"Am I OK?" Diagnosing and Treating Anxiety Disorders

UNIVERSITY OF ARIZONA

Presented by:

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Arizona Pediatric
Psychiatry Access Line

Disclosure

- I have no financial disclosures

Learning Objectives

- Identify the steps in conducting a comprehensive assessment for anxiety disorders in children and teens
- Describe treatment options for anxiety disorders in kids and adolescents
- Manage challenges and troubleshoot difficulties that may occur during treatment

Childhood Anxiety Disorders Basics

Anxiety disorders in childhood and adolescence are common	10% of kids 3-17 y/o in the US have a current diagnosed anxiety disorder
Anxiety disorders can be very impairing	Impact social, emotional, and academic development
What makes a child more susceptible to an anxiety disorder?	○ Parental history of anxiety ○ Socioeconomic stressors ○ Trauma/Violence exposure

Should we be screening for anxiety disorders in primary care?

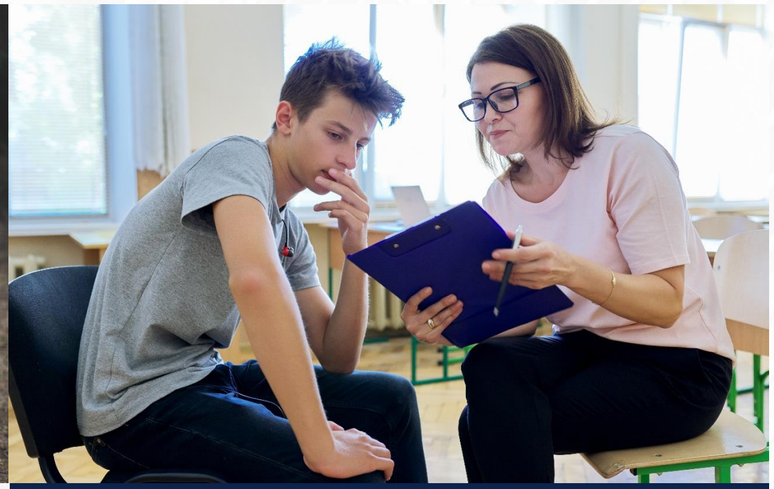
US Preventative Services Task Force recommends screening for anxiety for kids 8+ (B recommendation)

American Academy of Child and Adolescent Psychiatry states that freely available general social-emotional screening instruments can be deployed systematically to standardize identification of anxiety concerns in primary care, school or other child-serving settings. Early identification can facilitate early intervention.

American Academy of Pediatrics/Bright Futures recommends annual screening for behavioral, social, and emotional problems (including anxiety) in patients birth to age 21 years

American College of Obstetricians and Gynecologists recommends all adolescents should be screened for any mental health disorder in a confidential setting during preventative care visits

How do we screen for anxiety?



SCARED (Screen for Child Anxiety Related Disorders)

- Ages 8-18
- Child and Parent Versions
- 41 items
- >25 indicative of anxiety disorder, subscales for different disorders

SCAS (Spence's Children's Anxiety Scale)

- Ages 8-15
- Child and Parent versions
- 45 items
- >60 indicative of anxiety disorder, subscales for different disorders

PAS (Preschool Anxiety Disorder Scale)

- Ages 30 months –6.5
- Parent version
- 29-34 items
- >60 indicative of anxiety disorder, subscales for different disorders

Positive screen or chief complaint is anxiety…what's next?

- Important to consider developmentally normal fears/behaviors
- Listen for:
  - Excessive fear, anxiety, worry that is out of proportion to situation/event
  - Physical symptoms: palpitations, sweating, chest tightness, shakiness, nausea/stomach upset, muscle tension, headaches
  - Reluctance to engage/avoidance of certain activities
  - Crying, tantrums, clinging behaviors in young children
  - **Impaired functioning**

Comprehensive evaluation for anxiety

- Symptoms and time course
- History of anxiety in the past
- Other mental health concerns
- Medical history
- Psychosocial history
- Family history
- Physical exam
- Collateral information – family, school, therapist
- Safety assessment

Generalized Anxiety Disorder

Symptoms:

- Excessive worry
- Difficulty controlling worry
- Associated with (1+): restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance

Time course:

- More days than not over past 6 months

Examples:

- Are you a worrier? YES!
- Can't stop worrying about the future or the past
- My head always hurts at the end of the day
- I am always so tired
- Parents may say: They are so irritable - we have to walk on eggshells around them, they seem tired and complain of pain/headaches

Panic Disorder

Symptoms:

- Recurrent, unexpected panic attacks
- Abrupt surge of fear that peaks within minutes with 4+ of the following symptoms:
  - Palpitations
  - Sweating
  - Trembling
  - Shortness of breath
  - Choking
  - Chest pain
  - Nausea
  - Feeling faint/dizzy
  - Chills/hot flashes
  - Paresthesia
  - Derealization/depersonalization
  - Fear of losing control or dying

Time course:

- 1+ attacks followed by at least 1 month of worry about additional attacks/or maladaptive behavior change to avoid attacks

Example:

- I feel like I am going to die out of nowhere
- I don't want to go to lunch in the cafeteria because I had a panic attack there 2 weeks ago
- Parents see short but intense episodes of anxiety often with the child reporting the physical symptoms
- May go to the emergency department due to the seriousness of the physical symptoms

Separation Anxiety Disorder

Symptoms:

- Developmentally inappropriate fear of separation from attachment figures
- With 3+ of the following:
  - Excessive distress when experiencing/anticipating separation
  - Persistent/excessive worry about harm/loss
  - Persistent/excessive worry about separation event occurring
  - Refusal to go out due to worry about separation
  - Reluctance to be alone without attachment figure
  - Reluctance to sleep away from attachment figure
  - Repeated nightmares about separation
  - Physical symptoms when separation anticipated/occurs

Time course:

- Lasts at least 4 weeks

Example:

- I am worried my mom might die when she is away from me
- Stomach hurts when parents go out of town
- Parents say: They follow me around the house from room to room, they don't want to play at a friend's house or have a sleepover, they don't want to leave the car for school almost every day

Social Anxiety Disorder

Symptoms:

- Marked fear about social situation where individual exposed to possible scrutiny by peers
- Fear out of proportion to threat
- Social situations almost always provokes fear/anxiety
    - May look like crying/tantrums/freezing/ clinging/failing to speak
- Social situations avoided or endured with intense anxiety

Time course:

- Persistent, typically lasting at least 6 months

Example:

- I don't want to go to the birthday party because I won't know everyone there that well – I think I'll stay home
- I eat by myself in the library because I don't want others to watch me eat
- Parents may say when they try to drop the child off at an activity they tantrum/cling to their caregiver

Obsessive Compulsive Disorder: Don't miss diagnosis!

Symptoms:

- Recurrent and persistent thoughts, urges, or images that are experienced, at some time during the disturbance, as intrusive, unwanted, and that in most individuals cause marked anxiety and distress
- The individual attempts to ignore or suppress such thoughts, urges, or images, or to neutralize them with some thought or action (for example by performing a compulsion)
- The obsessions or compulsions are time consuming or cause clinically significant distress or impairment

Time Course:

- Persistent, spending >1 hour per day

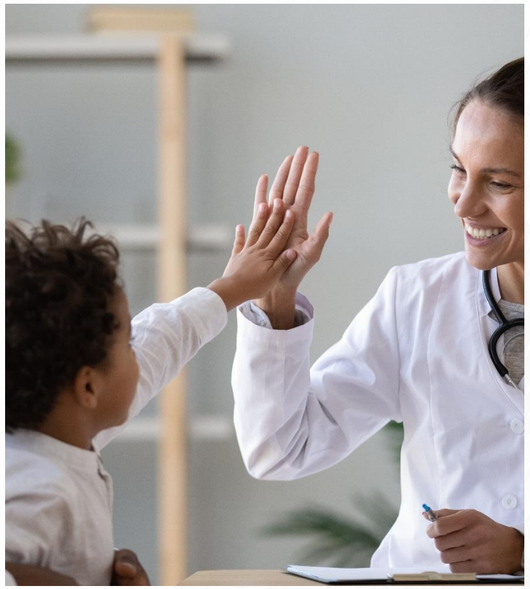
Examples:

- I can't stop thinking that I may have done something that hurt someone, I have to retrace my route to make sure
- I keep getting thoughts that I may stab myself with a knife but I really don't want to die! Everytime I see a knife I have to put something heavy over it
- Parents say, "if we don't say a particular phrase before bed she can't sleep and will get very irritable until we say it"

****Average of 10-17 years for someone to get a diagnosis of OCD****

Differential Diagnosis for Childhood Anxiety Disorders

- ADHD
- Autism Spectrum Disorder
- Depression
- PTSD
- OCD
- Eating Disorders
- Medical Issues – hyperthyroidism, asthma, cardiac issues, medication side effects, substance use (don't forget caffeine)



Common Comorbidities

- Anxiety disorders rarely occur in isolation
- Most common – ANOTHER anxiety disorder
- Other comorbidities:
  - Major Depression
  - Substance Use Disorders
  - Autism Spectrum Disorder
  - ADHD
  - ODD
  - Sleep disorders
  - Eating disorders
  - Somatic disorders
  - Tic disorders
  - OCD

ADHD and Anxiety – Is it one, both or neither?

- 25-50% comorbidity rate with each other
- Both diagnoses can impact focus, attention, restlessness, behavior, mood, sleep and overall functioning
- Developmental course may help illustrate how the diagnoses may be influencing each other

Presentation: "I can't focus"

- 16 y/o female with no prior psychiatric history presenting with chief complaint of difficulty with focus
- Describes this challenge started over the last 6 months and has led to lower grades than typical this semester
- Reports difficulty falling asleep, often replaying the events of the day and perseverating on them
- Reports neck and head hurt by end of the day and feels very fatigued
- No history of concerns for elementary or middle school teachers related to focus, behavior, or academic performance

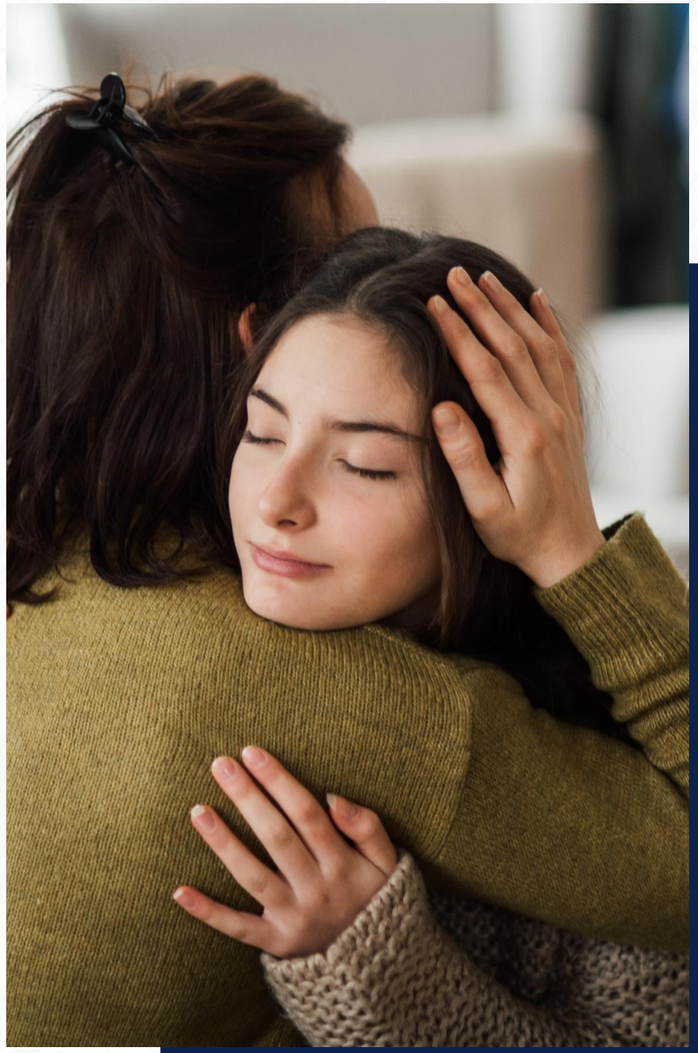
Presentation: "I don't want to go to school"

- 8 y/o female has recently been refusing to go to school in the morning leading to tantrums/crying every day
- Teachers notice she seems spaced out during the school day, is not completing her assignments, and makes frequent simple mistakes on tests despite having a good understanding of the concepts being taught
- Last year's teacher also noted problems with assignment completion and frequent mistakes however she was not refusing school that year
- Pt feels notes she is "not smart enough" and expresses worry about failing

Treatment Options

Psychotherapy: #1 treatment choice for anxiety disorders

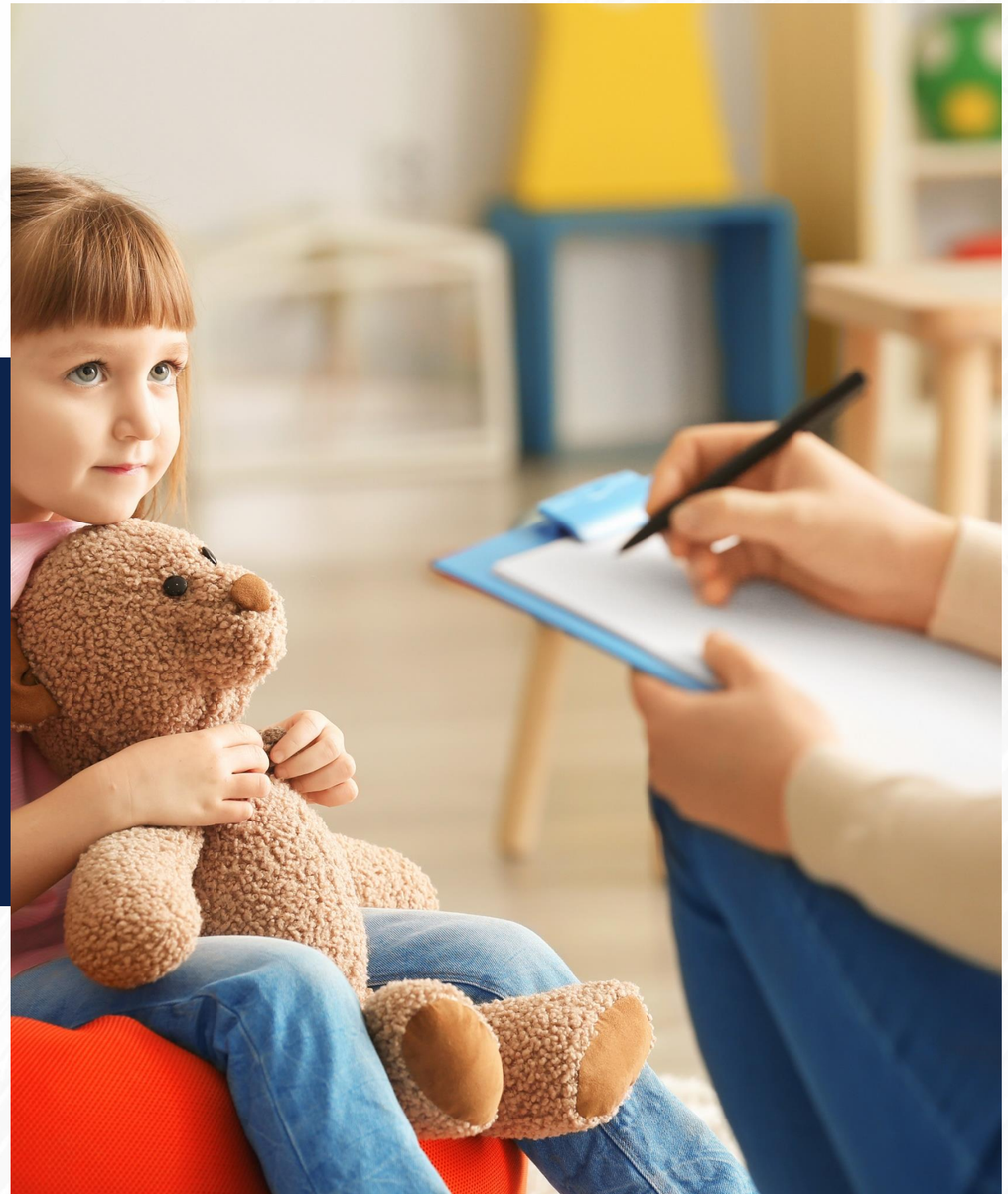
- Strong Evidence for Cognitive Behavioral Therapy (CBT), 12 –20 sessions, structured, include homework, done with child or child + family
- Cognitive component: cognitive restructuring
- Behavioral component: social skills training, relaxation strategies, and exposure techniques
  - Exposure helps address avoidance which can maintain or worsen anxiety over time
  - Parents can play major role in addressing accommodations



Treatment Options

Medication:

- Consider medication in moderate to severe generalized anxiety disorder, separation anxiety disorder, social anxiety disorder, and OCD, for kids having a difficult time engaging in therapy, and anxiety that does not respond to CBT
- SSRIs are first line treatment for pediatric anxiety disorders, NNT = 3
- Start low, go slow and go all the way with dosing
- Common side effects: GI upset, activation in younger kids
- Rare/unlikely: suicidal thoughts/behaviors (review boxed warning), mania
- Family history often helpful for choosing SSRI



Pharmacological Treatment Options for Anxiety

Selective Serotonin Reuptake Inhibitors (SSRIs) are first line!

Medication Name	FDA approved indications for anxiety disorders in children	Starting dose, lowest effective dose, Max dose	Considerations
Escitalopram (Lexapro)	Generalized Anxiety Disorder for ages 7+	2.5-5mg, 10mg, 20mg	Occasionally causes fatigue – can take at night
Fluoxetine (Prozac)	Obsessive Compulsive Disorder for ages 7+	5-10mg, 20mg, 60mg	Increases energy/can be more activating – take in the AM
Sertraline (Zoloft)	Obsessive Compulsive Disorder for ages 6+	12.5-25mg, 50mg, 200mg	Occasionally causes fatigue – can take at night

After 2 SSRIs with no improvement -> consider SNRI

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

Medication Name	FDA indications for pediatric anxiety	Starting dose, lowest effective dose, Max dose	Considerations
Duloxetine (Cymbalta)	Generalized anxiety disorder ages 7+	20-30mg, 60mg, 120mg	GI upset/sleep issues
Venlafaxine (Effexor)	None	37.5mg ER, 75mg ER, 225mg ER	Difficult discontinuation syndrome, need to monitor BP

Additional pharmacological treatments for anxiety – NOT FIRST LINE

Medication Name	Dosing	Considerations
Hydroxyzine (Vistaril)	10-25mg q4-6 hours PRN	Can cause fatigue, dry mouth – can take at night
Propranolol	10-20mg PRN	May be useful before public speaking
Buspirone (Buspar)	Start 5mg BID-TID, max 60mg/day	Generally well tolerated, emerging evidence for anxiety in ASD
Benzodiazepines	Dependent on benzodiazepine type, use lowest dose for shortest amount of time	Rarely indicated but may be used as short-term adjunct

Combined treatment/Prognosis

- CBT + medication is most effective treatment option for severe anxiety disorders

- Prognosis of childhood anxiety disorders
  - Symptoms can improve with treatment
  - Best prognosis:
    - Use of evidence-based treatments
    - Early intervention
    - Caregiver support and modeling
    - Professional collaboration and care coordination

Common challenges

Amber is a 11 y/o who presented to an initial appointment with chief complaint of anxiety. After careful evaluation, you diagnose Amber with Generalized Anxiety Disorder and get her started in CBT weekly. Despite motivation for therapy, Amber is having difficulty practicing the skills needed outside of therapy and symptoms remain very impairing. You discuss adding an SSRI to take in conjunction with continuing CBT. You decided to start escitalopram due to Amber's mom having success with it in the past. When giving information about the medication, Amber appears extremely nervous and agitated and frequently asks if she will die if she tries the medication. How do you approach this scenario?

- Start low and titrate slowly – best chance for minimal side effects, okay to start at 2.5mg, just go all the way up to effective dose
- With Amber's permission, could review side effects with parent only – some kids and teens prefer this as know they would worry about every possibility
- Advise against internet searching the medication outside of reputable sites
- AACAP medication guide
- Reassurance that the medication can always be stopped if needed
- Guidance on most common side effect – GI upset – and that time and taking with food helps

Common challenges

Isaac is a 14 y/o male with previous diagnoses of GAD and panic disorder. He is a new patient and reports he had several medication trials with his last physician, including a trial of fluoxetine, a trial of sertraline, and extensive therapy but nothing has worked. What is next?

- Confirm the diagnosis – could we be missing ADHD, ASD, a substance use disorder?
- Ensure therapy is evidence based – CBT, exposure work
- Learn more about the med trials – were they for an appropriate length and at appropriate doses?
- If not, consider retrial of one of the above vs another SSRI
- If so, consider an SNRI
- Consider approach through parents (SPACE program) or school supports (accommodations)

Common challenges

Paula is an 10 y/o with social anxiety disorder. She gets extremely nervous at school and has trouble regularly attending school, answering questions in class, and doing group projects. She presents with her parents who ask you to suggest school accommodations. They would like Paula to be able to miss school intermittently, not get called on in class, and never do group projects.

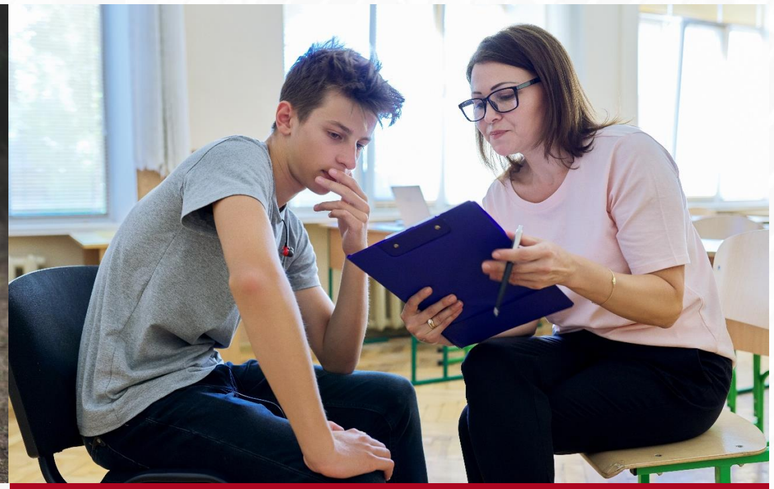
- Provide psychoeducation about treatment of anxiety disorders and benefits of exposure
- Discuss treatment options including therapy and medication
- Suggest potential accommodations that allow for gradual exposure to difficult tasks but do not encourage avoidance, coordinate care with school if possible

Common challenges

Danny is a 16 y/o you have been seeing for generalized anxiety. They have been working weekly with a CBT therapist and taking escitalopram 10mg for the last 2 months. They return for follow up and report they are doing great! All symptoms have significant decreased and they are noting improvements at school and with friends and family. Parents agree that Danny "seems like their old self" again. Parents and Danny are eager to discuss stopping the medication now that they are doing better. They are not experiencing any side effects. What should you advise.

- Provide psychoeducation about role of medication and therapy in their improvement
- Discuss recommendation for continuing medication for approximately 12 months minimum after remission of symptoms for least chance of return of symptoms
- Discuss plan for taper at lower stress time (avoid right before major transition etc.)

Helpful Resources for Families



Books

Breaking free of child anxiety and OCD – Eli Leibowitz, PhD

Helping Your Anxious Child: A Step-by-Step Guide for Parents – Ronald Rapee, PhD

Freeing your Child from Anxiety – Tamar Chansky, PhD

What to do when you worry too much: A kid's guide to overcoming Anxiety – Dawn Huebner, PhD

Workbooks/Handouts/Apps

The Coping Cat – Phillip Kendall, PhD

Facts for Families: Anxiety Disorders: https://www.childrensmentalhealthmatters.org/files/2021/03/Anxiety-Disorders-2021.pdf

AACAP Medical Guide: anxiety-parents-medication-guide.pdf

Headspace; Monster Mediation

Websites

APAL: Apal.arizona.edu/pediatric

Copingcatparents.com

AACAP Anxiety Disorders Resource Center: https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf

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Thank you!

- Questions?

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