



THE PERISCOPE PROJECT

PERINATAL SPECIALTY CONSULT PSYCHIATRY EXTENSION

This toolkit was produced by the Medical College of Wisconsin and is provided to health care providers through The Periscope Project. The goal of this toolkit is to provide practitioners with an up-to-date, reliable, and easy to use source of information for mental health conditions during the perinatal period. The content is based on the latest available evidence-based guidelines and research whenever possible. If you are aware of new guidelines or research or if you have suggestions that can help improve this toolkit, please contact ThePeriscopeProject@mcw.edu. Please read our disclaimer before using our toolkit.

This toolkit is for educational purposes only and does not constitute medical advice. The toolkit is not a replacement for careful medical judgments by qualified medical personnel. There may be information in the toolkit that does not apply to or may be inappropriate for the medical situation at hand.

MEDICATION ALGORITHM FOR ANXIETY

Complete **Screening Tool** (GAD-7 or PASS) and ask **single Bipolar Screen question**.

(1) Patient is pre-conception, pregnant or postpartum

(2) Patient screens positive for anxiety **AND** negative for bipolar question

#1 – Recommend psychotherapy and provide resources/referrals

#2 – Are anxiety symptoms present 3 or more days per week?

Yes

Start daily medication. See traditional antidepressant medication.

Escitalopram
Fluoxetine
Sertraline
Venlafaxine
Mirtazapine

More information can be found on medication algorithm for depression.

Higher dosing may be required to target anxiety symptoms.

NO

Consider as needed medication.

Hydroxyzine

Start at 25 mg up to three times daily as need for anxiety symptoms.

May increase to 50 mg.

May cause sedation, dry mouth, dry eyes and constipation. May negatively impact breastmilk supply.

Lorazepam

Start at 0.5 mg once daily as need for anxiety symptoms.

May increase to 1 mg.

No more than 3 doses/week if pregnant.

May cause sedation.

#3 - Re-evaluate after 4-6 weeks.

If symptoms improved

Continue to monitor throughout perinatal period.

Continue to offer non-medication-based therapies.

Refer back to primary provider when obstetric care complete.

Symptoms not improved/
experiencing side effects

If no/minimal side effects, increase dose and repeat cycle until maximum dose achieved.

If intolerable side effects, switch to different medication and repeat cycle.

At any point contact Periscope with questions.