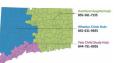




## Medications to Treat Anxiety Disorders in Children and Adolescents

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,	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)	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.	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	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)	changes, sexual side effects (decreased libido, ED)	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.





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	Migraine, Neuralgia, PTSD			Serious but rare: Serotonin syndrome,	
Desvenlafaxine	MDD (A) Off label:	25, 50, 100 ER	Starting dose 25	suicidality/ worsening	Fewer drug interactions. May be better
(Pristiq)	Fibromyalgia, hot		(Range 50-100) (A)	depression, mania	tolerated. May help with chronic pain
	flashes,				and somatic complaints. Not FDA
	Narcolepsy,				approved for minors, but evidence of
	Neuralgia, Panic,				similar effectiveness as duloxetine.
	PTSD, weight loss				
Madiaatian	Indication	Available	Desing	Cido Effecto	Commonte
Medication	Indication * indicated for any		Dosing	Side Effects	Comments
Antihistamines	pediatric disorder. ** anxiety disorders.	Strengths			
Hydroxyzine	Anxiety** (6+yrs)	Tablets 10, 25,	Starting dose 25	Common: dry mouth,	FDA approved for short-term
(Atarax,	Pruritis*	50; capsules	(range 50-100 divided)	ataxia, constipation,	treatment of anxiety; non-addictive
Vistaril)		25, 50, 100;		sedation, memory	short-term immediate anxiety relief
·		liquid 10/5 ml)		problems, tolerance.	medication
	Insomnia*	25, 50 (tablets,	Starting dose 12.5 mg	May have paradoxical	Typically used for insomnia in
Diphenhydramine	(12+yrs)	capsules,	(range 12.5-50)	activation.	children. More sedating than
(Benadryl))	Allergies* (20+lbs)	liquid,		Serious but rare:	hydroxyzine. May have paradoxical
	Motion sickness*	chewable)		Blurred vision,	reaction.
	(6+ yrs)			tachycardia	
Medication	Indication	Available	Dosing	Side Effects	Comments
Alpha Agonists	* indicated for any pediatric disorder. ** anxiety disorders.	Strengths	Dosing		
Guanfacine	Hypertension (A)	1,2	Starting dose 0.5 mg		Do not increase faster than 1 mg/wk.
(Tenex)	Off-label ADHD,		(range 0.5-4)		Can be crushed. Taper slowly over 4-7
	anxiety, insomnia			Common:	days to decrease risk of rebound HTN.
Guanfacine ER	ADHD* (6+)	1, 2, 3, 4	Starting dose 1 mg	Somnolence, fatigue,	May use as adjunctive to stimulants for
(Intuniv)	Off-label anxiety,		(range 1-4; up to 7 for	dizziness, headache	ADHD. Takes 2-4 weeks for full
	insomnia, PTSD,		adolescents)		effectiveness. Do not give with high fat meals.
	tics, agitation			4	
Cloniding	Off-label ADHD	010203	Starting dose 0.05 at he	Springe hut rara	I May increase dosage by 0.05 mg every
Clonidine	Off-label ADHD, anxiety, insomnia,	0.1, 0.2, 0.3	Starting dose 0.05 at hs (range 0.05 to 0.4)	Serious but rare:	May increase dosage by 0.05 mg every 3-7 days. Divide dosing to gid to
Clonidine (Catapres)	Off-label ADHD, anxiety, insomnia, PTSD, tics,	0.1, 0.2, 0.3	Starting dose 0.05 at hs (range 0.05 to 0.4)	Serious but rare: Orthostasis, hypotension, syncope.	3-7 days. Divide dosing to qid to minimize sedation. May help child fall

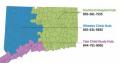


Clonidine XR (Kapvay)	ADHD* (6+ yrs)	0.1, 0.2; patch 0.1, 0.2, 0.3	Starting dose 0.1 qhs (range 0.1 to 0.4)		May give in divided doses. May help a child fall and stay asleep. Delayed effectiveness (2-4 weeks). May be sedating when used in the morning for ADHD.
Medication Beta-blocker	Indication * indicated for any pediatric disorder. ** anxiety disorders.	Available Strengths	Dosing	Side Effects	Comments
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.
Medication Benzodiazepines	Indication * indicated for any pediatric disorder. ** anxiety disorders.	Available Strengths	Dosing	Side Effects	Comments
Clonazepam (Klonopin)	Seizure disorder* Panic disorder (A)	0.5, 1, 2; Orally disintegrating	Starting dose 0.125- 0.25 mg (range 0.25-2)	Common: sedation, confusion, ataxia or clumsiness, groggy, disinhibition	Anxiolytic for short-term procedures for temporary relief of anxiety/panic while other medications and therapy

Medication: Atypical anxiolytic	Indication * indicated for any pediatric disorder.	Available Strengths	Dosing	Side Effects	Comments
		A			
Lorazepam (Ativan)	GAD (A) Off-label for catatonia	0.5, 1, 2 0.5, 1, 2, 2mg/ml	Starting (0.25 or 0.5 mg q 4-6hr prn; Max 2 mg/dose	Serious: anterograde amnesia, fall risk, paradoxical reaction (irritability, agitation), respiratory depression in high doses.	use 6 weeks or less. Misuse potential. 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.
Clonazepam (Klonopin)	Seizure disorder* Panic disorder (A)	0.5, 1, 2; Orally disintegrating 0.125, 0.25,	Starting dose 0.125- 0.25 mg (range 0.25-2)	Common: sedation, confusion, ataxia or clumsiness, groggy, disinhibition.	Anxiolytic for short-term procedures or for temporary relief of anxiety/panic while other medications and therapy are not yet effective. Recommended







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Bu	ıspirone	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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