

Pediatric Anxiety Disorders

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What makes it a disorder?

- Normal vs impairing
- How common?
- Co-occurring with depression?
- Impairments

Presentation

- What do you see in a primary care setting?
- How do you ask?

Subtypes

- Obsessive compulsive disorder
- Generalized anxiety disorder
- Social phobia
- Specific phobias
- Selective mutism
- Separation anxiety
- Panic disorder
- Posttraumatic stress disorder

Obsessive compulsive disorder

- Mean age of onset for OCD is 5 years, age of presentation around 6-7 years of age
- Overlooked for 5-6 years
- Child Yale-Brown Obsessive Compulsive Symptom (CYBOCS)
- Intrusive thoughts (thought hiccups)
- Compulsions

Generalized anxiety disorder

- Age of onset for many anxiety disorders is around 11 years (Kessler et al)
- Sleep disturbances
- Tachycardia
- Tachypnea
- Arousal
- Irritable
- GI symptoms
- Headaches

Social phobia

- Age of onset 14.5 years (Lijster et al)
- Slow to warm
- Quiet, mumbles
- Fear of embarrassment or judgement
- Avoids crowds, specific groups of people

Specific phobias

- Age of onset 11 years (Lijster et al)
- Bugs, animals
- Fear of vomiting in public
- Bridges
- Riding in vehicles
- Natural disasters
- Mass shootings
- Medical procedures, blood, injection, bodily harm

Selective mutism

- Age of onset 3 years of age
- Lasts for at least a month
- Talks at home, not anywhere else

Separation anxiety

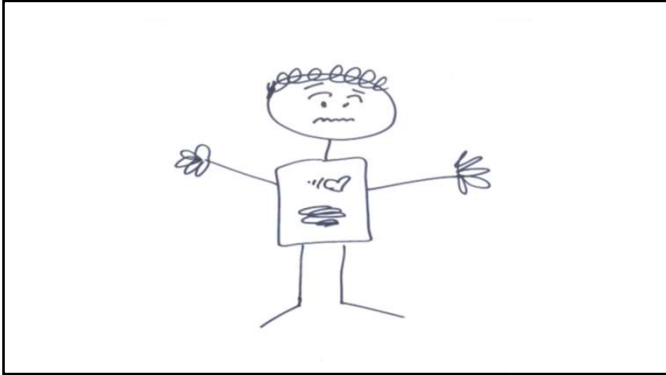
- Age of onset 7-10 years (Lister et al, 2017)
- Tantrums with separation
- Sleep disturbances if trying to sleep alone
- Physical ailments
- Avoidance of being alone

Panic disorder

- Onset in mid to late adolescence
- Choking sensation
- Tachycardia, palpitations, chest discomfort
- Tachypnea, shortness of breath
- Abdominal pain
- Dissociation
- Numbness, tingling

Posttraumatic stress disorder

- Reliving
- Arousal
- Avoidance
- Negative thoughts



Medical Workup

- Thyroid dysfunction
- Depression (age of onset in early-mid adolescence)
- ADHD
- Trauma
- Sleep disorder
- Cardiac disorder
- Diabetes
- Developmental milestones

Family and Social History

- Family history
- Social history
- Timeline

Measures

- SCARED (Screen for Child Anxiety Related Emotional Disorders)*
- GAD-7* (Generalized Anxiety Disorder)
- OASIS (Overall Anxiety Severity and Impairment Scale) *
- Spence Anxiety Scale for Children*
- CYBOCS (Children's Yale-Brown Obsessive Compulsive Scale)*
- MASC (Multidimensional Anxiety Scale for Children)
- Child Behavior Checklist (CBCL)
- Teacher Report Form (TRF)
- Youth Self Report (YSR)

*free online

Parent Education

- Avoid unintentionally invalidating reassurance, *"You're ok, you're fine."*
- Instead, use *"That looked _____!"* or *"Was that surprising?"*
- Use anatomically correct terminology to help kids describe physical sensations.
- Avoid unintentional reinforcement of anxious behavior, *"It's just a phase..."*

Risk of Not Treating

- Depression
- Low academic achievement
- Giving up
- Substance abuse
- Poor coping
- Personal relationships
- Lifetime of avoidance

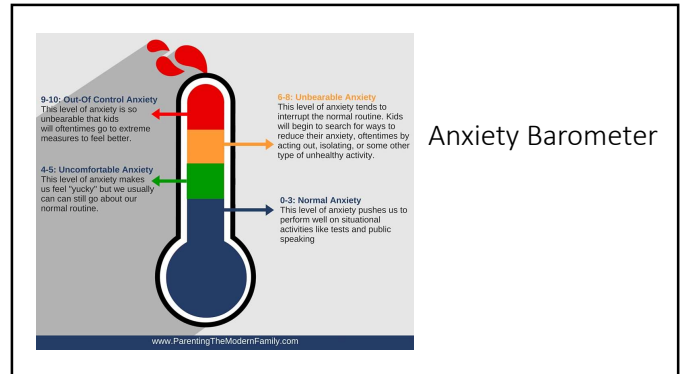
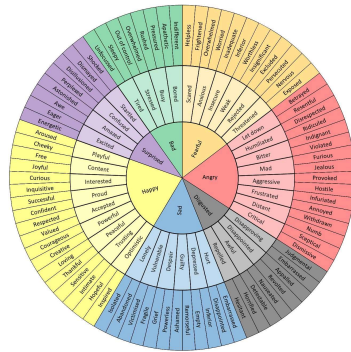
Cognitive Behavioral Therapy

- CBT first, then add medication. Combination is best!
- Involve teachers, grandparents, caregivers

Exposure Response Therapy

- Strong evidence for OCD, but applicable to other disorders
- Fear hierarchies
- Facing fear in real life
- Flooding
- Desensitization
- Extinction burst
- Intensive outpatient program (IOP) for OCD at Seattle Children's

Feeling Wheel



Anxiety Barometer

Selective Mutism Treatment

- Exposure activities
- Stickers for strong voice talking
- Involve school, grandparents, sitters, any adult that interacts with child
- Seattle Children's Group

Pharmacotherapy

- Selective serotonin reuptake inhibitors (SSRIs)
 - Fluoxetine (Prozac) FDA approved for 7+ in OCD, for 8+ for MDD (PALS, FDA), Bulimia in adults
 - Sertraline (Zoloft) FDA approved for 6+ for OCD (PALS, FDA), PMDD, Panic, PTSD, Social phobia in adults
 - Escitalopram (Lexapro) FDA approved for MDD in 12+ (FDA), GAD for adults
 - Fluvoxamine (Luvox) FDA approved for 8+ OCD (PALS, FDA)
- Selective norepinephrine reuptake inhibitors (SNRIs)
 - Duloxetine (Cymbalta) FDA approved for GAD 7+ (FDA)

Adverse Effects

- Common AEs dissipate <2 weeks after starting and increasing dose
- Headaches
- Diarrhea, nausea
- Agitation
- Sleep disturbances, awakenings, latency, vivid dreams
- Increased appetite, decreased appetite
- FDA black box warning
- Serotonin syndrome
- NSAID and EtOH interaction

Anxiolytics

- Buspirone (Buspar)
 - Half life 2-4 hours
 - Serotonin agonist
 - Limited evidence for maintenance of symptoms for long term use (3-4 wks) (FDA)
- Hydroxyzine (Vistaril) 25 mg as needed
 - Antihistamine
- Benzodiazepines – No, No, No.
 - Paradoxical reaction kids 1% (Stahl)
 - If using, limit to 2 weeks, while titrating SSRI
 - High potential for addiction

Resources For Clinicians

Partnership Access Line (PALS) at Seattle Children's

American Academy of Child and Adolescent Psychiatry Practice Parameters

Coping Cat Workbooks by Philip C. Kendall, PhD ABPP, and Kristina A Hedtke, MA

Exposure and Response (Ritual) Prevention for Obsessive-Compulsive Disorder: Therapists Guide by Edna B Foa, Elna Yadin, and Tracey K. Lichner

The Practical Art of Suicide Assessment by Shawn Christopher Shea, MD

Resources For Families

Helping Your Anxious Child by Ronald Rapee, PhD, Ann Wignall, PsyD, Susan Spence, PhD, Vanessa Cobham, PhD, Heidi Lyneham, PhD

Talking Back to OCD: The Program That Helps Kids and Teens Say "No Way" and Parents Say "Way to Go" by John March, MD

What to Do When Your Brain Gets Stuck: A Kid's Guide to Overcoming OCD by Dawn Huebner, PhD

Brain Lock by Dr. Jeffrey Schwartz, MD

What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety by Dawn Huebner, PhD

Facts for Families Guide by American Academy of Child and Adolescent Psychiatry

International OCD Foundation

Questions?

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Various slides borrowed from Dr. Aditi Sharma, MD Acting Assistant Professor at the University of Washington

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