Anxiety problem?
Unexplained somatic complaints?

Safety check:
Neglect/Abuse?
Drug abuse?
Medical cause?
(i.e. medication effects, asthma)

Think about comorbidity:
Depression and ADHD are common.
~50% of kids with anxiety have 2 or more anxiety diagnoses

Diagnosis:
DSM-5 diagnostic criteria
SCARED anxiety scale or the Spence Anxiety Scale for Children
(www.scaswebsite.com for the Spence, is free, has translations)
If obsessions/compulsions, think of OCD
If nightmares/flashbacks or trauma, think of PTSD
Label as “Anxiety Disorder, NOS” if the type is unclear

Can problem be managed in primary care?

Mild problem
(noticeable, but basically functioning OK)

Discuss their concerns
Reassure that “many kids feel this way”
Correct distorted thoughts (e.g. “if I don’t get an ‘A’, I’ll die”)
Reduce stressors, but still have to face a fear to conquer it
Offer tip sheet on relaxation techniques to help child tolerate exposure to their fears
If parent is highly anxious too, encourage them to seek aid as well since anxiety can be modeled
Offer parent and child further reading resources on anxiety
Explain somatic symptoms as “stress pains” or something similar

Moderate/Severe problem
(significant impairment in one setting or moderate impairment in multiple settings)

Recommend individual psychotherapy
(CBT is preferred; key element is a gradual exposure to fears) Also offer the advice on the left pathway as per a “mild problem”
Consider starting SSRI if therapy not helping or anxiety is severe
Low dose Fluoxetine or Sertraline are the first line choices
Use therapy alone before medications unless anxiety is quite impairing
Wait four weeks between SSRI increases, use full dose range if no SE
Check for agitation/suicidal thought side effect by phone or in person in 1–2 weeks, and stop medicine if agitation or increased anxiety
Try a second SSRI if first is not help

Come back if not better

Referral

Primary references:
Arlington, VA: National Center for Education in Maternal and Child Health: 203-211

AAGAP: Practice parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders. JAACAP; 46(2): 267-283

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