiatric history.

Scales such as the Beck Anxiety Inventory, the Multidimensional Anxiety Scale for Children, the Y-BOCS and CY-BOCS are useful for obtaining baseline data on severity and can be used for monitoring progress. Visit MDwise.org for rating scale links.

TREATMENT

GUIDEINE-DIRECTED TREATMENT
The National Institute for Health and Care Excellence (NICE) guidelines provide a stepped approach for the disease states below:

- Generalized Anxiety Disorder (GAD) - Those that have found no improvement with low-intensity psychological interventions (individual non-facilitated self-help, individual guided self-help, or psychoeducational group therapy) should be considered for individual high-intensity psychological intervention (cognitive behavioral therapy (CBT) or applied relaxation) and/or drug treatment. Selective serotonin reuptake inhibitors (SSRIs) should be offered as first-line drug therapy. Serotonin-noradrenaline reuptake inhibitors and pregabalin can be considered upon failure of or intolerance to a SSRI. Benzodiazepines are not recommended for the treatment of GAD in primary or secondary care except as a short-term measure during a crisis. Antipsychotics are also discouraged for the treatment of GAD.

- Panic Disorder - For patients with mild to moderate panic disorder, low-intensity interventions may be sufficient. Those with moderate to severe panic disorder should be considered for CBT or pharmacological intervention. The evidence base suggests SSRIs or tricyclic antidepressant (TCA) therapy for longer-term management of panic disorder. Benzodiazepines are associated with a less positive outcome with long-term use and should not be prescribed for the treatment of panic disorder. NICE guidelines also discourage the use of sedating antihistamines or antipsychotics for treatment.

- Social Anxiety Disorder (SAD) - CBT is recommended as the initial treatment option for adults with SAD. For those wishing to consider pharmacological intervention, SSRIs are the recommended therapeutic choice. Anticonvulsants, TCAs, benzodiazepines, and antipsychotics should not be routinely offered for the treatment of SAD.

- Obsessive Compulsive Disorder (OCD) - Initial approach should be low-intensity or high-intensity psychological intervention, depending on severity of the OCD. A SSRI should also be considered for those with moderate to severe functional impairment in coordination with psychological intervention. Benzodiazepine use for the treatment of OCD is not recommended within this guideline.

- Post-Traumatic Stress Disorder (PTSD) - All PTSD sufferers should be offered a course of trauma-focused psychological treatment. For those requiring pharmacological intervention, mirtazapine, paroxetine, amitriptyline, and phenelzine have evidence of clinically or statistically significant benefits. For those with sleep interruption due to PTSD, sedative-hypnotics may be appropriate for short-term use only. Benzodiazepine use for the treatment of PTSD is not recommended within this guideline.

THERAPY
Cognitive behavioral therapy (CBT) is well accepted by patients and has been well researched.

There are different forms of cognitive behavioral therapy that have been developed for the various disorders. Mindfulness-based psychotherapies have also been shown to improve functioning and decrease fear based anxiety symptoms.

- CBT can be used in combination with medication management or alone.
- CBT is first line treatment for mild-moderate cases when possible.
- CBT and SSRIs are evidenced based treatments for children.

Continued on next page
THERAPY CONTINUED

• Involve parent in treatment if patient is a child or adolescent.

• If patient is discharged from inpatient hospitalization, patient needs to be seen in an outpatient setting, intensive outpatient setting, or partial hospitalization by a behavioral health provider within 7 calendar days.

• Address co-morbid diagnoses.

Treatment recommendations do not guarantee coverage of services.

REFERENCES

Rosenbaum, JF; Labbate, LA; Arana, GW; Hyman, SE; Fava, M (2005) Handbook of Psychiatric Drug Therapy. Lippincott Williams & Wilkins.