

## Medications to Treat Anxiety Disorders in Children and Adolescents

Medication (SSRIs)	Indication * indicated for any pediatric disorder. ** anxiety disorders.	Available Strengths	Dosing	Side Effects	Comments
Escitalopram (Lexapro)	GAD** (7+ yrs) MDD* (12+ yrs)	5, 10, 20, 5/5ml	Start with 5 mg qam (Dose range 5-20)	Common: nausea, dry mouth, sedation, insomnia, activation, dyspepsia, sexual side effects (decreased libido and ED)  Serious but rare: Serotonin syndrome, suicidality/ worsening depression, mania.  Caution when taken with QT prolonging medication.	Good side-effect profile. Medium half-life—withdrawal Sxs mild/moderate. Liquid form.
Fluoxetine (Prozac)	MDD* (8+ yrs) OCD* (7+yrs) Anxiety d/o, panic, bulimia, PMDD (A)	10, 20, 40, 60, 20/5ml	Starting dose 8-11 yo: 5-10mg (range 5-20) 12+ yo: 10 mg (range 10-40) OCD up to 80 mg)		Long-half life- prevents withdrawal if dose missed, less sedating, most studied in peds. 12+ Dose may be increased to 80 mg for OCD.
Sertraline (Zoloft)	OCD* (6+yrs) MDD, anxiety, panic, PTSD, PMDD (A)	25, 50, 100, 150, 200, 20/ml	Starting dose 12.5mg (range 12.5-200)		Most anxiolytic, smaller dosage increments, well-studied.
Citalopram (Celexa)	MDD (A)	10, 20, 30, 40, 10/5ml	Starting dose 10 mg (range 10-40)		Precursor medication to escitalopram.
Fluvoxamine (Luvox CR)	OCD* (8+ yrs)	25, 50, 100	Starting dose 25 (range 50-300)		May cause drowsiness. Only indication OCD. May treat anxiety and depression.
Medication (SNRIs)	Indication * indicated for any pediatric disorder. ** anxiety disorders.	Available Strengths	Dosing	Side Effects	Comments
Duloxetine* (Cymbalta)	GAD** (7+ yrs) MDD* (12+ yrs) Fibromyalgia, chronic pain, neuropathy (A)	20, 30, 40, 60 DR	Starting dose 15-30 (range 30-120)	Common: GI (Nausea vomiting, diarrhea), dry mouth, constipation, drowsiness / fatigue, dizziness, sweating, bp changes, sexual side effects (decreased libido, ED)	FDA approved for children. May help with chronic pain and migraines.
Venlafaxine ER (Effexor XR)	MDD, GAD, social anxiety, panic (A) Off label for PMDD, Hot Flashes, IBS,	37.5, 75, 150, 225 ER	Starting dose 37.5 (range 37.5-225)		Discontinuation syndrome if miss a dose. May help with chronic pain and migraines. Not FDA approved for minors, but evidence of similar effectiveness as duloxetine.

	Migraine, Neuralgia, PTSD			Serious but rare: Serotonin syndrome, suicidality/ worsening depression, mania	
Desvenlafaxine (Pristiq)	MDD (A) Off label: Fibromyalgia, hot flashes, Narcolepsy, Neuralgia, Panic, PTSD, weight loss	25, 50, 100 ER	Starting dose 25 (Range 50-100) (A)		Fewer drug interactions. May be better tolerated. May help with chronic pain and somatic complaints. Not FDA approved for minors, but evidence of similar effectiveness as duloxetine.
<b>Medication</b>	<b>Indication</b>	<b>Available Strengths</b>	<b>Dosing</b>	<b>Side Effects</b>	<b>Comments</b>
<b>Antihistamines</b>	* indicated for any pediatric disorder. ** anxiety disorders.				
Hydroxyzine (Atarax, Vistaril)	Anxiety** (6+yrs) Pruritis*	Tablets 10, 25, 50; capsules 25, 50, 100; liquid 10/5 ml)	Starting dose 25 (range 50-100 divided)	Common: dry mouth, ataxia, constipation, sedation, memory problems, tolerance. May have paradoxical activation.	FDA approved for short-term treatment of anxiety; non-addictive short-term immediate anxiety relief medication
Diphenhydramine (Benadryl)	Insomnia* (12+yrs) Allergies* (20+lbs) Motion sickness* (6+ yrs)	25, 50 (tablets, capsules, liquid, chewable)	Starting dose 12.5 mg (range 12.5-50)	Serious but rare: Blurred vision, tachycardia	Typically used for insomnia in children. More sedating than hydroxyzine. May have paradoxical reaction.
<b>Medication</b>	<b>Indication</b>	<b>Available Strengths</b>	<b>Dosing</b>	<b>Side Effects</b>	<b>Comments</b>
<b>Alpha Agonists</b>	* indicated for any pediatric disorder. ** anxiety disorders.				
Guanfacine (Tenex)	Hypertension (A) Off-label ADHD, anxiety, insomnia	1,2	Starting dose 0.5 mg (range 0.5-4)	Common:	Do not increase faster than 1 mg/wk. Can be crushed. Taper slowly over 4-7 days to decrease risk of rebound HTN.
Guanfacine ER (Intuniv)	ADHD* (6+) Off-label anxiety, insomnia, PTSD, tics, agitation	1, 2, 3, 4	Starting dose 1 mg (range 1-4; up to 7 for adolescents)	Somnolence, fatigue, dizziness, headache	May use as adjunctive to stimulants for ADHD. Takes 2-4 weeks for full effectiveness. Do not give with high fat meals.
Clonidine (Catapres)	Off-label ADHD, anxiety, insomnia, PTSD, tics, agitation	0.1, 0.2, 0.3	Starting dose 0.05 at hs (range 0.05 to 0.4)	Serious but rare: Orthostasis, hypotension, syncope.	May increase dosage by 0.05 mg every 3-7 days. Divide dosing to qid to minimize sedation. May help child fall asleep, but may have MNA.

Clonidine XR (Kapvay)	ADHD* (6+ yrs)	0.1, 0.2; patch 0.1, 0.2, 0.3	Starting dose 0.1 qhs (range 0.1 to 0.4)		May give in divided doses. May help a child fall and stay asleep. Delayed effectiveness (2-4 weeks). May be sedating when used in the morning for ADHD.
<b>Medication Beta-blocker</b>	<b>Indication</b> * indicated for any pediatric disorder. ** anxiety disorders.	<b>Available Strengths</b>	<b>Dosing</b>	<b>Side Effects</b>	<b>Comments</b>
Propranolol (Inderal)	Off-label: performance anxiety, panic; lithium tremor, migraine prophylaxis, bp/cardiac (A)	10, 20, 40, 60, 80 60 mg long-acting	10-20 mg one hour prior to performance.	Dizziness, fatigue, hypotension, bradycardia.	May be helpful for school avoidance and panic—given in morning upon awakening. Usually, low doses are well-tolerated in children. No good evidence/ data for treating anxiety in children.
<b>Medication Benzodiazepines</b>	<b>Indication</b> * indicated for any pediatric disorder. ** anxiety disorders.	<b>Available Strengths</b>	<b>Dosing</b>	<b>Side Effects</b>	<b>Comments</b>
Clonazepam (Klonopin)	Seizure disorder* Panic disorder (A)	0.5, 1, 2; Orally disintegrating 0.125, 0.25, 0.5, 1, 2	Starting dose 0.125-0.25 mg (range 0.25-2)	Common: sedation, confusion, ataxia or clumsiness, groggy, disinhibition. Serious: anterograde amnesia, fall risk, paradoxical reaction (irritability, agitation), respiratory depression in high doses.	Anxiolytic for short-term procedures or for temporary relief of anxiety/panic while other medications and therapy are not yet effective. Recommended use 6 weeks or less. Misuse potential.
Lorazepam (Ativan)	GAD (A) Off-label for catatonia	0.5, 1, 2, 2mg/ml	Starting (0.25 or 0.5 mg q 4-6hr prn; Max 2 mg/dose		Anxiolytic for short-term procedures or for temporary relief of anxiety/panic while other medications and therapy are not yet effective. Recommended use 6 weeks or less. Misuse potential.
<b>Medication: Atypical anxiolytic</b>	<b>Indication</b> * indicated for any pediatric disorder. ** anxiety disorders.	<b>Available Strengths</b>	<b>Dosing</b>	<b>Side Effects</b>	<b>Comments</b>

Buspirone	GAD (A) Off-label for pediatric anxiety	5, 7.5, 10, 15, 30	Adult start with 7.5 bid (range 7.5 bid to 20 tid)	Dizziness, nervousness, nausea, headaches, jitteriness.	May be used adjunctively in youth who exhibit partial response to first line therapies for anxiety (SSRI, SNRI), without the sedation and abuse potential of benzodiazepines. Not evidence-based treatment.
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ACCESS Mental Health for Youth-Yale Child Study Hub