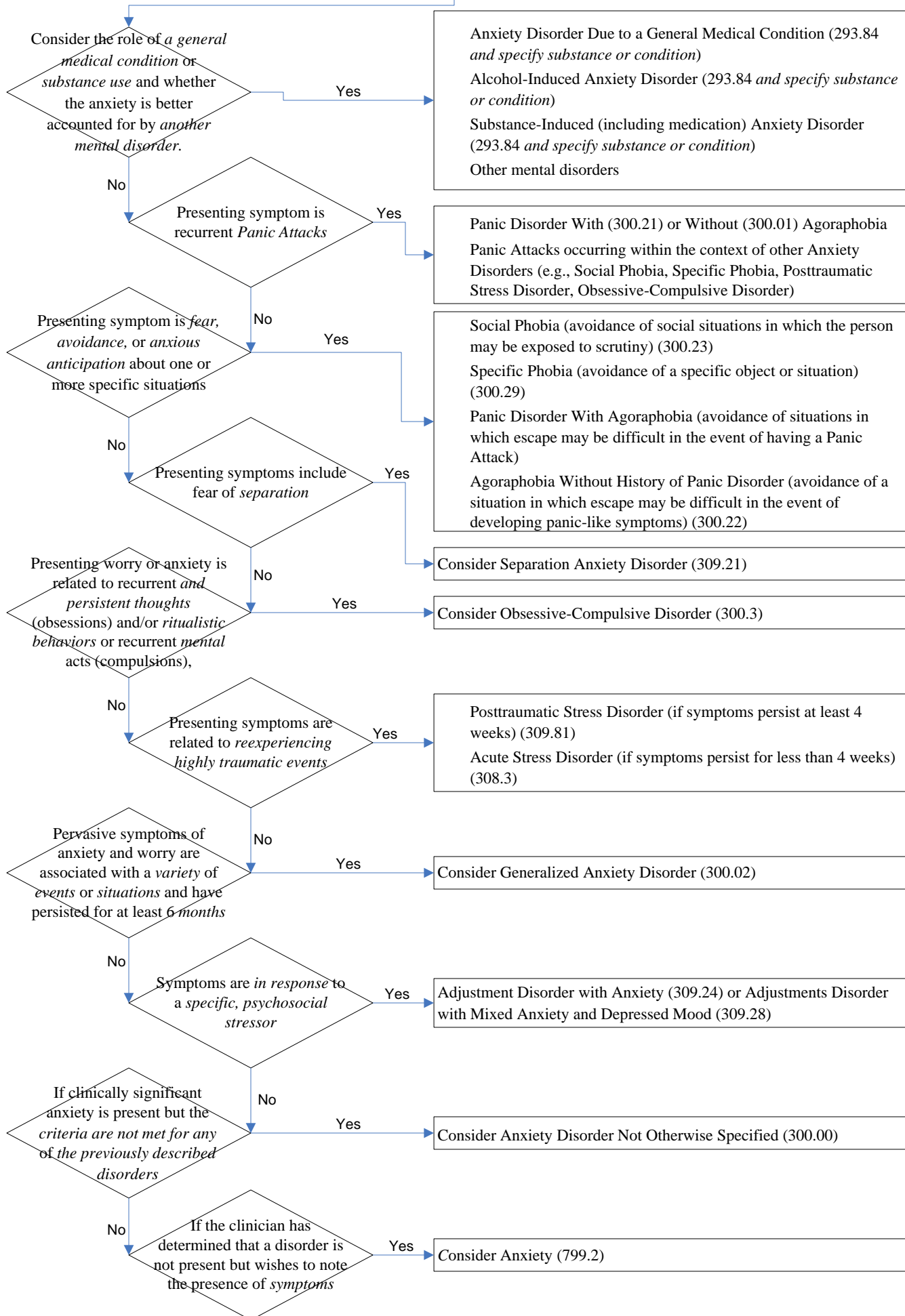


Symptoms of anxiety; worry; fear; avoidance; repetitive, intrusive, inappropriate thoughts or actions; or unexplained general medical complaint



Treatment Guidelines

Generalized Anxiety Disorder

Target symptoms:	subjective anxiety/tension, excessive worry, and a variety of physiologic complaints (GI, musculoskeletal, neurological)
Medication treatment:	Start with SSRIs in doses higher than for depression. Escitalopram(Lexapro) 10-25 mg. Once Daily Sertraline(Zoloft) 50-150 mg. Once Daily ParoxetineCR (PaxilCR) 25-37.5 Once Daily <i>Or</i> SNRIs in usual doses VenlafaxineXR(EffexorXR) 75-225 mg Daily <i>Or</i> Buspirone(Buspar)5-15 mg TID Alone or adjunct to above. Note: often 6-8 weeks before evident response. <i>Or</i> Benzodiazepines may be used alone or in combination for ongoing treatment or in management of periods of exacerbation Clonazepam(Klonopin) 1-2mg up to TID
Psychotherapy:	Referral to outside or co-located professional for cognitive behavioral psychotherapy may be effective as adjunct or in lieu of medication.

PHYSICIAN NOTES TO SELF

Panic Disorder

Target symptoms:	paroxysmal panic attacks, anticipatory anxiety, phobic avoidance
Medication Treatment:	If symptoms are acute, severe and disabling, begin with benzodiazepines Alprazolam(Xanax) 0.25 to 1 mg TID or QID Clonazepam(Klonopin) 0.5 to 1 mg BID
Ongoing treatment beyond acute phase:	SSRIs in doses higher than for depression Escitalopram(Lexapro) 10-25 mg Once Daily Sertraline(Zoloft) 50-200 mg Once Daily
Psychotherapy:	A variety of psychoeducational and supportive psychotherapeutic approaches have been found to be helpful in identifying factors that trigger or reinforce symptoms. Targeted therapies for insight or for marital or other interpersonal dynamics can be helpful adjunctive therapies.

PHYSICIAN NOTES TO SELF

Social Anxiety Disorder or Social Phobia

Target symptoms:	persistent anxiety in social and performance settings, excessive shyness.
Medication treatment:	SSRIs in doses higher than that for treatment of depression ParoxetineCR(Paxil CR) 25-37.5 mg Once Daily Escitalopram(Lexapro) 20-25 mg Once Daily Sertraline(Zoloft) 50-200 mg Once Daily Or Benzodiazepines: See doses above for Panic Disorder.
Psychotherapy:	Cognitive Behavioral Therapy may assist in helping the patient examine and modify persistent thought patterns that contribute to symptoms. Therapeutic approaches that address self esteem have been found helpful

PHYSICIAN NOTES TO SELF _____

Obsessive Compulsive Disorder

Target symptoms:	reduction of intrusive, unwanted thoughts and repetitive actions/behaviors that cause distress or impairment
Medication treatment:	SSRIs in doses greater than those for depression. See medications/doses above for Panic Disorder Or Clomipramine(Anafranil) titrate from starting dose of 25 mg daily up to final dose of 150-250mg Once Daily. Increase as tolerated. Sedation may require H.S. dosing. And/Or Benzodiazepines may be necessary for severe presentation, or as adjunctive therapy. See medications/doses as above for Panic Disorder And/Or OCD can present as a severe and disabling condition. Low doses of the atypical antipsychotics have been helpful in such cases. Risperidone(Risperdal) 0.25-1 mg Once or Twice Daily
Psychotherapy:	Traditional behavioral or Cognitive Behavioral Therapy have been found to be useful adjunctive therapies

PHYSICIAN NOTES TO SELF _____

