

TOOL KIT FOR THE MANAGEMENT OF ADULT ANXIETY

TOOL KIT FOR THE MANAGEMENT OF ADULT ANXIETY

The clinical tool kit is intended to assist the PCP in assessing the needs of the adults ages 18 and older, regarding anxiety and decisions regarding health care services provided by the PCP or subsequent referral to the Regional Behavioral Health Authority (RBHA) if clinically indicated. Tools include:

- The decision making algorithm (Used when there is a minimum score of 10 on the "Adult Anxiety Screening/Scoring Tool")
- The Adult Anxiety Screening/Scoring Tool
- The list of medications universally available through AHCCCS Health Plans and the RBHA.

Clinical resources and adaptations of clinical sources are referenced within the individual documents.

NOTE:

• A RBHA consultation is available at any time.

This tool kit was developed by the AHCCCS Tool Kit Workgroup in collaboration with Acute Health Plans and ADHS/DBHS (January, 2008 through January, 2009). This tool kit is only a resource and may not apply to all patients and all clinical situations. It is not intended to replace clinical judgment.

Initial Effective Date: 05/01/2009 Revision Date: 05/01/2011

Anxiety *Based on algorithms developed guide to Psychiatric diagnosis in primary care *Sole usage of Algorithms is not a substitute for a comprehensive clinical assessment Consider the role of a general medical condition A) Anxiety disorder due to a general -Complete Medical Work-up or (Hyperthyroidism, medical condition Respiratory Illness, YES B) Alcohol-induced anxiety disorder or yes Substance Treatment Referral to Cardiac disease) or Substance-induced anxiety disorder. Expand clinical questioning RBHA clinic substance use and C) Other Mental Disorder whether the anxiety is better accounted for by another mental disorder -Consider referral for psychotherapy to no -Consider SSRI and/or office based A) Panic disorder without anxiolytic therapy or re-evaluate wellness Do the presenting agoraphobia YFS yes B) Panic attacks occurring within the once a week symptoms include one Expand clinical questioning -Consider psychiatric telephonic or more panic attacks? context of an anxiety disorder consultation with RBHA psychiatrics or case transfer A) Social phobia (avoidance of social situations) Do the presenting B) Specific phobia (avoidance of a specific -Consider psychotherapy referral to symptoms include fear, object or situation) RBHA clinic avoidance or anxious YES C) Panic disorder w/agoraphobia (avoidance -Consider telephonic consultation with yes anticipation about one Expand clinical questioning of situations in which escape may be RBHA psychiatrist and office based or more specific difficult in the event of panic) medication management or case transfer situations? D) Agoraphobia without history of panic disorder (avoidance of a situation in which escape may be difficult) -Consider psychotherapy referral to the Do the presenting Separation anxiety disorder (anxiety symptoms include fear YES concerning separation from a major yes -Consider telephonic consultation with of separation? Expand clinical questioning attachment) RBHA Psychiatrist or case transfer no Is the presenting worry Consider psychotherapy referral to the or anxiety related to RBHA clinic and office based medication recurrent or persistent YES management Obsessive-compulsive disorder yes thoughts (obsessions) Expand clinical questioning Consider telephone consultation with and/or ritualistic RBHA Psychiatrist or case transfer behaviors or recurrent mental acts (compulsion)? no A) PSTD (of symptoms persist at Are the presenting -Consider psychotherapy referral or RBHA anxiety symptoms clinic and medication management least 4 weeks) YES yes B) Acute Stress Disorder (if symptoms -Consider telephone consultation with related to re-Expand clinical questioning experiencing highly persist for less than 4 weeks) RBHA Psychiatrist or case transfer traumatic events? no Have pervasive anxiety Consider psychotherapy referral or symptoms and worry reassessment within a week and/or office YES Generalized Anxiety Disorder been associated with a ves Expand clinical questioning based medication management variety of events or -Consider telephonic consultation with situations and persisted RBHA Psychiatrist or case transfer more than 6 months no Consider psychotherapy referral to RBHA Adjustment disorder with anxiety or Are the symptoms in YES clinic and office based medication response to a specific, Adjustment disorder with mixed anxiety Expand clinical questioning management psychosocial stressor? and depressed mood -Consider telephonic consultation with RBHA Psychiatrist or case transfer no Is the anxiety clinically significant and Anxiety disorder, N.O.S. Consider short-term medical management are criteria not met for any of the YES ves Adjustment disorder with mixed anxiety and referral to RBHA clinic previously described specific and depressed mood disorders? no -Medical and psychiatric differential Reconsider medical condition or diagnostic assessment required YES

substance abuse

-Medical evaluation is negative, refer to

RBHA clinic

ADULT ANXIETY SCREENING

FOR AGES 18 AND OLDER

Over the past two weeks, how often have you been bothered by the following problems?

QUESTIONS (rate by placing score (#) in box)	NOT AT ALL (0)	SEVERAL DAYS (1)	MORE THAN ½ DAYS (2)	NEARLY EVERYDAY (3)
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Having trouble relaxing				
Being so restless that it is hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid, as if something awful might happen				
TOTAL SCORE (add columns)				

Note:

the scale is 0 to 21, 0 = no degree of anxiety 10 or more- proceed to algorithm for treatment 15-21 = high degree of anxiety

ANXIETY

UNIVERSALLY AVAILABLE MEDICATIONS THROUGH AHCCCS HEALTH PLANS AND RBHA PROVIDER*

SELECTIVE SEROTONIN REUPTAKE INHIBITOR

Fluoxtetine (Prozac)

Paroxetine (Paxil)

Sertraline (Zoloft)

TRICYCLIC ANTIDEPRESSANT

Imipramine (Tofranil)

BENZODIAZEPINE

Lorazepam (Ativan)

Clonazepam (Klonopin)

SEROTONIN PARTIAL AGONIST

Buspirone (Buspar)

*Refer to health plan for prior authorization requirements and medication availability.

Initial Effective Date: 05/01/2009 Revision Date: 05/01/2011