

# Anxiety Disorders in Children and Adolescents

Angela Sagar, MD  
Child and Adolescent Psychiatrist



# Anxiety Disorders in Children and Adolescents

- \* Goals: Discuss normal anxiety and fears
- \* give an overview of anxiety disorders
- \* Discuss common symptoms of anxiety disorders
- \* Know when to refer for treatment
- \* What are appropriate treatments

No conflicts of interest to report

# Anxiety, worry, fear

- \* All children experience Anxiety
- \* Anxiety is expected and normal at specific times in development
- \* Healthy youngsters may show intense distress (anxiety) at times of separation from their parents/caregivers from 8mo to preschool
- \* Young children may have short-lived fears (fear of dark, storms, animals or strangers)

# Anxiety, worry, fear

- \* Worry is defined as involving anxious apprehension and thoughts focused on the possibility of negative future events while fear is related to the response to threat or danger that is perceived as actual or impending

Chapter 20 written by: Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

Dulcan's Textbook of Child and Adolescent Psychiatry

Copyright © 2010 American Psychiatric Publishing, Inc.  
ALL RIGHTS RESERVED

American Psychiatric Publishing, Inc.  
1000 Wilson Boulevard  
Arlington, VA 22209-3901  
[www.appi.org](http://www.appi.org)

# Fear

- \* Fear among infants: loud noises, someone dropping them, and later normal separation anxiety
- \* Toddler fear: imaginary creatures or monsters and darkness, these normative fears diminish after age 6

\* Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

# Fear

- \* Age 5-6: worries about physical well being (injury, kidnapping) emerge. Later fears of natural events (storms) develop
- \* 8 – 13yo most commonly reported fears are concerns about the dark, spiders, and thunderstorms.
- \* 8yo worry about school performance, behavioral competence, rejection by peers, health and illness worries emerge
- \* Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

# Fear

- \* By age 12 into adolescence worries about social competence, social evaluation, and psychological well being become prominent

\* Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.



# Developmental Considerations

- \* Differentiate Anxiety from developmentally appropriate worries
- \* Anxiety disorders in children may manifest w:
  - \* Crying
  - \* Irritability
  - \* Anger outbursts
  - \* Tantrums
  - \* Argumentativeness
- \* These behaviors may be misunderstood for oppositionality or disobedience when in fact it could represent the child's expression of overwhelming fear or effort to avoid the anxiety provoking object or situation

# Anxiety

- \* Anxiety Disorders are common
- \* 12 month prevalence rates of 10% - 20%
- \* [Peters and Connolly, 2012]

# The Anxious Child

- \* Anxious children are often overly tense or uptight
- \* Some may seek a lot of reassurance, and their worries may interfere with activities
- \* Because anxious children may also be quiet, compliant, and eager to please, their difficulties may be missed
- \* There are different types of anxiety in children

# The Anxious Child

## Symptoms of Separation anxiety

- \* Constant thoughts and intense fears about the safety of parents and caregivers
- \* Refusing to go to school
- \* Frequent stomachaches and other physical complaints
- \* Extreme worries about sleeping away from home
- \* Being overly clingy
- \* Panic or tantrums at times of separation from parents
- \* Trouble sleeping or nightmares

# The Anxious Child

## Symptoms of Phobia:

- \* Extreme fear about a specific thing/situation (dog, insects, needles)
- \* This fear causes distress and interferes with usual activities

# The Anxious Child

## Symptoms of Social Anxiety

- \* Fears of meeting or talking to people
- \* Avoidance of social situations
- \* Few friends outside the family

# The Anxious Child

## Other symptoms of anxious children

- \* Many worries about things before they happen
- \* Constant worries or concerns about family, school, friends, or activities
- \* Repetitive, unwanted thoughts (obsessions) or actions (compulsions)
- \* Fears of embarrassment or making mistakes
- \* Low self esteem and lack of self-confidence

\* AACAP facts for families

# The Anxious Child

- \* Early treatment can prevent future difficulties like loss of friendships, failure to reach social and academic potential, and feelings of low self esteem
- \* If anxieties become severe and interfere with a child's usual activities (like separating from parents, attending school and making friends) consider referring to a professional



# School Refusal

- \* most common in children 5-7 and 11-14, times when children are dealing with the new challenges of elementary and middle school.
- \* Refusal to go to school often begins following a period at home in which the child has become closer to the parent, such as a summer vacation, a holiday break, or a brief illness.

# School Refusal

- \* Refusal may also follow a stressful occurrence, such as the death of a pet or relative, a change in schools, or a move to a new neighborhood.
- \* The child may complain of a headache, sore throat, or stomachache shortly before it is time to leave for school. The illness subsides after the child is allowed to stay home, only to reappear the next morning before school.

\* AACAP facts for families on School Refusal

# School Refusal

- \* Children with an unreasonable fear of school may:
- \* feel unsafe staying in a room by themselves
- \* display clinging behavior
- \* display excessive worry and fear about parents or about harm to themselves
- \* shadow the mother or father around the house
- \* have difficulty going to sleep
- \* have nightmares
- \* have exaggerated, unrealistic fears of animals, monster, burglars
- \* fear being alone in the dark, or
- \* have severe tantrums when forced to go to school

\* AACAP facts for families on School Refusal

# School Refusal

- \* Such symptoms and behaviors are common among children with separation anxiety disorder. The potential long-term effects (anxiety and panic disorder as an adult) are serious for a child who has persistent separation anxiety and does not receive professional assistance. The child may also develop serious educational or social problems if their fears and anxiety keep them away from school and friends for an extended period of time.

# School Refusal

- \* What to do:
- \* consult with a qualified mental health professional, who will work with them to develop a plan to immediately return the child to school and other activities.
- \* Refusal to go to school in the older child or adolescent is generally a more serious illness, and often requires more intensive treatment.

# Physical Exam/MSE/LABS

- \* Physical symptoms of anxiety: muscle tension, headaches, abdominal complaints, restlessness, difficulty sleeping
- \* Document somatic symptoms during the evaluation to help the child and parents understand these symptoms and the relationship to anxiety disorders. Also documenting physical symptoms before beginning medications can decrease the likelihood of mistaking baseline somatic complaints for medication SE
- \* (Dulcan Text Book) Chapter 20 written by: Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

# Physical Exam/MSE/LABS

- \* Consider a thyroid panel if FH of thyroid disease or co-morbid depressive symptoms
- \* R/O Caffeine use, migraines, asthma, Seizure D/O, lead intoxication, hyperthyroidism

# Screening and Assessment

- \* Obtain info from multiple informants: parents, teachers, other care providers, and of course the child
- \* Young children may lack the understanding and vocabulary needed to communicate anxiety symptoms or related distress directly.
- \* (Dulcan Text Book) Chapter 20 written by: Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.



# Screening and Assessment

- \* Self report: MASC (multidimensional anxiety scale for children)
- \* SCARED (Screen for Child Anxiety Related Emotional Disorders)
- \* Can help w baseline assessment and clinical monitoring over time.
- \* (Dulcan Text Book) Chapter 20 written by: Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

**Screen for Child Anxiety Related Disorders (SCARED)**  
**CHILD Version—Page 1 of 2 (to be filled out by the CHILD)**

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:**

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. I get headaches when I am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. I don't like to be with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. I get scared if I sleep away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. I worry about other people liking me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When I get frightened, I feel like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. I am nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. I follow my mother or father wherever they go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that I look nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. I feel nervous with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. I get stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When I get frightened, I feel like I am going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. I worry about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. I worry about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When I get frightened, I feel like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. I have nightmares about something bad happening to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. I worry about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When I get frightened, my heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. I get shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. I have nightmares about something bad happening to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

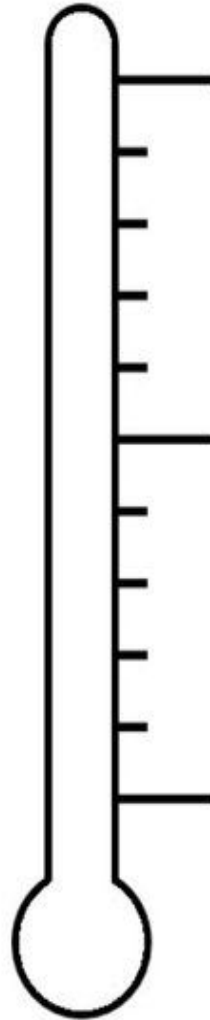
# Screening and Assessment

- \* Structured interviews lead to more reliable anxiety diagnosis than unstructured interviews.
- \* The Anxiety Disorders Interview Schedule for DSM-IV: Child version (ADIS-IV-C) Child and parent interview schedules is well studied and used ages 6 – 17
- \* ADIS uses language and situations that are developmentally appropriate for children and adolescents
- \* (Dulcan Text Book) Chapter 20 written by: Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

# Screening and Assessment

- \* Feeling Thermometer – great to help quantify the severity of anxiety symptoms and interference with the Child's functioning. Can also be used to monitor the anxiety and assess treatment progress over time.

# My feeling thermometer



# Treatment overview

- \* Psychotherapy, primarily CBT is considered first line treatment of anxiety disorders of mild severity. [Peters&Connolly 2012]

# Medications

- \* SSRIs – first choice in treatment of more severe symptoms of anxiety in youth [Peters & Connolly 2012]
- \* Medications are considered when the severity of anxiety symptoms or related impairment makes participation in psychotherapy difficult or treatment with psychotherapy alone results in a partial response
- \* Anxious children and anxious parents may be very sensitive to any worsening of the children's somatic symptoms or development of even mild or transient side effects of medications. Carefully assessing somatic symptoms at baseline prior to starting medication trials is important

# Medications

- \* **Consider SSRIs first line treatment** [Seidel L, Walkup JT: Selective serotonin reuptake inhibitor use in the treatment of pediatric non-obsessive-compulsive disorder anxiety disorders. J Child Adolesc Psychopharmacol 16:171–179, 2006]
- \* Common side effects reported in clinical trials include gastrointestinal symptoms, headache, increased motor activity, and insomnia
- \* Less common side effects such as disinhibition and more severe forms of behavioral activation, such as agitation or reactive aggression



# Thank you!



8125548

[motionelements.com](http://motionelements.com)

# References

- \* AACAP facts for families guide:  
[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/The-Anxious-Child-047.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/The-Anxious-Child-047.aspx)
- \* [http://www.aacap.org/AACAP/Families\\_and\\_Youth/Facts\\_for\\_Families/FFF-Guide/Children-Who-Wont-Go-To-School-\(Separation-Anxiety\)-007.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Who-Wont-Go-To-School-(Separation-Anxiety)-007.aspx)
- \* **Dulcan's Textbook of Child and Adolescent Psychiatry**  
Chapter 20 written by: Sucheta D. Connolly, M.D.; Liza M. Suárez, Ph.D.

Copyright © 2010 American Psychiatric Publishing, Inc.  
ALL RIGHTS RESERVED

American Psychiatric Publishing, Inc.  
1000 Wilson Boulevard  
Arlington, VA 22209-3901  
[www.appi.org](http://www.appi.org)

- \* Seidel L, Walkup JT: Selective serotonin reuptake inhibitor use in the treatment of pediatric non-obsessive-compulsive disorder anxiety disorders. *J Child Adolesc Psychopharmacol* 16:171–179, 2006
- \* Peters TE<sup>1</sup>, Connolly S: Psychopharmacologic treatment for pediatric anxiety disorders. *Child Adolesc Psychiatr Clin N Am*. 2012 Oct;21(4):789-806. doi: 10.1016/j.chc.2012.07.007.