KSKidsMAP

Kansas Together for Pediatric Mental Health Care Access

Pediatric Mental Health Toolkit

Topic: Anxiety

Part 3: Monitoring, following up, and when to refer

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as a part of an award totaling $2,134,666 with 20% financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Response to treatment – now what?

- Response to treatment will not be smooth
- There will be relapses and remissions
- People, especially children and adolescents, respond to their environment
- Symptoms worsen at times of stress - losses, transitions, world events
- Symptoms improve when stressors are eliminated or joyful events occur

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Goals of treatment

- Improved symptoms and reduced distress
- Response is defined as 25-50% reduction in symptoms
- Remission is loss of diagnosis with no impairment
- Goal – FULL REMISSION WITH PREMORBID FUNCTIOINING
- However, goals may need to be individualized for some patients with disorders that have been present since childhood as they may never have had adequate premorbid functioning.

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Measuring outcomes

- Objective scales can be used to help assess a patient's progress. Examples include –
  - The Clinical Global Impression (CGI) scale
  - Hamilton Anxiety Rating Scale (HARS)
  - Screen for Child Anxiety Related Disorders (SCARED)
  - General Anxiety Disorder-7 (GAD-7)

A good clinical interview is helpful -

- Ask a patient to rate their anxiety 1 – 10
- Ask about things they previously could not do

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Medication monitoring

All antidepressant medications carry a black box warning for suicidal ideation and recommends regular monitoring especially for more depressed, suicidal ideation and family conflict.

FDA recommends

- weekly for 4 weeks
- 2 weekly for a month
- Every three months

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No response/partial response

- Is s/he taking the medication and working in therapy?
- Did you wait long enough?
  - 4-6 weeks at maximum dose (12 weeks for OCD)
- Did you dose high enough?
  - Equivalent of 130mg/day of sertraline

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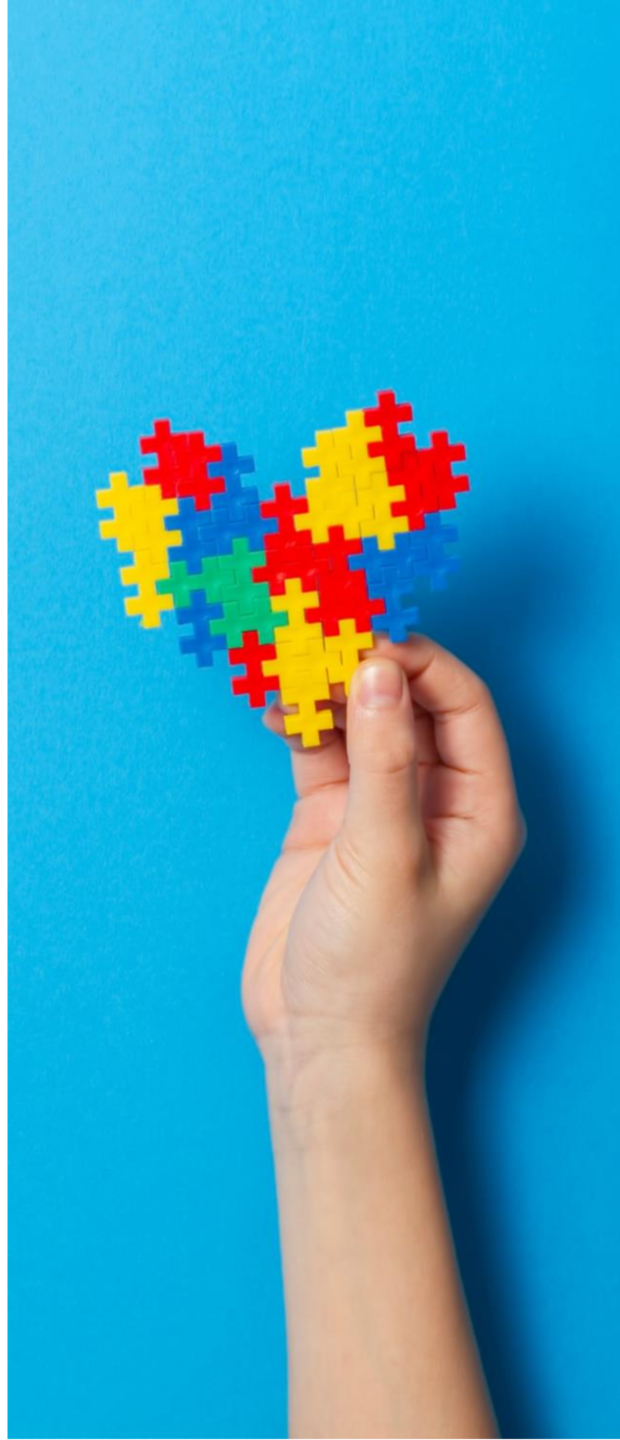
- Did you get the diagnosis correct?
- Is there substance use/abuse?
- Are there environmental stressors?
- Do you need another opinion?



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How long do you treat?

- Anxiety disorders tend to be relapsing, remitting conditions
- Long term treatment may be necessary, both of therapy and of medication
  - Six months medication and 12 sessions CBT
- Wean annually
- Consider booster sessions of therapy, especially at times of predictable stress – long term relationship with a therapist can be very protective

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We see stable patients in outpatient clinics because outpatient clinics keep them stable

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Disclosure

Thank you for viewing the KSKidsMAP toolkit on Anxiety. KSKidsMAP intends for this toolkit to be used in conjunction with the KSKidsMAP program and not as a stand-alone resource. KSKidsMAP provides case-based consultation with experts in pediatric mental health, ongoing education and mentorship through the Virtual TeleECHO clinic, and physician and clinician wellness resources to those providing medical care to youth and adolescents with mental illness. Please connect with KSKidsMAP by emailing KSKidsMAP@kumc.edu or calling 1-800-332-6262.

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