Medications for Anxiety in Children/Adolescents

If non-medication management strategies for anxiety are not effective, consider medications. Many children with anxiety appear sensitive and respond at lower dosages. Consider lower starting dosages in anxiety. The younger the child, the more likely Selective Serotonin Reuptake Inhibitor (SSRI) is to have an activating effect. Indication for SSRI: Age at least 6+. Moderate to severe impairment when child is unable to participate in psychotherapy or psychotherapy is only partially helpful.

STEP ONE 1st Line SSRI

Medication	Dosage
Sertraline	• Age 6-12: Start **12.5-25*** mg daily x 1-week, then 50 mg daily; max dosage 100 mg daily • Age 13-17: Start 50 mg daily x 1-week, then increase by 50 mg weekly; max 200 mg daily
Fluoxetine	• Age 6-12: Start **2.5-5*** mg daily as liquid, or 10 mg capsule alternating days; max 20 mg daily. • Age 12-18: Start 10 mg daily; increase up to 60 mg (for OCD).
Fluvoxamine	• Age 6-12: Start 25 mg daily; target therapeutic range 50-200 mg daily in children; max 200 mg daily. • Age 12-18: Start 25-50 mg daily; target range 50-300 mg daily in adolescents; max 300 mg daily.

STEP TWO 2nd Line SSRI. Alternate SSRI medication from **STEP ONE** that has not already been tried.

STEP THREE 3rd Line SNRI

Medication	Dosage
Venlafaxine XR	• Age 6-12: Start 37.5 mg daily, then increase to 75 mg daily x 1-week, up to max 150 mg daily. • Age 12-18: Start 37.5-75 mg daily, then increase to 37.5-75 mg daily x 1-week, up to max 150 mg daily.

Visit https://cheo.echoontario.ca for more information

Katzman et al.: Canadian Anxiety Disorders Guidelines Initiative: Clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders, BMC Psychiatry, 14(Suppl 1): S1. https://bmcpsychiatry.biomedcentral.com/track/pdf/10.1186/1471-244X-14-S1-S1