Treatment of Anxiety Symptoms in the Context of ASD and ID

Level 0 - Comprehensive Assessment:

See *Principles of Practice*. In addition, give special consideration to:

- Developmental history and cognitive assessment (neuropsychological or educational)
- Anxiety symptom history in the child and family
- Parent and teacher rating scales (e.g., BASC)
- Comprehensive medical assessment (e.g., physical examination and relevant labs)

Level 1 - Psychosocial/non-pharmacological intervention and treatment of comorbidities:

- Address psychosocial and family stressors (e.g., domestic violence, parental substance misuse, family separation, bullying/school stressors)
- Treatment of comorbid medical problems (e.g.seizures, hyperthyroidism)
- Treatment of sleep problems
- Treatment of comorbid psychiatric illness
- Psychoeducation
- Behavioral therapy
- Speech and language therapy (Emphasize communication tools as communication difficulties are a contributing factor to anxiety).
- Cognitive behavioral therapy adapted for ASD and developmental level
- Social skills instruction

Level 2 - Sertraline, fluoxetine, or buspirone.

Although limited evidence exists for these medications for anxiety in children and adolescents with ASD, consider sertraline, fluoxetine, or buspirone.

Refer to Table 8 on page 31 for dosing recommendations.

Level 3 - Reassess and consult specialist.

If symptoms persist, reassess child and consider a specialist consultation (referral to child and adolescent psychiatrist, pediatric neurologist, or developmental pediatrician).

Not Recommended:

- Benzodiazepines
- Antipsychotics

Table 8.

Anxiety Symptoms in the Context of ASD and ID: Dosing Recommendations				
Medication	**Starting Dose**	**Titration**	**Discontinuation**	**Comments**
Pre-Pubertal Children				
Sertraline	5 mg* once daily for two weeks	Increase by 5 mg every 2 weeks up to maximum daily dose of 100 mg/day	Depending on dose, taper safely.	Maximum dose of 100 mg per day; must monitor closely for activation.
Fluoxetine	2 mg* once daily for two weeks	Increase by 2 mg every two weeks up to maximum daily dose of 20 mg/day	Depending on dose, taper safely.	Maximum dose of 20 mg per day; this population is more prone to activation.
Buspirone	2.5 mg qam for one week	2.5 mg qam for 1 week, then 2.5 mg bid for one week, then increase by 2.5 mg per day every week as tolerated up to maximum dose of 15 mg twice per day	Depending on dose, taper safely.	Maximum dose of 15 mg twice per day (total dose 30 mg/day)
Adolescents and Adults				
Sertraline	12.5 mg once daily for two weeks	Increase by 12.5 mg to 25 mg every two weeks up to maximum daily dose of 200 mg/day	Depending on dose, taper safely.	Max dose of 200 mg daily; must monitor closely for activation.
Fluoxetine	5 mg once daily for two weeks	Increase by 5 mg every two weeks up to maximum daily dose of 40 mg/day	Depending on dose, taper safely.	Maximum dose of 40 mg per day; this population is more prone to activation.
Buspirone	2.5 mg bid for one week	2.5 mg twice per day for one week, then 4 mg twice per day for one week, then increase by 2.5 mg twice per day weekly up to a maximum dose of 20 mg twice per day	Depending on dose, taper safely.	Maximum dose of 20 mg twice per day (total dose 40 mg/day).

** Oral solution or liquid only*

***Note:* Continue titration until symptoms are adequately controlled, treatment-limiting side effects emerge, or maximum recommended daily dose is reached.**