Prescribing Guidelines for Anxiety Disorders and Depression
Prescribing for Anxiety Disorders and Depression

This document was developed by Nationwide Children’s Hospital in conjunction with Partners For Kids using evidence-informed clinical guidelines and expert opinion, where evidence is lacking, and are generally reflective of FDA approved indications and recommendations. It is designed to help primary care practitioners provide timely and effective treatment for children with mental health disorders. This document should not be considered a substitute for sound clinical judgment and clinicians are encouraged to seek additional information, if questions arise. If therapeutic response is inadequate, refer to or consult with specialty behavioral health.

Additional resources can be found at the Behavioral Health Treatment Insights and Provider Support (BH-TIPS) line. The BH-TIPS line allows community providers to consult with a Nationwide Children’s Hospital psychiatrist via a virtual appointment. Further details as well as appointment scheduling can be found at the link below:

www.NationwideChildrens.org/BHTIPS
BHOfficeHours@NationwideChildrens.org
Anxiety Disorders and Depression Overview

• Mild cases of anxiety and depression may resolve with lifestyle changes and supportive care (see www.GLADPC.org). Counseling, ideally Cognitive Behavioral Therapy (CBT), is recommended for persistent symptoms or moderate to severe cases.

• Medications may be considered in moderate to severe cases. Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin Norepinephrine Reuptake Inhibitors (SNRIs) are common medication classes used for anxiety disorders and depression.

• The medications listed below have FDA indication, or data is sufficient to endorse their use. Other SSRIs may be used effectively, although data is limited.

Screening for Anxiety Disorders

• Generalized Anxiety Disorder-7 (GAD-7)
  – The Generalized Anxiety Disorder-7 (GAD-7) is a tool that can assist in identifying probable cases of generalized anxiety disorder in adolescents aged 12 and older.
  – This tool asks patients or their parents about the symptoms experienced within the past 2 weeks.
  – Scoring of the questionnaire is a total of numeric values in the GAD-7 grid and reflects the presence of anxiety symptoms, with higher scores reflecting a higher severity.
    • 0-4: minimal anxiety
    • 5-9: mild anxiety
    • 10-14: moderate anxiety
    • 15-21: severe anxiety
  – Providers are encouraged to use this tool to screen and monitor patients for anxiety symptoms.
  – The GAD-7 questionnaire can be found at:
    • GAD-7 (General Anxiety Disorder-7) - www.mdcalc.com/gad-7-general-anxiety-disorder-7
    • See page 10-11
• **Screen for Child Anxiety Related Disorders (SCARED)**
  
  – The Screen for Child Anxiety Related Disorders (SCARED) is a tool used to screen and monitor patients age 8-18 for anxiety disorders.
  
  – The tool asks patients or their parents about their symptoms experienced within the past 3 months.
  
  – Scoring of the tool can be complex, but the increased complexity can provide a greater level of details about the anxiety disorder.
  
  – Instructions for scoring of the tool can be found at the end of each questionnaire.
  
  – Providers are encouraged to use the tool to screen, monitor, and optimize medication use for anxiety symptoms in children.
  
  – The SCARED questionnaire can be found at:
    
    • **Child version:**
      
      
      – See pages 12-14
    
    • **Parent version:**
      
      
      – See pages 15-17
Treating Anxiety Disorders

- Anxiety may present as irritability/agitation or aggression in children depending on their developmental stage, and may inadvertently be misdiagnosed as a behavior or other disorder.
- To appropriately evaluate anxiety, utilization of the above screening tools is recommended.
- The medication management approach is noted below:

Screening for Depression

- Patient Health Questionnaire (PHQ-9)
  - The Patient Health Questionnaire (PHQ-9) modified for teens is a screening and monitoring tool for depression in adolescents aged 11-17.
  - The questionnaire asks patients about their symptoms experienced within the past 2 weeks.
  - Scoring of the questionnaire is a total of numeric values in the PHQ-9 grid and reflects presence of depressive symptoms, with higher scores reflecting a worse status.
    - <5: no significant depression
    - 5-9: mild depression
    - 10-19: moderate depression
    - >19: significant depression and limited positive functioning
  - Providers are encouraged to use the questionnaire to optimize medication use for pediatric depression.
  - The PHQ-9 questionnaire can be found at:
    - See pages 18-19
Treating Depression

- Symptoms of depression may require therapy with medications in addition to CBT.
- Recommended options include SSRIs or SNRIs as noted below:

**DEPRESSION**

**1ST LINE: SSRI**
(E.G., ESCITALOPRAM OR FLUOXETINE)

**2ND LINE: ALTERNATIVE SSRI**
(E.G., CITALOPRAM OR SERTRALINE)

**3RD LINE: ALTERNATIVE CLASS**
(E.G., SNRI)

SSRI and SNRI Medications for Treatment of Anxiety Disorders or Depression

- Educate patients that the full effect of an antidepressant may take up to 6-8 weeks to be seen.
- Antidepressants contain a boxed warning indicating a possibility of increased suicidal thoughts and behaviors in adolescents (although no completed suicides have been reported due to SSRI initiation).
- Common side effects of antidepressants mentioned below may improve within 1-2 weeks:

<table>
<thead>
<tr>
<th>Patient-related Considerations</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhea</td>
<td>Increase hydration and fiber intake</td>
</tr>
<tr>
<td>Dry Mouth</td>
<td>Take in the morning</td>
</tr>
<tr>
<td></td>
<td>Sip water frequently</td>
</tr>
<tr>
<td>Insomnia</td>
<td>Take in the morning</td>
</tr>
<tr>
<td>Nausea</td>
<td>Take with meals</td>
</tr>
<tr>
<td></td>
<td>Eat frequent small meals</td>
</tr>
<tr>
<td>Shaking or Tremors</td>
<td>Monitor for worsening symptoms</td>
</tr>
</tbody>
</table>

- Serotonin syndrome may occur at initiation, dose increases, or when a new medication is added. Patients should be discontinued from the antidepressant if there are serious side effects or if serotonin syndrome is suspected.
  - Serotonin syndrome should be suspected in the presence of the triad of symptoms below:
    - Mental status changes, autonomic hyperactivity, and neuromuscular abnormalities
### Medication List for Medicaid Plans

<table>
<thead>
<tr>
<th>Drug</th>
<th>Initial Daily Dose</th>
<th>Titration Recommendation</th>
<th>Max Daily Dose</th>
<th>Strengths Available</th>
<th>Taper Recommendation</th>
<th>Clinical Pearls</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Selective Serotonin Reuptake Inhibitors (SSRIs)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Citalopram</strong> (Celexa®)</td>
<td>10-20 mg</td>
<td>5-10 mg every 2 weeks</td>
<td>40 mg</td>
<td>10 mg, 20 mg, 40 mg</td>
<td>10 mg every 1-2 weeks</td>
<td>Caution with use of doses &gt;40 mg due to risk of QTc prolongation</td>
</tr>
<tr>
<td><strong>Escitalopram</strong> (Lexapro®)</td>
<td>5 mg</td>
<td>10 mg every 3 weeks</td>
<td>20 mg</td>
<td>5 mg, 10 mg, 20 mg</td>
<td>5 mg every 1-2 weeks</td>
<td>Risk of QTc prolongation is still present, but less so than citalopram</td>
</tr>
<tr>
<td><strong>Fluoxetine</strong> (Prozac®)</td>
<td>5-10 mg</td>
<td>10 mg every week</td>
<td>40 mg</td>
<td>10 mg, 20 mg, 40 mg</td>
<td>10 mg every 1-2 weeks</td>
<td>Consider for non-adherent patients due to long half-life. More likely to cause insomnia/agitation</td>
</tr>
<tr>
<td><strong>Sertraline</strong> (Zoloft®)</td>
<td>12.5-50 mg</td>
<td>25 mg every week</td>
<td>200 mg</td>
<td>25 mg, 50 mg, 100 mg</td>
<td>25 mg every week</td>
<td>Oral concentrate must be diluted with specific liquids immediately before use (e.g., water, orange juice, lemonade)</td>
</tr>
<tr>
<td><strong>Duloxetine</strong> (Cymbalta®)</td>
<td>30 mg</td>
<td>30 mg every 2 weeks</td>
<td>120 mg</td>
<td>20 mg, 30 mg, 40 mg</td>
<td>50% every 1-2 weeks</td>
<td>Monitor for hypertension, dizziness, insomnia.</td>
</tr>
<tr>
<td><strong>Venlafaxine</strong> (Effexor®)</td>
<td>12.5-75 mg</td>
<td>37.5-75 mg every 3-4 days</td>
<td>225 mg</td>
<td>25 mg, 37.5 mg, 50 mg, 75 mg</td>
<td>25 mg every week</td>
<td>Increased risk for night sweats. Take with food. Gradually taper to minimize risk of withdrawal.</td>
</tr>
<tr>
<td><strong>Venlafaxine ER</strong> (Effexor ER®)</td>
<td>37.5-75 mg</td>
<td>37.5-75 mg every week</td>
<td>225 mg</td>
<td>37.5 mg, 75 mg, 150 mg, 225 mg</td>
<td>37.5 mg every week</td>
<td>Increased risk of night sweats. Gradually taper to minimize risk of withdrawal.</td>
</tr>
</tbody>
</table>

All medications above are available generically.

1 Dosing is for school-aged children. Medication treatment in preschool-aged children should be considered after a trial of behavioral intervention.
Switching Medications

- Switching between medications in these classes often depends on several factors and requires individual medication and patient considerations.
- The BH-TIPS service is available as a resource for provider to provider consult with a psychiatrist to assist with medication switch approach.
  - BHOfficeHours@NationwideChildrens.org
- Note: Drug information is compiled from data at Lexicomp Online, online.lexi.com. Please refer to the specific medication’s package insert for the most up to date information.

References

Generalized Anxiety Disorder 7-Item (GAD-7) Scale

Name: 
Date: 

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Feeling nervous, anxious, or on edge
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

2. Not being able to stop or control worrying
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

3. Worrying too much about different things
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

4. Trouble relaxing
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

5. Being so restless that it’s hard to sit still
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

6. Becoming easily annoyed or irritable
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

7. Feeling afraid as if something awful might happen
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

Add Scores for Each Column
   - Not At All
   - Several Days
   - Over Half the Days
   - Nearly Every Day

Total Score (Sum of Column Scores)

If any of the above problems were identified, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- Not Difficult At All
- Somewhat Difficult
- Very Difficult
- Extremely Difficult

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an education grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.
GAD-7 Important Notes and Scoring

The GAD-7 is based on the diagnostic criteria for GAD described in DSM-IV. However, the GAD-7 is also sensitive to severity of symptoms of social phobia, post-traumatic stress disorder, and panic disorder.

Please note: This questionnaire is designed for use by a health professional. Since the questionnaires rely on patient self-report, all responses should be verified by the clinician and a definitive diagnosis made on clinical grounds, taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient (e.g., presence of DSM-IV GAD symptoms). A diagnosis of Generalized Anxiety Disorder should not be made based on GAD-7 scores alone.

*A score of 10 or greater indicates that further evaluation is required.*

Scoring Criteria: Total score (adding all the numbers) provides a possible score from 0-21.

GAD-7 Total Score Symptom Range

- 0-4 Minimal Anxiety
- 5-9 Mild Anxiety
- 10-14 Moderate Anxiety
- 15-21 Severe Anxiety

References:


Screen for Child Anxiety Related Disorders (SCARED)  
CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Name: __________________________________________ Date: __________________________________

**Directions:**
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then, for each sentence, check √ the box that corresponds to the response that seems to describe you for the last 3 months.

<table>
<thead>
<tr>
<th></th>
<th>0 Not True or Hardly Ever True</th>
<th>1 Somewhat True or Sometimes True</th>
<th>2 Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When I feel frightened, it is hard to breathe.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>2. I get headaches when I am at school.</td>
<td></td>
<td>SCH</td>
<td></td>
</tr>
<tr>
<td>3. I don’t like to be with people I don’t know well.</td>
<td></td>
<td>SOC</td>
<td></td>
</tr>
<tr>
<td>4. I get scared if I sleep away from home.</td>
<td></td>
<td>SEP</td>
<td></td>
</tr>
<tr>
<td>5. I worry about other people liking me.</td>
<td></td>
<td>GA</td>
<td></td>
</tr>
<tr>
<td>6. When I get frightened, I feel like passing out.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>7. I am nervous.</td>
<td></td>
<td>GA</td>
<td></td>
</tr>
<tr>
<td>8. I follow my mother or father wherever they go.</td>
<td></td>
<td>SEP</td>
<td></td>
</tr>
<tr>
<td>9. People tell me that I look nervous.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>10. I feel nervous with people I don’t know well.</td>
<td></td>
<td>SOC</td>
<td></td>
</tr>
<tr>
<td>11. I get stomachaches at school.</td>
<td></td>
<td>SCH</td>
<td></td>
</tr>
<tr>
<td>12. When I get frightened, I feel like I am going crazy.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>13. I worry about sleeping alone.</td>
<td></td>
<td>SEP</td>
<td></td>
</tr>
<tr>
<td>14. I worry about being as good as other kids.</td>
<td></td>
<td>GA</td>
<td></td>
</tr>
<tr>
<td>15. When I get frightened, I feel like things are not real.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>16. I have nightmares about something bad happening to my parents.</td>
<td></td>
<td>SEP</td>
<td></td>
</tr>
<tr>
<td>17. I worry about going to school.</td>
<td></td>
<td>SCH</td>
<td></td>
</tr>
<tr>
<td>18. When I get frightened, my heart beats fast.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>19. I get shaky.</td>
<td></td>
<td>PA/SO</td>
<td></td>
</tr>
<tr>
<td>20. I have nightmares about something bad happening to me.</td>
<td></td>
<td>SEP</td>
<td></td>
</tr>
</tbody>
</table>
### Screen for Child Anxiety Related Disorders (SCARED)

**CHILD Version**—Page 2 of 2 (to be filled out by the CHILD)

<table>
<thead>
<tr>
<th>Question</th>
<th>0 Not True or Hardly Ever True</th>
<th>1 Somewhat True or Sometimes True</th>
<th>2 Very True or Often True</th>
</tr>
</thead>
<tbody>
<tr>
<td>21. I worry about things working out for me.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. When I get frightened, I sweat a lot.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. I am a worrier.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. I get really frightened for no reason at all.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. I am afraid to be alone in the house.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. It is hard for me to talk with people I don’t know well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. When I get frightened, I feel like I am choking.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. People tell me that I worry too much.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. I don’t like to be away from my family.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. I am afraid of having anxiety (or panic) attacks.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. I worry that something bad might happen to my parents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. I feel shy with people I don’t know well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. I worry about what is going to happen in the future.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. When I get frightened, I feel like throwing up.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. I worry about how well I do things.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I am scared to go to school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. I worry about things that have already happened.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. When I get frightened, I feel dizzy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don’t know well.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. I am shy.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.


*The SCARED is available at no cost at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments.*

*January 19, 2018*
**Screen for Child Anxiety Related Disorders (SCARED) CHILD Version**

TO BE COMPLETED BY CLINICIAN

Name: __________________________________________ Date: __________________________________

**SCORING:**

A total score of $\geq 25$ may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

**PA/SO =**

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

**GA =**

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

**SEP =**

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Phobic Disorder**.

**SOC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance Symptoms**.

**SCH =**

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D.,

Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu


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January 19, 2018
Direction: Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then, for each statement, check √ the box that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

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<td>2. My child gets headaches when he/she is at school.</td>
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<td></td>
<td>SCH</td>
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<tr>
<td>3. My child doesn’t like to be with people he/she doesn't know well.</td>
<td></td>
<td></td>
<td>SOC</td>
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<tr>
<td>4. My child gets scared if he/she sleeps away from home.</td>
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<td>5. My child worries about other people liking him/her.</td>
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<td>GA</td>
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<td>6. When my child gets frightened, he/she feels like passing out.</td>
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<td>7. My child is nervous.</td>
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<td>GA</td>
</tr>
<tr>
<td>8. My child follows me wherever I go.</td>
<td></td>
<td></td>
<td>SEP</td>
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<td>9. People tell me that my child looks nervous.</td>
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<td>SCH</td>
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<td></td>
<td>PA/SO</td>
</tr>
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<td>19. He/she gets shaky.</td>
<td></td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>20. My child has nightmares about something bad happening to him/her.</td>
<td></td>
<td></td>
<td>SEP</td>
</tr>
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Screen for Child Anxiety Related Disorders (SCARED)
PARENT Version—Page 2 of 2 (to be filled out by the PARENT)

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>21.</td>
<td>My child worries about things working out for him/her.</td>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>22.</td>
<td>When my child gets frightened, he/she sweats a lot.</td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>23.</td>
<td>My child is a worrier.</td>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>24.</td>
<td>My child gets really frightened for no reason at all.</td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>25.</td>
<td>My child is afraid to be alone in the house.</td>
<td></td>
<td>SEP</td>
</tr>
<tr>
<td>26.</td>
<td>It is hard for my child to talk with people he/she doesn’t know well.</td>
<td></td>
<td>SOC</td>
</tr>
<tr>
<td>27.</td>
<td>When my child gets frightened, he/she feels like he/she is choking.</td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>28.</td>
<td>People tell me that my child worries too much.</td>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>29.</td>
<td>My child doesn't like to be away from his/her family.</td>
<td></td>
<td>SEP</td>
</tr>
<tr>
<td>30.</td>
<td>My child is afraid of having anxiety (or panic) attacks.</td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>31.</td>
<td>My child worries that something bad might happen to his/her parents.</td>
<td></td>
<td>SEP</td>
</tr>
<tr>
<td>32.</td>
<td>My child feels shy with people he/she doesn’t know well.</td>
<td></td>
<td>SOC</td>
</tr>
<tr>
<td>33.</td>
<td>My child worries about what is going to happen in the future.</td>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>34.</td>
<td>When my child gets frightened, he/she feels like throwing up.</td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>35.</td>
<td>My child worries about how well he/she does things.</td>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>36.</td>
<td>My child is scared to go to school.</td>
<td></td>
<td>SCH</td>
</tr>
<tr>
<td>37.</td>
<td>My child worries about things that have already happened.</td>
<td></td>
<td>GA</td>
</tr>
<tr>
<td>38.</td>
<td>When my child gets frightened, he/she feels dizzy.</td>
<td></td>
<td>PA/SO</td>
</tr>
<tr>
<td>39.</td>
<td>My child feels nervous when he/she is with other children or adults and he/she has to do something while they watch him/her (for example: read aloud, speak, play a game, play a sport).</td>
<td></td>
<td>SOC</td>
</tr>
<tr>
<td>40.</td>
<td>My child feels nervous when he/she is going to parties, dances, or any place where there will be people that he/she doesn’t know well.</td>
<td></td>
<td>SOC</td>
</tr>
<tr>
<td>41.</td>
<td>My child is shy.</td>
<td></td>
<td>SOC</td>
</tr>
</tbody>
</table>

*The SCARED is available at no cost at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under resources/instruments.*

January 19, 2018
## Screen for Child Anxiety Related Disorders (SCARED) PARENT Version

**TO BE COMPLETED BY CLINICIAN**

### SCORING:

A total score of \( \geq 25 \) may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific. **TOTAL =**

A score of 7 for items 1, 6, 9, 12, 15, 18, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**. **PA/SO =**

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**. **GA =**

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety**. **SEP =**

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Phobic Disorder**. **SOC =**

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**. **SCH =**

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Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlene Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu


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*January 19, 2018*
# Severity Measure for Depression—Child Age 11–17*

*PHQ-9 modified for Adolescents (PHQ-A)—Adapted

Name: ____________________________________  Age: ______  Sex: Male ☐  Female ☐  Date: ____________________

**Instructions:** How often have you been bothered by each of the following symptoms during the past 7 days? For each symptom put an "X" in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th>Item</th>
<th>Clinician Use</th>
<th>Item score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td>(0) Not at all</td>
<td>(1) Several days</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total/Partial Raw Score:**

**Prorated Total Raw Score:** (if 1-2 items left unanswered)

---

Modified from the PHQ-A (J. Johnson, 2002) for research and evaluation purposes
Instructions to Clinicians
The Severity Measure for Depression—Child Age 11–17 (adapted from PHQ-9 modified for Adolescents [PHQ-A]) is a 9-item measure that assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes) in children ages 11–17. The measure is completed by the child prior to a visit with the clinician. Each item asks the child to rate the severity of his or her depression symptoms during the past 7 days.

Scoring and Interpretation
Each item on the measure is rated on a 4-point scale (0=Not at all; 1=Several days; 2=More than half the days; and 3=Nearly every day). The total score can range from 0 to 27, with higher scores indicating greater severity of depression. The clinician is asked to review the score of each item on the measure during the clinical interview and indicate the raw score in the section provided for “Clinician Use.” The raw scores on the 9 items should be summed to obtain a total raw score and should be interpreted using the table below:

<table>
<thead>
<tr>
<th>Total Raw Score</th>
<th>Severity of depressive disorder or episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>None</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15-19</td>
<td>Moderately severe</td>
</tr>
<tr>
<td>20-27</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Note: If 3 or more items are left unanswered, the total raw score on the measure should not be used. Therefore, the child should be encouraged to complete all of the items on the measure. If 1 or 2 items are left unanswered, you are asked to calculate a prorated score. The prorated score is calculated by summing the scores of items that were answered to get a partial raw score. Multiply the partial raw score by the total number of items on the PHQ-9 modified for Adolescents (PHQ-A)—Modified (i.e., 9) and divide the value by the number of items that were actually answered (i.e., 7 or 8). The formula to prorate the partial raw score to Total Raw Score is:

\[
\text{Total Raw Score} = \frac{\text{Raw sum} \times 9}{\text{Number of items that were actually answered}}
\]

If the result is a fraction, round to the nearest whole number.

Frequency of Use
To track changes in the severity of the child’s depression over time, the measure may be completed at regular intervals as clinically indicated, depending on the stability of the child’s symptoms and treatment status. Consistently high scores on a particular domain may indicate significant and problematic areas for the child that might warrant further assessment, treatment, and follow-up. Your clinical judgment should guide your decision.
Referrals and Consultations
Online: NationwideChildrens.org
Phone: (614) 722-6600 or (877) 722-6220  |  Fax: (614) 722-4000
Physician Direct Connect Line for 24-hour urgent physician consultations:
(614) 355-0221 or (877) 355-0221