

# ANXIETY OVERVIEW

*This portion adapted in part from the AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders<sup>1</sup>*

Fear and worry are common in normal children however, anxiety conditions are also very prevalent (reportedly affect up to 20% of children, according to some studies). Clinicians need to distinguish normal, developmentally appropriate worries, fears, and shyness from anxiety disorders that significantly impair a child’s functioning.

Some common worries based on developmental stage include:

<b>Infants</b>	Fear of loud noises, fear of being startled, fear of strangers
<b>Toddlers</b>	Fear of imaginary creatures, fear of the dark, some separation anxiety
<b>School age</b>	Fear of injuries, fear of natural events
<b>Older children and adolescents</b>	Worries about school performance, social competence, and health issues

Concerns arise if the fears or worries do not subside with time or as expected with age, or if they impair the child’s functioning. When assessing anxiety, it is important to rule out other commonly comorbid conditions such as depression, eating disorders, and substance abuse.

### Considerations in children:

- Children may not be able to express that they’re feeling anxious as they may not know what anxiety is. They may be able to understand terms like “worried” or “scared” better, depending on their age.
- Especially in younger children or children from cultures where mental health is not openly discussed, anxiety can present as frequent somatic complaints (headache, stomach ache, nausea, vomiting, etc.)
- Anxiety can also present as behavioral concerns such as school refusal, “oppositional behavior”, or acting out (angry outbursts, crying, etc.)

## SCREENING MEASURES

Diagnostic tools can be a helpful way to screen for anxiety disorders as patients and families can fill them out in the waiting room or exam room. They can help parse out the types of things that patients are anxious about to help you target your exam questions in those areas. Some examples are:

- GAD-7
- Screen for Child Anxiety Related Emotional Disorders (SCARED)
- Multidimensional Anxiety Scale for Children

### GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Total Score \_\_\_\_\_ = Add Columns \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all

Somewhat  
difficult

Very  
difficult

Extremely  
difficult

## DSM 5 CRITERIA FOR ANXIETY DISORDERS<sup>2</sup>

There are many different anxiety disorders, each with their own specific criteria for diagnosis. Here are just some common examples but there are many more (Ex: Selective Mutism, Specific Phobia, Agoraphobia, Post-Traumatic Stress Disorder, Substance/Medication-Induced Anxiety Disorder, Anxiety Disorder due to Another Medical Condition, Other Specified Anxiety Disorder, Unspecified Anxiety Disorder).

### SEPARATION ANXIETY DISORDER

#### ICD-10: F93.0

Developmentally inappropriate and excessive fear or anxiety concerning separation from those to whom the individual is attached, as evidenced by at least three of the following:

- Recurrent excessive distress when anticipating or experiencing separation from home or from major attachment figures
- Persistent and excessive worry about losing major attachment figures or about possible harm to them, such as illness, injury, disasters, or death
- Persistent and excessive worry about experiencing an untoward event that causes separation from a major attachment figure
- Persistent reluctance or refusal to go out, away from home, to school, to work, or elsewhere because of the fear of separation
- Persistent and excessive fear of or reluctance about being alone or without major attachment figures at home or in other settings
- Repeated nightmares involving the theme of separation
- Repeated complaints of physical symptoms when separation from major attachment figures occurs or is anticipated

The fear, anxiety, or avoidance is persistent, lasting at least 4 weeks in children and adolescents and typically 6 months or more in adults

### GENERALIZED ANXIETY DISORDER (GAD)

#### ICD-10: F41.1

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)
- The individual finds it difficult to control the worry
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): Restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance
  - Note: Only one item is required in children
- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

## **SOCIAL ANXIETY DISORDER (A.K.A. SOCIAL PHOBIA)**

### **ICD-10: F40.10**

- Marked fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions, being observed, and performing in front of others. (Note: In children, the anxiety must occur in peer settings and not just during interactions with adults)
- The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated (i.e. will be humiliating or embarrassing; will lead to rejection or offend others)
- The social situations almost always provoke fear or anxiety (Note: In children, the fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failing to speak in social situations)
- The social situations are avoided or endured with intense fear or anxiety
- The fear or anxiety is out of proportion to the actual threat posed by the social situation and to the sociocultural context
- The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more
- The fear, anxiety, or avoidance causes significant distress or impairment in social, occupational, or other important areas of functioning

## **OBSESSIVE COMPULSIVE DISORDER (OCD)**

### **ICD-10: F42**

Presence of obsessions, compulsions or both:

- **Obsessions:**
  - Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress
  - The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some other thought action (i.e. by performing a compulsion)
- **Compulsions:**
  - Repetitive behaviors (e.g. hand washing, ordering, checking) or mental acts (e.g. praying, counting, repeating words silently) that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly
  - The behaviors or mental acts are aimed at preventing or reducing anxiety or distress, or preventing some dreaded event or situation; however, these behaviors or mental acts are not connected in a realistic way with what they are designed to neutralize or prevent, or are clearly excessive
- The obsessions or compulsions are time-consuming (e.g. take more than 1 hour per day) or cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

## PANIC DISORDER

### ICD-10: F41.0

Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat sensations
- Paresthesias (numbness or tingling sensations)
- Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- Fear of losing control or “going crazy”
- Fear of dying

At least one of the attacks has been followed by 1 month (or more) of one or both of the following:

- Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”)
- A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks such as avoidance of exercise or unfamiliar situations)

## RESOURCES

<sup>1</sup> Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders. *J Am Acad Child Adolesc Psychiatry*, 2007;46(2):267-283.

<sup>2</sup> American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA: American Psychiatric Association, 2013.

## ALGORITHM FOR EVALUATION AND DIAGNOSIS

Routine screening and/or appointment  
with concern for anxiety



### Initial Assessment:

1. It's important to rule out any underlying medical causes of anxiety or anxiety-related symptoms (e.g. hyperthyroidism, caffeinism, migraines, asthma, drug or medication side effect)
2. It's also important to rule out any other psychiatric conditions (e.g. ADHD, pervasive developmental disorders such as Autism/Asperger's, learning disabilities, depression, bipolar disorder, or psychotic disorders) with similar or related symptoms (ex: ADHD or learning disabilities may lead to difficulty with school and subsequent increased anxiety about performance, Autism or other mood or thought disorders may lead to increased worry about social situations, etc)



### Helpful self-report measures (for children 8yrs and older):

- Screen for Child Anxiety Related Emotional Disorders (SCARED)
- Multidimensional Anxiety Scale for Children
- GAD-7

### Other helpful information:

- Parent reports (can also have them complete the Parent Version of the SCARED)
- Difficulties in functioning such as drop in grades, missed extracurricular activities due to anxiety, difficulty with relationships, etc

## ALGORITHM FOR TREATMENT

Patient diagnosed with anxiety disorder

Initial treatment always includes referral for psychotherapy

- Generally, individual therapy is 1-2 times a week
- If symptoms are significantly affecting school or occupational functioning, consider a Partial Hospitalization Program (five days a week during the day) or Intensive Outpatient Program (3-4 days a week in the evenings) [Note: these are group-based therapies]
- Also consider school involvement for accommodations if the anxiety is affecting or related to school performance

If symptoms are moderate or severe (affecting social or school functioning), make participation in psychotherapy difficult, or psychotherapy results in only partial response, consider adding treatment with medication

Start treatment with SSRI (selective serotonin reuptake inhibitor):

- Start low and go slow!
- Choice of SSRI is usually based on the side effect profile or if there's been a family member with anxiety who responded to a particular SSRI
- Follow-up at least every 4 weeks to monitor for side effects, but give each dose 4-8 weeks before advancing to next dosage

Consider referral to psychiatry if:

- Very young child (<6yrs old)
- Medically complicated or multiple co-morbid psychiatric conditions
- Medication or comorbid condition contraindicating SSRI (ex: concern for underlying Bipolar Disorder)
- Previous failed medication trials
- Any time you're considering medication or treatment outside of your comfort zone

## COMMONLY USED SSRIS

Medication	Starting dose	Target dose	Pros	Cons
<b>Escitalopram (Lexapro)</b>	5mg	10-20mg	<ul style="list-style-type: none"> <li>Low incidence of drug-drug interactions</li> <li>Works well for anxiety</li> <li>Oral solution available</li> </ul>	<ul style="list-style-type: none"> <li>Higher incidence of patients complaining of emotional “numbness”</li> </ul>
<b>Sertraline (Zoloft)</b>	12.5-25mg	50-200mg	<ul style="list-style-type: none"> <li>Wide range of dosages available</li> <li>Works well for anxiety</li> <li>Oral solution available</li> </ul>	<ul style="list-style-type: none"> <li>Higher incidents of patients complaining of GI upset</li> </ul>
<b>Fluoxetine (Prozac)</b>	10mg	10-40mg	<ul style="list-style-type: none"> <li>Works well for patients with co-morbid depression</li> <li>Oral solution available</li> </ul>	<ul style="list-style-type: none"> <li>Can be somewhat “activating” which can sometimes worsen anxiety short term</li> <li>Can cause some appetite suppression initially</li> </ul>
<b>Fluvoxamine (Luvox)</b>	25mg QHS	200mg in children, 300mg in adolescents	<ul style="list-style-type: none"> <li>FDA approved for treatment of OCD in children ages 8+</li> <li>CR version available (starting at 100mg)</li> </ul>	<ul style="list-style-type: none"> <li>Many experience sedation (could be helpful for patients with insomnia)</li> <li>Doses above 50mg should be divided</li> </ul>
<b>Paroxetine (Paxil)</b>	10mg (12.5mg CR)	60mg (75mg CR)	<ul style="list-style-type: none"> <li>Oral solution available</li> </ul>	<ul style="list-style-type: none"> <li><b>Avoid using in children and adolescents</b> due to high rate of side effects and short half-life with associated withdrawal symptoms</li> </ul>

### Treatment considerations:

- Many patients with anxiety also have somatic symptoms – document physical symptoms before initiating medication treatment to help distinguish them from medication side effects
- Make sure to have a comprehensive list of medications patient is taking to minimize drug-drug interactions. Specifically, any agents that may also have serotonergic properties (may increase risk of developing serotonin syndrome) or P450 substrates (especially for Prozac and Paxil which are both 2D6 inhibitors)
- The safety and efficacy of medications other than SSRIs for the treatment of childhood anxiety disorders have not been established
- Avoid benzodiazepines (especially short acting ones) due to risk of developing tolerance. If PRN medication is needed consider Hydroxyzine (Atarax) or for very severe anxiety, longer-acting benzodiazepine such as Clonazepam (Klonopin)