

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
- Hoarding Disorder
- Trichotillomania
- Excoriation Disorder

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. MDwise.org for rating scale links.

ASSESSMENT

- Any substance induced condition such as excess caffeine intake (coffee, sodas, chocolate), nicotine or other substance that increases anxiety
- Any underlying medical condition
- If rating scales indicate significant anxiety, conduct a formal evaluation to determine which anxiety disorder is present
- Determine presence of any co-morbid diagnoses such as depression or ADHD
- Full medical, developmental, school history, psychiatric history

TREATMENT

MEDICATION MANAGEMENT

SSRIs/SNRIs for stabilization.

Optimize dosage and duration of first line agent.

If inadequate response, switch to alternate first-line agent.

If partial response, adding another agent may be preferred over switching.

Benzodiazepines are appropriate for short term use for severe impairment; may be used in combination with SSRIs/SNRIs.

Beta Blockers (such as Inderal) may be used.

Treat co-morbid diagnoses.

Treatment recommendations does not guarantee coverage or services.

THERAPY

Cognitive behavioral therapy 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.

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.

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.

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