



- Compassion
- Courtesy
- Respect



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ANXIETY OVERVIEW

Worries and fears are a natural and adaptive part of childhood development. Anxiety and fear become concerning for a clinical anxiety disorder when the concerns are **persistent and excessive, causing notable distress or especially difficulty functioning in day-to-day life.**

Cognitive behavioral therapy helps people learn about the relationship between thoughts, emotions, and actions. It helps patients recognize and change thoughts that can lead to anxiety as well as identifying avoidance. This therapy often uses education as well as exposure treatment (gradual and repeated exposure to what prompts anxiety). These help the patient learn how to manage normal anxiety reactions and how to resolve particularly anxious thoughts, feelings, and behaviors.

CLINICAL MANIFESTATIONS — Anxiety can show up in many different ways for children including:

- Avoidance-not wanting to go to school, scouts, church, parties, other social activities and talking to safe strangers
- Physical symptoms like headaches, belly pain, intense pain complaints that don't seem to have another cause
- Difficulty falling asleep, waking up often at night and not falling back asleep easily
- Needing reassurance often before possible stressful times: storms, bedtime, going to school, or a general feeling that something bad is going to happen
- Not doing well in school due to difficulty focusing or running out of time on tasks/tests
- Anger outbursts or opposition to parents or teachers, especially when this is brought on by a stressful situation
- Either eating too much or too little to deal with anxiety

Watch for a pattern that may show that stress or anxiety happens in certain places or situations like around many people or new people or when needing to leave parents for a time.

CLASSIFICATION — There are a few types of anxiety disorder. The Diagnostic and Statistical Manual of Mental Disorders, or DSM-5, includes seven types of anxiety disorder seen in children.

- **Generalized Anxiety Disorder:** many different worries that are difficult to control, stressed about school performance, needing perfection in assignments, focus on mistakes, safety or health concerns for them or family/friends, often associated with trouble sleeping
- **Social anxiety disorder:** very shy, withdrawn, poor eye contact with new people, seems to be afraid of saying or doing the wrong thing around other people, fear of being laughed at or embarrassed, often they will avoid social situations
- **Panic disorder:** panic attacks-feels like a heart attack or going crazy, losing control, will also have fear of attacks happening again or that they will get worse and have bad consequences
- **Agoraphobia-**Fear of places and situations that might cause panic, helplessness, or embarrassment like large open spaces, crowded places, small enclosed areas, public transportation, leaving the home, no history of panic disorder -rare in children but can be an issue for adolescents
- **Specific phobia:** Many people have specific fears. These become a phobia if they inhibit functioning like avoiding the park or running into the street from a dog because of fear of dogs. Afraid of storms to the point they won't go outside if it's raining.

- **Separation anxiety disorder:** Significant trouble separating for school, church, babysitting. The child will often worry about something bad happening to parents, difficulty sleeping on their own, wanting to frequently check on parents or be checked on as well.

Other Mental health disorders that can be associated with anxiety include: Obsessive-compulsive disorder, acute stress disorder, and posttraumatic stress disorder.

CAUSES — Reasons that children and adolescents develop anxiety disorders are complicated and difficult to determine, but are likely a combination of genetic risk, stressful exposures in their environment, and how the child has done during their development.

Parents with anxiety disorders pass an increased risk of developing this to their children and so it may be worthwhile to watch your child's siblings for possible anxiety as well as seeing if it may be worthwhile to talk to your healthcare provider about any concerns that you may have about anxiety. Children will often model how they react to things based on what they observe from their parents (if the parent is afraid of spiders, the child will likely be afraid of spiders) and so be aware of how you react to things and how you manage stress may affect your child.

Helping your child feel secure can help reduce the risk of developing an anxiety disorder. Make sure they feel secure in their important relationships with parents, avoid withholding food or other important necessities as a part of discipline, and listen to their concerns about situations that they find stressful or anxious. If you anticipate your child may go through an experience that can cause insecurity like separation/divorce or other major life changes, it may be worthwhile to start counseling as the child goes through this. Avoiding parenting styles that may be anxious, overprotective, or overly critical can also help.

Children with one Anxiety disorder are at risk of developing other types of anxiety as well as other mental health issues including depression, attention deficit and hyperactivity disorder, oppositional defiant disorder, as well as language and learning disabilities.

TREATMENT—Both therapy and medication can be helpful for patients with anxiety disorders.

THERAPY— Studies have demonstrated that children and adolescents with an anxiety disorder can benefit from counseling—specifically: **Cognitive Behavioral Therapy (CBT).**

COGNITIVE-BEHAVIORAL THERAPY — Cognitive behavioral therapy helps people learn about the relationship between thoughts, emotions, and actions. It helps patients recognize and change thoughts that can lead to anxiety as well as identifying avoidance. This therapy often uses education as well as exposure treatment (gradual and repeated exposure to what prompts anxiety). These help the patient learn how to manage normal anxiety reactions and how to resolve particularly anxious thoughts, feelings, and behaviors.

Although children younger than 7 years old often are not developed enough to understand CBT, parents can participate in therapy to learn the strategies and help their children as they grow.

These therapy visits often will be from 45-60 minutes and can last from 12-20 sessions to be effective, so it is important to stay patient with the program. Some children with more severe symptoms may require longer treatment.

MEDICATION—There have been studies that show that in cases of moderate to severe anxiety, medication along with therapy can be more effective than therapy alone.

The medication family with the most research and best results shown in studies is **Selective Serotonin Reuptake Inhibitors or SSRI.** This family includes fluoxetine (Prozac) and sertraline (Zoloft). These have been shown to have good benefits in improving anxiety symptoms while minimizing concerning side effects compared to other anti-anxiety medications.

Although SSRI medications are often very well tolerated, some adverse effects for SSRI that you and your doctor will need to consider include behavioral changes like agitation, worsening anxiety, or disinhibition (decreased restraint or control over their behavior). Physical side effects include headaches, upset stomach, sleeping difficulties. It is important to note that these medications have been associated with increased risk of suicide in children. This is a rare issue, but it needs to be considered when deciding whether to take this medication.

Because of the risks discussed above, the FDA recommends starting SSRI medications at a low dose and then increasing gradually to a goal dose. The full effect of the medicine is often not seen until 4-6 weeks after starting it. Because the initial dose is low, often it may be necessary to increase the dose at follow-up visits to get the desired effect. Another issue is that it is not a good idea to suddenly stop an SSRI as there may be withdrawal symptoms.

If your child is experiencing decreased anxiety symptoms after one year of treatment, often a medication-free trial period is recommended at that point.

Recommended reading:

Worried No More by Aureen Pinto Wagner, Ph.D.

Freeing Your Child from Anxiety by Tamar E. Chansky Ph.D.

What to Do When You Worry Too Much by Dawn Huebner Ph.D

Anxiety Free Kids by Bonnie Zurcker Psy.D.