AHCCCS

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.
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 (Hypothyroidism, Respiratory illness, Cardiac disease) or substance use and whether the anxiety is better accounted for by another mental disorder.

- Yes - Expand clinical questioning
  - A) Anxiety disorder due to a general medical condition
  - B) Alcohol-induced anxiety disorder or Substance-induced anxiety disorder.
  - C) Other Mental Disorder

- No

Do the presenting symptoms include one or more panic attacks?

- Yes - Expand clinical questioning
  - A) Panic disorder without agoraphobia
  - B) Panic attacks occurring within the context of an anxiety disorder

- No

Do the presenting symptoms include fear, avoidance or anxious anticipation about one or more specific situations?

- Yes - Expand clinical questioning
  - A) Social phobia (avoidance of social situations)
  - B) Specific phobia (avoidance of a specific object or situation)
  - C) Panic disorder w/agoraphobia (avoidance of situations in which escape may be difficult in the event of panic)
  - D) Agoraphobia without history of panic disorder (avoidance of a situation in which escape may be difficult)

- No

Do the presenting symptoms include fear of separation?

- Yes - Expand clinical questioning
  - Separation anxiety disorder (anxiety concerning separation from a major attachment)

- No

Is the presenting worry or anxiety related to recurrent or persistent thoughts (obsessions) and/or ritualistic behaviors or recurrent mental acts (compulsion)?

- Yes - Expand clinical questioning
  - Obsessive-compulsive disorder

- No

Are the presenting anxiety symptoms related to re-experiencing highly traumatic events?

- Yes - Expand clinical questioning
  - A) PSTD (of symptoms persist at least 4 weeks)
  - B) Acute Stress Disorder (if symptoms persist for less than 4 weeks)

- No

Have pervasive anxiety symptoms and worry been associated with a variety of events or situations and persisted more than 6 months.

- Yes - Expand clinical questioning
  - Generalized Anxiety Disorder

- No

Are the symptoms in response to a specific, psychosocial stressor?

- Yes - Expand clinical questioning
  - Adjustment disorder with anxiety or Adjustment disorder with mixed anxiety and depressed mood

- No

Is the anxiety clinically significant and are criteria not met for any of the previously described specific disorders?

- Yes - Anxiety disorder, N.O.S. Adjustment disorder with mixed anxiety and depressed mood

- No

Reconsider medical condition or substance abuse

- Yes

- Complete Medical Work-up or Substance Treatment Referral to RBHA clinic

- Consider referral for psychotherapy to RBHA clinic
- Consider SSRI and/or office based anxiolytic therapy or re-evaluate wellness once a week
- Consider psychiatric telephonic consultation with RBHA psychiatrics or case transfer

- No

- Consider psychotherapy referral to RBHA clinic
- Consider telephonic consultation with RBHA psychiatrist and office based medication management or case transfer

*Diagnoses are defined in DMS-IV-TR

Pingitore, D and Sansone, R., American Family Physicians, Vol. 58/No.6 (1998)
### Adult Anxiety Screening

**For Ages 18 and Older**

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

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

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Effective Date: 05/01/2009
# Anxiety

**Universally Available Medications Through AHCCCS Health Plans and RBHA Provider**

<table>
<thead>
<tr>
<th>Selective Serotonin Reuptake Inhibitor</th>
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<tbody>
<tr>
<td>Fluoxetine (Prozac)</td>
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<tr>
<td>Paroxetine (Paxil)</td>
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<tr>
<td>Sertraline (Zoloft)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Tricyclic Antidepressant</th>
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</thead>
<tbody>
<tr>
<td>Imipramine (Tofranil)</td>
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</table>

<table>
<thead>
<tr>
<th>Benzodiazepine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lorazepam (Ativan)</td>
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<tr>
<td>Clonazepam (Klonopin)</td>
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<table>
<thead>
<tr>
<th>Serotonin Partial Agonist</th>
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</thead>
<tbody>
<tr>
<td>Buspirone (Buspar)</td>
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</table>

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

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