Community Care
OF NORTH CAROLINA

Adult Anxiety Resource Guide

Introduction

In the Fall of 2017, in response to requests from our CCNC Primary Care Providers, a Community Care of North Carolina (CCNC) workgroup formed to create a resource guide designed to assist primary care practitioners in screening and treating adult anxiety in the primary care setting. This workgroup was comprised of Network Psychiatrists, Network Pharmacists, Network Behavioral Health Coordinators, the CCNC Central Office Behavioral Health Team, and physician representatives from area medical practices.

This resource guide is designed to assist busy primary care practitioners in accessing practical, evidence-based tools to help them successfully treat anxiety in adults. It includes algorithms to aid in the initial assessment and corresponding treatment approach of adult generalized anxiety disorder (GAD) and panic disorder, screening tools, a medication guide, and billing and coding guidance. In addition, the resource guide highlights anxiety-depression comorbidity prevalence, and gives suggestions for anxiety-driven referral language and grounding (breathing) techniques that can be performed by both the patient or the practitioner.

Our hope is that this resource guide proves useful, and we greatly look forward to continuing to work together on achieving the highest attainable levels of patient care across our wonderful state of North Carolina.

If you have any questions, or would like assistance in connecting with your local CCNC Network and its resources, please contact a member of the Central Office Behavioral Health Team:
(Current as of Summer 2018)

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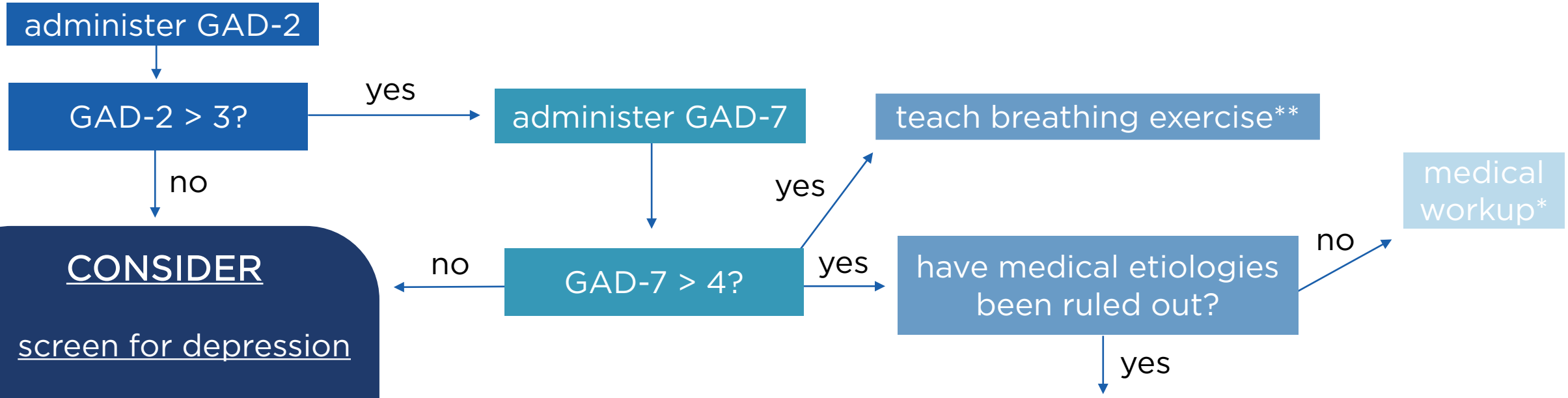

CONSIDER

- screen for depression
- screen for substance abuse (DAST or AUDIT)
- consult with network BH team to create practice-specific strategies

SCORE RANGE	ACTION
5-9 (mild)	watchful waiting provide patient education self-help or supportive counseling avoid smoking cigarettes, caffeine, alcohol repeat GAD7 at 2-4 week follow-up (in-person or telephonic) consider evidence-based treatment if functioning is impaired
10-14 (moderate)	start evidence-based treatment (pharmacologic and/or psychotherapy)
15+ (severe)	start evidence-based treatment (pharmacologic and/or psychotherapy) consider referral to specialty provider

*for example : hyperthyroidism, pheochromocytoma, or hyperparathyroidism; cardiopulmonary conditions such as arrhythmia or obstructive pulmonary diseases; neurologic diseases such as temporal lobe epilepsy or transient ischemic attacks
**please reference the "Anxiety Care Breathing" document on pp. 21 of this toolkit, as needed

Adult (>18 years) Panic Disorder Flow Chart

Patient complaint of panic attack or anxiety attack

Suspicion of Panic Disorder

administer PDSS

PDSS > 5?

yes → teach breathing exercise**

no

yes → have medical etiologies been ruled out?

no → medical workup*

yes

CONSIDER

- screen for depression
- screen for substance abuse (DAST or AUDIT)
- consult with network BH team to create practice-specific strategies

SCORE RANGE	ACTION
6-9 (mild)	watchful waiting provide patient education self-help or supportive counseling avoid smoking cigarettes, caffeine, alcohol repeat PDSS at 2-4 week follow-up (in person or telephonic) consider evidence-based treatment if functioning is impaired
10-13 (moderate)	start evidence-based treatment (ex: SSRI antidepressant and/or psychotherapy)
14+ (severe)	start evidence-based treatment (ex: pharmacologic and/or psychotherapy) avoid benzos unless patient needs rapid action to function consider referral to specialty provider

*for example : hyperthyroidism, pheochromocytoma, or hyperparathyroidism; cardiopulmonary conditions such as arrhythmia or obstructive pulmonary diseases; neurologic diseases such as temporal lobe epilepsy or transient ischemic attacks

**please reference the "Anxiety Care Breathing" document on pp. 21 of this toolkit, as needed

Screening/Evaluation

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GAD-2

Over the <u>last 2 weeks</u>, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

Use of PHQ-2 and GAD-2 Screener as Severity and Outcome Measure[1]:

These consist of the first two items of the PHQ-9 and GAD-7, respectively, and constitute the two core DSM-IV items for major depressive disorder and generalized anxiety disorder, respectively. Each ranges from a score of 0 to 6. The operating characteristics of these ultra-brief screeners is a score of 3 or greater. When used together, they are referred to as the **PHQ-4**, a 4-item screen measure which ranges from a score of 0 to 12, and serves as a good measure of "caseness" (i.e., the higher the score, the more likely there is an underlying depressive or anxiety disorder). In particular, the PHQ-2 and GAD-2 subscores of the PHQ-4 provide separate depressive and anxiety scores, and can be used as screeners for depression and anxiety.

References:

1. Pfizer. *Instruction Manual, Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*.n.d. https://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf. Accessed May 18, 2018.

PHQ-4

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔ to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Little interest or pleasure in doing things	0	1	2	3
4. Feeling down, depressed, or hopeless	0	1	2	3

Scoring

PHQ-4 total score ranges from 0 to 12, with categories of psychological distress being:

- None 0-2
- Mild 3-5
- Moderate 6-8
- Severe 9-12

Anxiety subscale = sum of items 1 and 2 (score range, 0 to 6)

Depression subscale = sum of items 3 and 4 (score range, 0 to 6)

On each subscale, a score of 3 or greater is considered positive for screening purposes

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The PHQ scales were developed by Drs. Robert L. Spitzer, Janet B.W. Williams, and Kurt Kroenke and colleagues. The PHQ scales are free to use. For research information, contact Dr. Kroenke at kkroenke@regenstrief.org

Kroenke K, Spitzer RL, Williams JBW, Löwe B. An ultra-brief screening scale for anxiety and depression: the PHQ-4 Psychosomatics 2009;50:613-621.

Source: Measurement Instrument Database for the Social Sciences (MIDSS). (n.d.). PHQ-4. Retrieved March 19, 2018, from https://www.midss.org/sites/default/files/phq-4.doc

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(*For office coding: Total Score T____ = ____ + ____ + ____)*

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Use of GAD-7 Screener as Severity and Outcome Measure[1]:

This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of "not at all," "several days," "more than half the days," and "nearly every day," respectively. GAD-7 total score for the seven items ranges from 0 to 21. Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe anxiety, respectively. Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. When screening for anxiety disorders, a recommended cutpoint for further evaluation is a score of 10 or greater.

Study on GAD-7 reliability and validity, and the relationship between GAD-7 anxiety severity scores and functional impairment, quality of life, and disability days[2]: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/410326

References:

1. Pfizer. *Instruction Manual, Instructions for Patient Health Questionnaire (PHQ) and GAD-7 Measures*.n.d. https://phqscreeners.pfizer.edrupalgardens.com/sites/g/files/g10016261/f/201412/instructions.pdf. Accessed May 18, 2018.
2. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder. *Arch Intern Med*. 2006;166(10):1092. doi:10.1001/archinte.166.10.1092.

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)

The EPDS was developed for screening postpartum women in outpatient, home visiting settings, or at the 6 –8 week postpartum examination. It has been utilized among numerous populations including U.S. women and Spanish speaking women in other countries. The EPDS consists of 10 questions. The test can usually be completed in less than 5 minutes. Responses are scored 0, 1, 2, or 3 according to increased severity of the symptom. Items marked with an asterisk (*) are reverse scored (i.e., 3, 2, 1, and 0). The total score is determined by adding together the scores for each of the 10 items. Validation studies have utilized various threshold scores in determining which women were positive and in need of referral. Cut-off scores ranged from 9 to 13 points. Therefore, to err on safety's side, a woman scoring 9 or more points or indicating any suicidal ideation – that is she scores 1 or higher on question #10 – should be referred immediately for follow-up. Even if a woman scores less than 9, if the clinician feels the client is suffering from depression, an appropriate referral should be made. The EPDS is only a screening tool. It does not diagnose depression – that is done by appropriately licensed health care personnel. Users may reproduce the scale without permission providing the copyright is respected by quoting the names of the authors, title and the source of the paper in all reproduced copies.

Instructions for Users

1. The mother is asked to underline 1 of 4 possible responses that comes the closest to how she has been feeling the previous 7 days.
2. All 10 items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others.
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

Name:
Date:
Address:
Baby's Age:

As you have recently had a baby, we would like to know how you are feeling. Please UNDERLINE the answer which comes closest to how you have felt IN THE PAST 7 DAYS, not just how you feel today.

Here is an example, already completed.

I have felt happy:

Yes, all the time
<u>Yes, most of the time</u>
No, not very often
No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - As much as I always could
   - Not quite so much now
   - Definitely not so much now
   - Not at all

2. I have looked forward with enjoyment to things
   - As much as I ever did
   - Rather less than I used to
   - Definitely less than I used to
   - Hardly at all

*3 .I have blamed myself unnecessarily when things went wrong
   - Yes, most of the time
   - Yes, some of the time
   - Not very often
   - No, never

4. I have been anxious or worried for no good reason
   - No, not at all
   - Hardly ever
   - Yes, sometimes
   - Yes, very often

*5. I have felt scared or panicky for no very good reason
   - Yes, quite a lot
   - Yes, sometimes
   - No, not much
   - No, not at all

*6. Things have been getting on top of me
   - Yes, most of the time I haven't been able to cope at all
   - Yes, sometimes I haven't been coping as well as usual
   - No, most of the time I have coped quite well
   - No, have been coping as well as ever

*7. I have been so unhappy that I have had difficulty sleeping
   - Yes, most of the time
   - Yes, sometimes
   - Not very often
   - No, not at all

*8. I have felt sad or miserable
   - Yes, most of the time
   - Yes, quite often
   - Not very often
   - No, not at all

*9 I have been so unhappy that I have been crying
   - Yes, most of the time
   - Yes, quite often
   - Only occasionally
   - No, never

*10. The thought of harming myself has occurred to me
   - Yes, quite often
   - Sometimes
   - Hardly ever
   - Never

EDINBURGH POSTNATAL DEPRESSION SCALE (EPDS)
J. L. Cox, J.M. Holden, R. Sagovsky
From: *British Journal of Psychiatry* (1987), 150, 782-786.

Name:_____ Date:_____

Panic Disorder Severity Scale – Self Report Form

Several of the following questions refer to panic attacks and limited symptom attacks. For this questionnaire we define a panic attack as a sudden rush of fear or discomfort accompanied by at least 4 of the symptoms listed below. In order to qualify as a sudden rush, the symptoms must peak within 10 minutes. Episodes like panic attacks but having fewer than 4 of the listed symptoms are called limited symptom attacks. Here are the symptoms to count:

- Rapid or pounding heartbeat
- Sweating
- Trembling or shaking
- Breathlessness
- Feeling of choking
- Chest pain or discomfort
- Nausea
- Dizziness or faintness
- Feelings of unreality
- Numbness or tingling
- Chills or hot flushes
- Fear of losing control or going crazy
- Fear of dying

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1. How many panic and limited symptoms attacks did you have during the week?

   0 No panic or limited symptom episodes
   1 Mild: no full panic attacks and no more than 1 limited symptom attack/day
   2 Moderate: 1 or 2 full panic attacks and/or multiple limited symptom attacks/day
   3 Severe: more than 2 full attacks but not more than 1/day on average
   4 Extreme: full panic attacks occurred more than once a day, more days than not

2. If you had any panic attacks during the past week, how distressing (uncomfortable, frightening) were they while they were happening? (If you had more than one, give an average rating. If you didn't have any panic attacks but did have limited symptom attacks, answer for the limited symptom attacks.)

   0 Not at all distressing, or no panic or limited symptom attacks during the past week
   1 Mildly distressing (not too intense)
   2 Moderately distressing (intense, but still manageable)
   3 Severely distressing (very intense)
   4 Extremely distressing (extreme distress during all attacks)

3. During the past week, how much have you worried or felt anxious about when your next panic attack would occur or about fears related to the attacks (for example, that they could mean you have physical or mental health problems or could cause you social embarrassment)?

   0 Not at all
   1 Occasionally or only mildly
   2 Frequently or moderately
   3 Very often or to a very disturbing degree
   4 Nearly constantly and to a disabling extent

4. During the past week were there any places or situations (e.g., public transportation, movie theaters, crowds, bridges, tunnels, shopping malls, being alone) you avoided, or felt afraid of (uncomfortable in, wanted to avoid or leave), because of fear of having a panic attack? Are there any other situations that you would have avoided or been afraid of if they had come up during the week, for the same reason? If yes to either question, please rate your level of fear and avoidance this past week.

   0 None: no fear or avoidance
   1 Mild: occasional fear and/or avoidance but I could usually confront or endure the situation. There was little or no modification of my lifestyle due to this.
   2 Moderate: noticeable fear and/or avoidance but still manageable. I avoided some situations, but I could confront them with a companion. There was some modification of my lifestyle because of this, but my overall functioning was not impaired.
   3 Severe: extensive avoidance. Substantial modification of my lifestyle was required to accommodate the avoidance making it difficult to manage usual activities.
   4 Extreme: pervasive disabling fear and/or avoidance. Extensive modification in my lifestyle was required such that important tasks were not performed.

5. During the past week, were there any activities (e.g., physical exertion, sexual relations, taking a hot shower or bath, drinking coffee, watching an exciting or scary movie) that you avoided, or felt afraid of (uncomfortable doing, wanted to avoid or stop), because they caused physical sensations like those you feel during panic attacks or that you were afraid might trigger a panic attack? Are there any other activities that you would have avoided or been afraid of if they had come up during the week for that reason? If yes to either question, please rate your level of fear and avoidance of those activities this past week.

   0 No fear or avoidance of situations or activities because of distressing physical sensations
   1 Mild: occasional fear and/or avoidance, but usually I could confront or endure with little distress activities that cause physical sensations. There was little modification of my lifestyle due to this.
   2 Moderate: noticeable avoidance but still manageable. There was definite, but limited, modification of my lifestyle such that my overall functioning was not impaired.
   3 Severe: extensive avoidance. There was substantial modification of my lifestyle or interference in my functioning.
   4 Extreme: pervasive and disabling avoidance. There was extensive modification in my lifestyle due to this such that important tasks or activities were not performed.

6. During the past week, how much did the above symptoms altogether (panic and limited symptom attacks, worry about attacks, and fear of situations and activities because of attacks) interfere with your ability to work or carry out your responsibilities at home? (If your work or home responsibilities were less than usual this past week, answer how you think you would have done if the responsibilities had been usual.)

   0 No interference with work or home responsibilities
   1 Slight interference with work or home responsibilities, but I could do nearly everything I could if I didn't have these problems.
   2 Significant interference with work or home responsibilities, but I still could manage to do the things I needed to do.
   3 Substantial impairment in work or home responsibilities; there were many important things I couldn't do because of these problems.
   4 Extreme, incapacitating impairment such that I was essentially unable to manage any work or home responsibilities.

7. During the past week, how much did panic and limited symptom attacks, worry about attacks and fear of situations and activities because of attacks interfere with your social life? (If you didn't have many opportunities to socialize this past week, answer how you think you would have done if you did have opportunities.)

   0 No interference
   1 Slight interference with social activities, but I could do nearly everything I could if I didn't have these problems.
   2 Significant interference with social activities but I could manage to do most things if I made the effort.
   3 Substantial impairment in social activities; there are many social things I couldn't do because of these problems.
   4 Extreme, incapacitating impairment, such that there was hardly anything social I could do.

Scoring the Panic Disorder Severity Scale

In scoring the Panic Disorder Severity Scale, items are rated on a scale of 0 to 4. A composite score is established by averaging the scores of the seven items. The table below can be used to convert raw scores (sum of individual item scores) into composite scores.

Raw Score	Composite Score	Raw Score	Composite Score	Raw Score	Composite Score	Raw Score	Composite Score
0	0	7	1.00	14	2.00	21	3.00
1	.14	8	1.14	15	2.14	22	3.14
2	.28	9	1.28	16	2.28	23	3.28
3	.42	10	1.42	17	2.42	24	3.42
4	.57	11	1.57	18	2.57	25	3.57
5	.71	12	1.71	19	2.71	26	3.71
6	.85	13	1.85	20	2.85	27	3.85
						28	4.00

Citation: Shear MK, Brown TA, Barlow DH, Money R, Sholomskas DE, Woods SW, Gorman JM, Papp LA. Multicenter collaborative Panic Disorder Severity Scale. American Journal of Psychiatry 1997;154:1571-1575

Multilingual Anxiety Screening Tools

The following links provide ***translations*** of select anxiety screening tools. Please note that many of these translations are NOT validated, and that translation without validation can lead to false test results due to poor interpretability [translation ≠ interpretation]. As such, an interpreter/interpretation services is/are always recommended over translated materials.[1]

- GAD-2: http://www.phqscreeners.com/select-screener
  - Can be derived from the translation of relevant items (first two questions) in the GAD-7 (translations in 70+ languages provided via the link above)
  - For more information, please see here: http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/ZZ_OTHER%20TRANSLATIONS_4.pdf

- GAD-7: http://www.phqscreeners.com/select-screener
  - 70+ languages included

- PHQ-4: http://www.phqscreeners.com/select-screener
  - Can be derived from the translation of relevant items (first two questions) in the PHQ-9 and GAD-7 (translations in 70+ languages provided via the link above)
  - For more information, please see here: http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/ZZ_OTHER%20TRANSLATIONS_4.pdf

- EPDS:
  - https://www.mcpapformoms.org/Docs/Edinburgh%20Depression%20Scale%20Translated%20Government%20of%20Western%20Australia%20Department%20of%20Health.pdf
    - Distinguishes validated from non-validated translations
    - 36 languages included
  - http://www.perinatalservicesbc.ca/health-professionals/professional-resources/health-promo/edinburgh-postnatal-depression-scale-(epds)
    - Spanish; Chinese; Farsi; French; Japanese; Korean; Portuguese; Punjabi; Russian; Somali; Tagalog; Vietnamese

References:

1. Department of Health G of WA. *Using the Edinburgh Postnatal Depression Scale (EPDS): Translated into Languages Other than English*. Vol 150. Perth; 2006. https://www.mcpapformoms.org/Docs/Edinburgh Depression Scale Translated Government of Western Australia Department of Health.pdf. Accessed February 9, 2018.

Please Note: Wide data variability exists. Sample underrepresentation, as well as the potential for selection and underreporting biases may have made presented estimates (primarily) conservative. We also used studies assessing comorbidity prevalence along a 12-month timeline (with the exception of PTSD); lifetime prevalence rates typically prove higher.[2,9]

Depressive Disorder Definitions:

Dysthymia: Now referred to as persistent depressive disorder; characterized by chronic low-level depression that is not as severe but may be longer lasting than MDD.[17] A diagnosis requires having experienced a combination of depressive symptoms for ≥ 2 years.[17]

MDD: Period of ≥ 2 weeks during which there is either depressed mood or loss of interest or pleasure and ≥ 5 symptoms that reflect a change in functioning; symptoms cause clinically-significant distress or functioning impairment; not attributable to the psychological effects of a substance or other medical condition; occurrence not better explained by other psychotic disorders; never been a manic or hypomanic episode.[18]

MDE: Typically represents a single or recurrent episode of MDD but not necessarily; could be a consequence of chronic substance abuse, a transient response to life-altering medical illness, bereavement or a normal response to major life events, or an episode of bipolar disorder.[19,20] In each of these examples, the approach to comprehensive management of an MDE differs from the management of an MDE occurring in the context of MDD.[18,19,21]

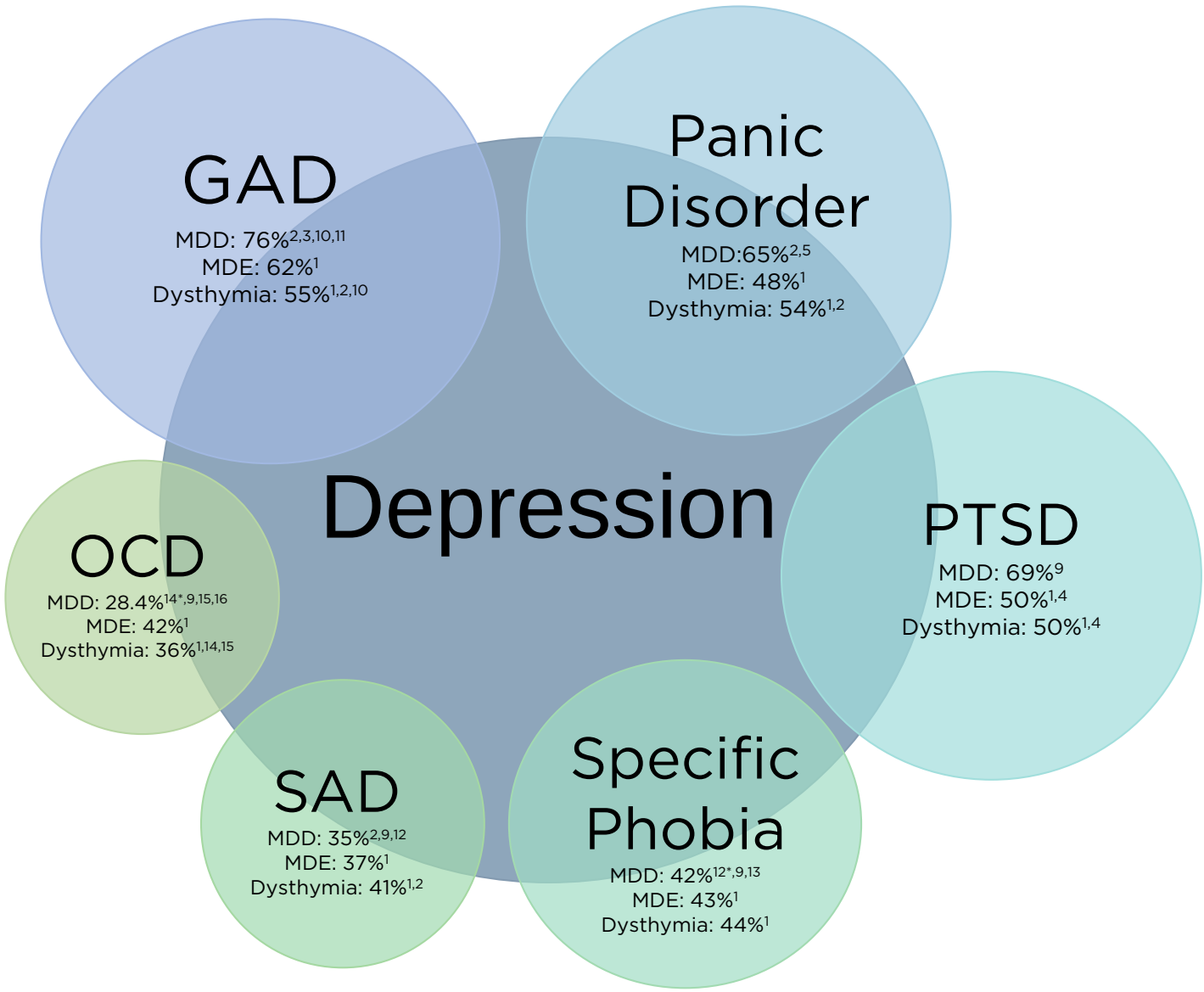
Legend:

GAD: Generalized Anxiety Disorder
PTSD: Post-Traumatic Stress Disorder
SAD: Social Anxiety Disorder
OCD: Obsessive-Compulsive Disorder
MDD: Major Depressive Disorder
MDE: Major Depressive Episode

Depression and Anxiety Comorbidity:

[Mix of Both Anxiety and Depression-Preceding; Up to 12-Month Prevalence, with the Exception of PTSD (Mixed)]

Note: It is known from multiple comorbidity studies that anxiety disorders *often* precede depressive disorders.[2,6,7,8]



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Author: Nicole Laramee, *March 2018*

Medication Information

Community Care
OF NORTH CAROLINA

Medication Table: Generalized Anxiety Disorder and Panic Disorder

Medication	FDA-Approved Anxiety Indications	Therapeutic Dose Range (mg/day)	Initial Dose (mg/day)	Titration Schedule	Elderly Dosing	Pregnancy Category	Additional Information
Selective Serotonin Reuptake Inhibitors (SSRIs)							
CITALOPRAM *(Celexa)*		20-40	20	May increase to 40mg after one week	Start: 10mg Max: 20mg	C	- Mild initial sedation is dose dependent - Sexual side effects are common - Negligible drug-drug interactions - Hepatic impairment: Max 20mg/day
ESCITALOPRAM *(Lexapro)*	GAD	10-20	10	May increase to 20mg after one week	Max: 10mg	C	- Sexual side effects are common - Negligible drug-drug interactions - Hepatic impairment: Max 10mg/day
PAROXETINE *(Paxil)*	GAD, OCD, PD, PTSD, SAD	*GAD:* 20-50	20	Increase by 10mg/day every week	Start: 10mg Max: 40mg	D	- Avoid during pregnancy due to risk of congenital malformations (cardiac) - Sexual side effects are common - Tends to cause fewer arousal/ insomnia effects common with SSRIs - Severe renal/hepatic impairment: Dose adjust
		Panic Disorder: 10-60 (IR) 12.5-75 (ER)	10 (IR) 12.5 (ER)	IR: Increase by 10mg/day every week ER: Inc. by 12.5mg/day qweek	IR Max: 40mg ER Max: 50mg		
SERTRALINE *(Zoloft)*	OCD, PD, PTSD, SAD	50-200	25-50	Increase by 25-50mg/day every week	No change	C	- Sexual side effects are common - Tends to initially increase alertness - Hepatic impairment: Lower initial dose and/or increase dosing interval
Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)							
DULOXETINE *(Cymbalta)*	GAD	60-120	60	Increase by 30mg increments; Doses > 60mg rarely more effective	Start: 30mg	C	- Option for co-morbid pain disorder - Severe hepatic/renal impairment: Do not use
VENLAFAXINE XR *(Effexor XR)*	GAD, PD, SAD	75-225	37.5-75	Increase by 75mg/day every week	Start: 37.5mg	C	- Very activating which can increase anxiety - Take with food to minimize nausea - May increase blood pressure at high doses - Renal dose adjust for CrCl < 70

GAD: Generalized Anxiety Disorder OCD: Obsessive-Compulsive Disorder PD: Panic Disorder PTSD: Post-Traumatic Stress Disorder SAD: Social Anxiety Disorder

Medication	FDA-Approved Anxiety Indications	Therapeutic Dose Range (mg/day)	Initial Dose (mg/day)	Titration Schedule	Elderly Dosing	Pregnancy Category	Additional Information
Other Antidepressants							
BUPROPION *(Wellbutrin)*	Seasonal Affective Disorder	IR: 200-450 12hr XR: 300-400 24hr XR: 300-450	IR: 100 BID 12hr: 150 qAM 24hr: 150 qAM	IR: Increase after 3 days 12hr: Increase after 3 days 24hr: Increase after 4 days	No change	C	- Very activating which can increase anxiety - Good option for co-morbid ADHD - Little sexual side effects - May cause weight loss - Hepatic impairment: Dose adjust - Do not use if history of seizure, bulimia, anorexia or substance abuse
MIRTAZAPINE *(Remeron)*		15-45	15	Increase by 15mg; Maintain 30mg x 4 weeks before increase to 45mg	Increase by 7.5mg	C	- Helps with insomnia - Few drug interactions - Sedation at low dose only (7.5mg) - Little sexual side effects - May cause weight gain
VILAZODONE *(Viibryd)*		20-40	10	10mg/day x 1 week, then 20mg/day x1 week; May inc. to 40mg/day after 1 week	No change	C	- Little sexual side effects - Take with food - 40mg effective for GAD in trial
VORTIOXETINE *(Trintellix)*		5-20	5-10	Decrease to 5mg/day if not well tolerated	No change	C	- Little sexual side effects - Results from trials inconsistent
Benzodiazepines							
ALPRAZOLAM *(Xanax)*	Anxiety, PD	*Anxiety:* 0.75-2 in 3-4 divided doses	0.75-1.5 in 3 divided doses	Increase dose every 3-4 days	IR: 0.25mg BID-TID ER: 0.5mg qday	D	- Avoid in patients with h/o substance abuse - Greater potential for abuse due to short onset of action - Severe hepatic impairment: Dose adjust
		Panic Disorder: IR: 4.5-6 in 3-4 divided doses ER: 3-6	IR: 1.5 in 3 divided doses ER: 0.5-1	Increase dose by up to 1mg/day every 3-4 days			
CLONAZEPAM *(Klonopin)*	PD	0.5-2 in 2 divided doses	0.5 in 2 divided doses	Increase by 0.25mg/day every 1-2 days to max of 4mg	Start at low end of range	D	- Avoid in patients with h/o substance abuse - Severe hepatic impairment: Do not use

GAD: Generalized Anxiety Disorder OCD: Obsessive-Compulsive Disorder PD: Panic Disorder PTSD: Post-Traumatic Stress Disorder SAD: Social Anxiety Disorder

Medication	FDA-Approved Anxiety Indications	Therapeutic Dose Range (mg/day)	Initial Dose (mg/day)	Titration Schedule	Elderly Dosing	Pregnancy Category	Additional Information
Other Benzodiazepines, continued							
DIAZEPAM *(Valium)*	Anxiety	4-40 in 2-4 divided doses	4-40 in 2-4 divided doses		Start at low end of range	D	- Avoid in patients with h/o substance abuse - Greater potential for abuse due to short onset of action - Severe hepatic impairment: Do not use
LORAZEPAM *(Ativan)*	Anxiety	2-6 in 2-3 divided doses	2-3 in 2-3 divided doses	Increase dose as needed to max of 10mg/day	1-2mg/day divided BID-TID	D	- Avoid in patients with h/o substance abuse - Severe hepatic impairment: Do not use
Other Anxiolytics							
BUSPIRONE *(Buspar)*	Anxiety	15-60	7.5 BID	Increase 5mg/day every 2-3 days	Start: 5mg BID	B	- GAD: 2nd line therapy - Common side effects: Dizziness, mild sedation - Severe hepatic/renal impairment: Do not use
HYDROXYZINE *(Vistaril)*	Anxiety	50-400	25 BID	Increase by 50mg/day every week to 50-100mg QID prn	Start at low end of range	C	- GAD: 2nd line therapy - Helps with insomnia - Renal dose adjust for CrCl < 50
PROPRANOLOL *(Inderal)*		10-80	10-40	Start 10mg BID-TID prn, can increase to 20mg QID	Start low	C	- Monitor blood pressure; May cause fatigue - May cause depression at higher doses
Options for Co-Morbid Pain Disorders							
PREGABALIN *(Lyrica)*		50-100 TID	50 TID	Increase to 100mg TID within 1 week; Max: 600mg/day	No change	C	- Consider avoiding during pregnancy due to insufficient data and possible risk - Renal dose adjust for CrCl < 60
GABAPENTIN *(Neurontin)*		300-1200 TID	300	300mg x 1 day, then 300 BID x 1 day, then 300mg TID Max: 3600mg/day	No change	C	- Renal dose adjust for CrCl < 60

GAD: Generalized Anxiety Disorder OCD: Obsessive-Compulsive Disorder PD: Panic Disorder PTSD: Post-Traumatic Stress Disorder SAD: Social Anxiety Disorder

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Billing Information

Community Care
OF NORTH CAROLINA

Adult Billing Codes for Emotional/Behavioral and Other Health Risks

Social-Emotional Screening	Code	Payment
ADHD (ASRS) Depression (PHQ-2/PHQ-9) Anxiety (GAD-2/GAD-7) **<u>Note</u>: Covers any structured screen for emotional and behavioral health risks that's use is indicated by clinical best practice guidelines	96127 Limit 2 units per visit	$4.25

Perinatal Depression Screening	Code	Payment
Mother as patient (i.e. Family Medicine or OB practice) ▪ Edinburgh (EPDS) recommended as it also includes anxiety symptoms ▪ PHQ-2/PHQ-9 and GAD-2/GAD-7 covered; Covers any structured screen for emotional and behavioral health risks that's use is indicated by clinical best practice guidelines **<u>Note</u>: Can be billed both during and after pregnancy	96127	$4.25

Alcohol/Substance Structured Screening and Brief Intervention (SBIRT)	Code	Payment
Alcohol Use (AUDIT) Substance Use (DAST-10) 15-30 min brief intervention* >30 min brief intervention* **<u>Note</u>: Brief intervention must occur, time standards must be met, and adequate documentation provided. For more information on SBIRT billing, please visit: http://www.integration.samhsa.gov/clinical-practice/sbirt/financing#medicaid	96160 96160 99408 99409	$3.74 $3.74 $29.81 $58.60

Smoking and Tobacco Use Cessation Counseling	Code	Payment
3-10 min >10 min	99406 99407	$11.57 $22.36

Health and Behavior Assessment: Completed by LPC, LCSW, LMFT, CNS, LPA, LCAS, CCS for Intervention with Medical Dx	Code	Payment
Assessment Re-Assessment	96150 96151 Limit 2 units per visit	$18.67 per 15 min $18.07 per 15 min

To access the most up to date information on North Carolina Medicaid CPT Codes, please view the most recent Physician Fee Schedule at:
https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule
For North Carolina Division of Medical Assistance support, contact the Medical Assistance Operations Section at (919) 855-4050.
If you have a billing or credentialing concern, you may contact CSRA (NCTracks) at (800) 688-6696.

Other Anxiety Care Support Resources

Community Care
OF NORTH CAROLINA

Scripts When Addressing Anxiety

Medical Assistant/ Dietician/Administer of GAD7

"Given your anxiety symptoms, **[provider name]** may recommend a visit with a member of your care team. What do you think about visiting with my teammate who can help you feel better? Visits are usually brief, 10-15 minutes. I'll alert **[provider name]** today and you can discuss with him/her what to do."

Registrar

"Welcome to our practice. We have many care team members to support you. One of your care team members is a wellness consultant. They work with you to help improve overall health and well-being. If you wish to improve your well-being, or make some lifestyle changes, you may want to ask your doctor about seeing them. They make it easy, often available for same-day visits with your doctor."

Nurse

"I appreciate your call today. It sounds like it would be great for you to be seen today. One option is for you to come in and speak with one of our wellness consultants. They are members of your care team who work closely with your doctor to support you with lifestyle support and concerns. They are often available for same-day visits when you come in to see your doctor and may be available today to see you. Would you like me to schedule you with one of them today?"

Medical Provider

"This chest pain you are experiencing definitely requires care and I think it is important to address all possible sources. One piece of this may be stress, so while I make sure we check your labs and do an EKG today, I would also like you to speak to my colleague, **[wellness consultant]**. **[Wellness consultant]** helps me make decisions with patients regarding their care and will report to me based on your conversation what might be some ways we can get things moving in the right direction for you. Is it okay if I invite them in today for about 10-15 minutes while I get some of these other things moving?"

Anyone on Care Team Administering Screening:

As an anxious person, I am waiting for the other shoe to drop. Attitude is that you can't help me. If referral is made before appropriate time or medication is the first recommendation, you could be creating another task/another potential series of situations before I have some potential for relief. And you strengthened my resolve that relief is not going to happen because you're not going to help me.

Come from a *self-directed* place: "Does this feel comfortable for you?"

Administering anxiety screening: "I'm asking/giving you these questions to gain a better understanding how I can help you."

Normalize: "Here is the scale and where you landed today… this number suggests… Anxiety is not uncommon; it doesn't mean you are messed up.

"Do you want to address this?"

→ If YES:

1. Facilitate cleansing breath, and/or square breath.
2. "I have just the place **[counseling agency, or person]**. They work very hard to provide great service, here is their location **[location of person or agency]**."
3. If *same* location: "Would you be interested in talking my colleague that specializes in anxiety care?
4. If NO: "What is most important for you to address now? We can revisit symptoms of anxiety when you choose to."

Anxiety Care
Breathing

All health team members from clerical to clinical experience stress. Here are two simple breathing exercises you can use at any time today to improve your well-being. Practice yourself or with patients.

Why is this important? Stress activates the sympathetic nervous system (flee, freeze, fight) which impacts all body systems and can have adverse effects over time. Mindful breathing is an effective way of activating the parasympathetic nervous system, which means reduced blood pressure, improved focus, greater concentration, higher degrees of happiness, increased satisfaction and more. You will experience greater results the more you practice these exercises because they establish new pathways in the brain that increase your ability to manage stress.

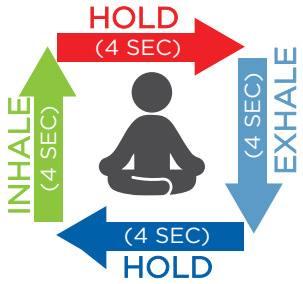
Cleansing Breaths are always good, whether you are anxious or not. They help you feel at ease.

1. Inhale through your nose as much as you can.
2. Open your mouth and exhale.
3. Repeat steps 1 and 2 twice.
4. Inhale through your nose as much as you can.
5. Close mouth and exhale through your nose.

Additional Cleansing Breaths are good when you feel especially stressed or tense. You might notice you are holding your body tight, hunching or slumping, clenching your fists, wringing your hands, clenching your jaw, furrowing your brow, or raising your shoulders.

Repeat the exercise above as many times as needed, taking 3 to 5 cycles of normal breath in between each time.

Square Breaths are techniques used by Navy SEALS to help maintain calm focus and clear minds:



Start at green arrow:

1. Inhale through your nose for 4 seconds.
2. Hold your breath 4 seconds.
3. Exhale through your nose 4 seconds.
4. Hold your breath 4 seconds.
5. Repeat 3 more times at minimum.

Try It Yourself:

Free Apps to Download*:
- Insight Timer
- Headspace
- Calm

**Apps are suggestions and not maintained by CCNC.*