

Community Guidelines of Chronic Care for Anxiety Disorders in Primary Care:

Exercise helps all. Anxiety Disorder, NOS is not an indication for a chronic benzodiazepine and there is not evidence to support this prescribing practice. Please exercise caution in using antidepressant anxiolytics if the patient has a diagnosis of bipolar disorder especially if not stable on a mood stabilizer. Individuals with anxiety disorders may be more sensitive to side effects on initiation of medication so start low.

Disorder	Generalized Anxiety Disorder	Social Anxiety Disorder	Panic Disorder	PTSD (BENZODIAZEPINES MAY CAUSE HARM-DO NOT RX)	OCD
Step 1 *Step not completed until adequate trial or all are proven to be intolerable.* (Note: many people have to try more than 1 psychotherapist before finding a match)	SSRI, SNRI Adequate trial = 6-8w at moderate to high dose or Cognitive Behavioral Therapy	SSRI, SNRI Adequate trial 6 weeks at moderate to high dose for initial response and 12 – 16w for full response or Cognitive Behavioral Therapy	SSRI or CBT SSRI Onset of effect may be 2-4 w, but clinical response can take 8-12 w. Trials have shown that therapeutic effects, particularly on anticipatory anxiety and phobic avoidance, can continue to increase over 6 to 12m. Moderate to High Dose	Trauma Focused Psychotherapy (TFP) or SSRI or SNRI Adequate = high dose 6-8w	SSRI and/or CBT (ERP) Adequate trial = High dose for 12w
Step 2	1 st /2 nd SSRI or SNRI or CBT	1 st /2 nd SSRI or SNRI or CBT	2 nd SSRI or SNRI or CBT	TFP or SSRI or SNRI	CBT (ERP) or 2nd SSRI
Step 3	2nd SSRI or SNRI or CBT	2nd SSRI or SNRI or CBT	SNRI or CBT	TFP or SSRI or SNRI	Clomipramine
Step 4	Consider referral to or collaborating with a psychiatric NP or psychiatrist for consultation. Considerations = Bupirone, Off label meds with some evidence, Other psychosocial therapies, Benzodiazepine If no substance abuse history, benefits outweigh long-term risks, patient acknowledges and accepts risk, closely monitored, no escalating doses.	Consider collaborating with or referral to a psychiatric NP or psychiatrist for consultation. Considerations = Off label meds with some evidence, Other psychosocial therapies	Consider collaborating with or referral to a psychiatric NP or psychiatrist for consultation. Considerations = Off label meds with some evidence, other psychosocial therapies, Benzodiazepine If no substance abuse history, benefits outweigh long-term risks, patient acknowledges and accepts risk, closely monitored, no escalating doses.	Consider collaborating with or referral to a psychiatric NP or psychiatrist for consultation. Considerations = Off label meds with some evidence such as Prazosin for nightmares, Other psychosocial therapies	Consider collaborating with or referral to a psychiatric NP or psychiatrist for consultation.