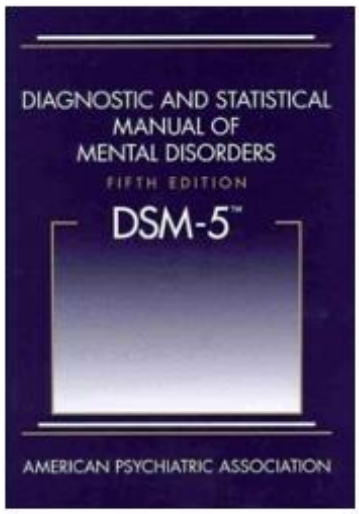
ANXIETY

• Anxiety Disorders •

Anxiety disorders are the most common psychiatric disorders diagnosed in childhood and adolescence. 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety. For children aged 3-17 years with anxiety, more than 1 in 3 also have behavior problems (37.9%) and about 1 in 3 also have depression (32.3%).[1,2]



DSM-5 Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder
- Panic Disorder/Panic Attack
- Generalized Anxiety Disorder
- Substance/Medication-Induced Anxiety Disorder
- Anxiety Disorder Due to Another Medical Condition

Screening

CoPPCAP recommends pediatric providers use narrowband screening measures to further detect symptoms of anxiety if concerns arise from initial broadband screening. Narrowband anxiety screening forms can be utilized beyond initial screening efforts to track response to intervention 1-2 weeks after starting therapy/medication, to guide dose changes, and routinely every 6 months even when stable medication dose is achieved to monitor symptoms. Additionally, when tracking response to treatment intervention, consider use of the same screening form used at baseline prior to diagnosis.

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Screener.Dx Category	Screener.Name	Screener.Acronynm	Screener.Description
Anxiety	Screen for Child Anxiety Related Disorders 8 - 18 years Caregiver Report Self Report	SCARED ⇒ English ⇒ Spanish	The SCARED is a child and parent self-report instrument used to screen for childhood anxiety disorders including general anxiety disorder, separation anxiety disorder, panic disorder, and social phobia. In addition, it assesses symptoms related to school phobias.
Anxiety	Spence Children's Anxiety Scale preschool version 2.5 - 6.5 years child version 8 – 15 years Self-Report Caregiver Report	SCAS ⇒ English ⇒ Spanish	The Spence Children's Anxiety Scale (SCAS) is a psychological questionnaire designed to identify symptoms of various anxiety disorders, specifically social phobia, obsessive-compulsive disorder, panic disorder/agoraphobia, and other forms of anxiety, in children and adolescents between ages 8 and 15. Developed by Susan H. Spence and available in various languages, the 45 question test can be filled out by the child or by the parent. There is also another 34 question version of the test specialized for children in preschool between ages 2.5 and 6.5. Any form of the test takes approximately 5 to 10 minutes to complete.
Anxiety	Generalised Anxiety Disorder Assessment 14+ years Self Report	GAD-7 ⇒ English ⇒ Spanish	The Generalised Anxiety Disorder Assessment (GAD-7) is a seven-item instrument that is used to measure or assess the severity of generalised anxiety disorder (GAD). Each item asks the individual to rate the severity of his or her symptoms over the past two weeks.

Anxiety Disorders

According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the Anxiety Disorders category consists of nine separate diagnoses, with Obsessive-Compulsive Disorders and Trauma and Stressor-Related Disorders identified as distinct categories.

Anxiety Disorder	Brief Description	ICD Code
Generalized Anxiety Disorder	Generalized anxiety disorder involves persistent and excessive worry that interferes with daily activities. This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension or problems sleeping. Often the worries focus on everyday things such as job responsibilities, family health or minor matters such as chores, car repairs, or appointments.	F41. 1

Separation Anxiety	A person with separation anxiety disorder is excessively fearful or anxious about separation from those with whom he or she is attached. The feeling is beyond what is appropriate for the person's age, persists (at least four weeks in children and six months in adults) and causes problems functioning. A person with separation anxiety disorder may be persistently worried about losing the person closest to him or her, may be reluctant or refuse to go out or sleep away from home or without that person, or may experience nightmares about separation.	F93.0
Panic Disorder	The core symptom of panic disorder is recurrent panic attacks, an overwhelming combination of physical and psychological distress. During an attack several of these symptoms occur in combination: Palpitations, pounding heart or rapid heart rate Sweating Trembling or shaking Feeling of shortness of breath or smothering sensations Chest pain Feeling dizzy, light-headed, or faint Feeling of choking Numbness or tingling Chills or hot flashes Nausea or abdominal pains Feeling detached Fear of losing control Fear of dying Sense of impending doom Because the symptoms are so severe, many people who experience a panic attack may believe they are having a heart attack or other life-threatening illness. They may go to a hospital emergency department. There may be identifiable triggers for panic attacks, including fear of subsequent panic attacks. The mean age for onset of panic disorder is 20-24. Panic attacks may occur with other mental disorders such as depression or PTSD.	F41.0
Agoraphobia	Agoraphobia is the fear of being in situations where escape may be difficult or embarrassing, or help might not be available in the event of panic symptoms. The fear is out of proportion to the actual situation and lasts generally six months or more and causes problems in functioning. A person with agoraphobia experiences this fear in two or more of the following situations: Using public transportation Being in open spaces Being in enclosed places Standing in line or being in a crowd Being outside the home alone The individual actively avoids the situation, requires a companion, or endures with intense fear or anxiety. Untreated agoraphobia can become so serious that a person may be unable to leave the house. A person can only be diagnosed with agoraphobia if the fear is intensely upsetting, or if it significantly interferes with normal daily activities.	F40.00

Specific Phobia	A specific phobia is excessive and persistent fear of a specific object, situation or activity that is generally not harmful. Patients know their fear is excessive, but they can't overcome it. These fears cause such distress that some people go to extreme lengths to avoid what they fear. Examples are public speaking, fear of flying, or fear of spiders.	F40.2
Social Anxiety Disorder	A person with social anxiety disorder has significant anxiety and discomfort about being embarrassed, humiliated, rejected or looked down on in social interactions. People with this disorder will try to avoid the situation or endure it with great anxiety. Common examples are extreme fear of public speaking, meeting new people or eating/drinking in public. The fear or anxiety causes problems with daily functioning and lasts at least six months.	F40.11
Selective Mutism	Consistent failure to speak in social situations in which there is an expectation to speak even though the individual speaks in other situations.	F94.0

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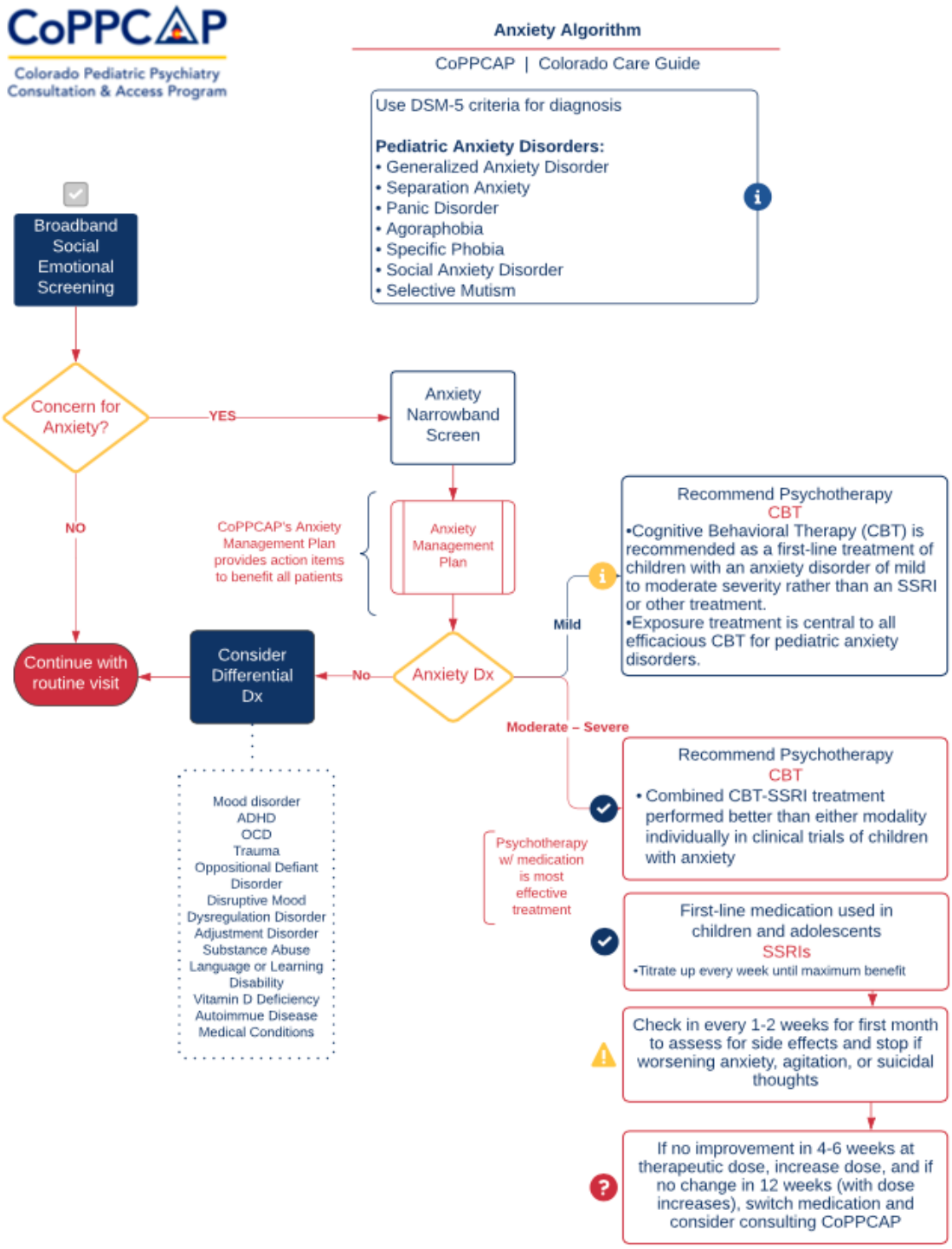

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Options for Treatment: Psychotherapy

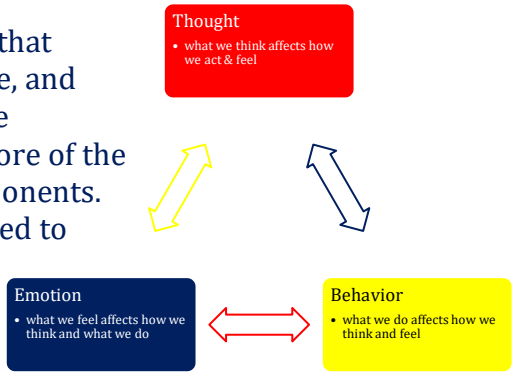
- Psychotherapy alone can be effective for mild to moderate anxiety. More severe anxiety is likely to require treatment with medication.
    - Consider importance of regulatory functioning with sleep, diet, and exercise when treating Anxiety

- If depression is not improving after six to twelve weeks of therapy, adding an adjunctive medication may be considered.

- **Cognitive Behavioral Therapy (CBT) is indicated for all the childhood anxiety disorders in children aged seven and older.**[3,4,5]

    - Exposure Therapy or Exposure Response Prevention (ERP) should be utilized as a CBT approach to effectively treat pediatric anxiety.
    - Children younger than seven may not possess the developmental abilities needed to understand and apply cognitive-behavioral strategies to their symptoms, but CBT has been adapted for delivery to parents of children with anxiety disorders, and for parents and children working together.[6]

- CBT conceptualizes anxiety as a tripartite construct that involves interaction between physiological, cognitive, and behavioral components. Change in one of these three components sets up a process of change in one or more of the other two. CBT includes several key treatment components. Each component targets mechanisms that are believed to maintain maladaptive anxiety:



    - Psychoeducation
    - somatic management skills
    - cognitive restructuring
    - exposure
        - exposure treatment is central to all efficacious CBT for pediatric anxiety disorders; this involves the child gradually but repeatedly experiencing the feared situation with the intent of reducing the associated anxiety, or learning to tolerate and manage normal, expected levels of anxiety.
    - relapse prevention
    - parental accommodation and family dynamics

Options for Treatment: Pharmacotherapy

- **CBT is always indicated as a first line treatment of pediatric anxiety**
- Medications are indicated for more moderate – severe forms of anxiety or in anxiety that has not responded to psychotherapy alone
- Approximately 55-65% of children and adolescents will respond to an initial antidepressant trial
- SSRIs are typically the first-line pharmacologic treatment in children and adolescent's serotonin-norepinephrine reuptake inhibitors (SNRIs) and tricyclic antidepressants have also shown efficacy in the treatment of pediatric anxiety disorders. Because they are associated with less easily tolerated side effects compared with SSRIs, these drugs are generally used second- or third- line.
- The most common side effects of SSRIs are gastrointestinal symptoms, headaches, agitation, sleep changes, irritability, motor restlessness (need to constantly move), and behavioral activation. These side effects are most likely to occur in the first 1-2 weeks after starting the medication, or when making dosage increases. Side effects experienced may be different based on individual medication.
- Concerning side effects of SSRIs include serotonin syndrome and increased suicidal thoughts.
    - When discussing antidepressant medications with families, always provide education about the FDA black box warning for increased suicidal thoughts when used in children and adolescents. This warning is based upon a 2004 review 24 clinical trials of children and adolescents who had been prescribed antidepressants. No suicides occurred in any of these studies, but 4 out of 100 children taking antidepressants reported suicidal thoughts or behaviors while 2 out of 100 children not on medication reported suicidal thoughts or behaviors. As a result, the FDA applied the black box warning for increased suicidal thoughts to all antidepressant medications.
- Frequent check ins are recommended during the first month to monitor for development of side effects or suicidal thoughts. Medication should be stopped if patient develops intolerable side effects or suicidal thoughts during this period.
    - Consider phone calls directly or via support staff to monitor mood and functioning weekly when first starting medication
- SSRIs can be titrated weekly, as tolerated, to a therapeutic dose (see depression medication chart below)
- Patients may have to take SSRIs for 4-6 weeks at an effective dose before experiencing any reduction in anxiety symptoms
    - If no benefit after 4-6 weeks, increase dose. If no benefit after 12 weeks, switch to a different medication.

- Patients should continue medication for 6-12 months following resolution of symptoms
- When discontinuing medications, taper slowly to minimize side effects (going down by the lowest titration increment every 1-2 weeks)

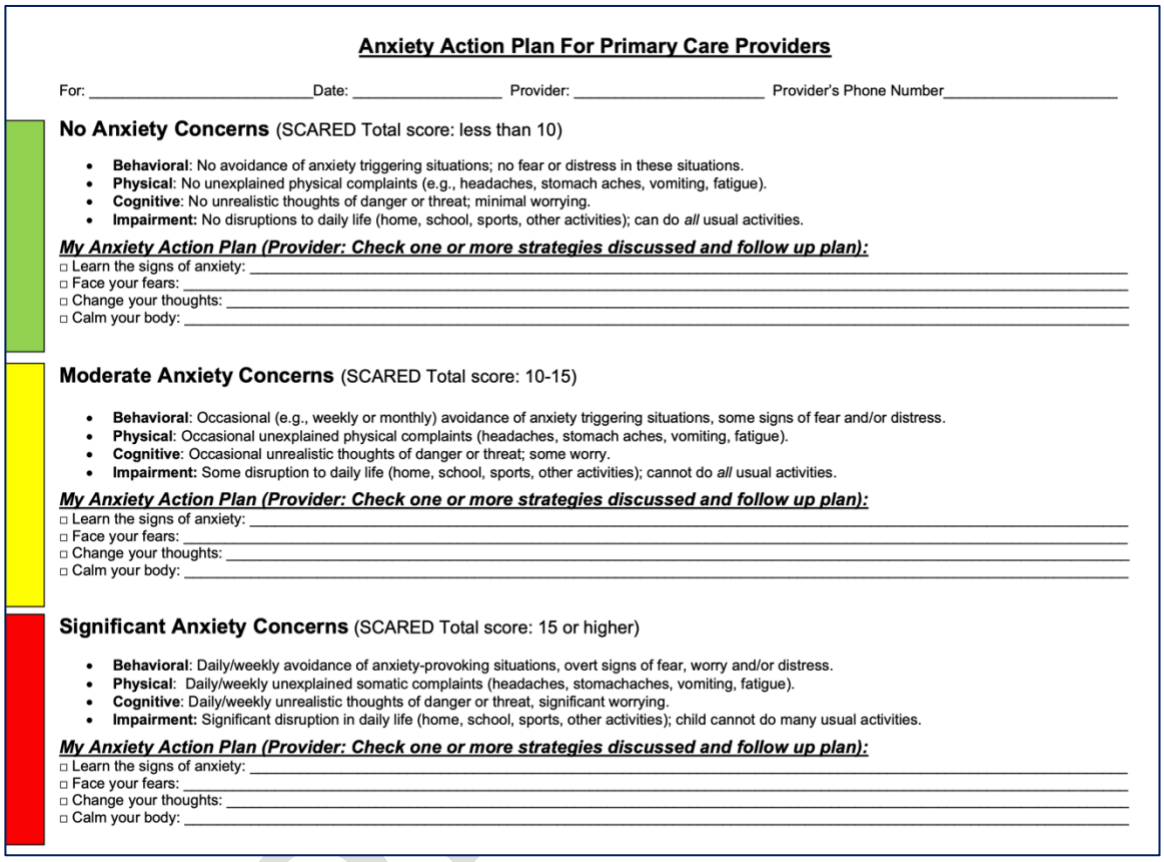
Anxiety Medications

Medications that may be used to treat anxiety disorders in children and adolescents						
Class	**Medication (Brand name)**	**Common dose range (mg/day)**	**Tablet size (mg)**	**Common side effects**	**Serious side effects**	**Uncommon, serious side effects**
SSRI	Citalopram/escitalopram (Celexa/Lexapro™)	10/5 – 40/20	10/5, 20/10, 40	• Headache • Insomnia • Diarrhea • Decreased appetite • Hyperactivity/restlessness • Vomiting • Increased anger/irritability • Sexual dysfunction • Muscle pain • Weight loss/gain	• Boxed warning—suicidal thinking and behavior in children, adolescents, and young adults • Potential for abnormal heart rhythm • Mania	• Serotonin syndrome • Bleeding problems
	Fluvoxamine (Luvox™, Luvox CR™)	100 – 300	25, 50, 100, 150			
	Sertraline (Zoloft™)	25 – 200	25, 50, 100			
	Fluoxetine (Prozac™, Sarafem™)	10 – 60	10, 20, 40, 60			
	Paroxetine (Paxil™, Pexeva™)	10 – 50	10, 20, 40			
SNRI	Venlafaxine ER (Effexor™)	37.5 – 225	37.5, 75, 150, 225	• Sleepiness • Insomnia • Restlessness • Sexual dysfunction • Headache • Dry mouth • Increased anger/irritability • Increased blood pressure • Increased heart rate • Muscle pain • Weight loss/gain	• Boxed warning—suicidal thinking and behavior in children, adolescents, and young adults • Mania	• Serotonin syndrome • Bleeding problems
	Duloxetine (Cymbalta™)	30 – 120	20, 30, 40, 60			
	Atomoxetine (Strattera™)	10 – 100	10, 18, 25, 40, 60, 80, 100			
Tricyclic antidepressant	Clomipramine (Anafranil™)	75 – 250	25, 50, 75	• Sleepiness • Dry mouth • Weight gain	• Boxed warning—suicidal thinking and behavior in children, adolescents, and young adults • Heart rhythm problems; electrocardiogram and blood levels • Mania	• Serotonin syndrome
	Imipramine (Trofanil™, Trofranil-PM™)		10, 25, 50			
Benzodiazepine	Alprazolam (Xanax™, Alprazolam Intensol™)	0.5 – 1.5	0.25, 0.5, 1, 2	• Drowsiness • Clumsiness • Dry mouth • Dizziness • Abdominal pain	• Possible dependence • Withdrawal symptoms when used at high doses, especially when administered over long periods. Decreasing the dose gradually is a common strategy to decrease the risk of withdrawal symptoms. • Disinhibition • Memory impairment • Worsening depression	• Respiratory depression (possible at high doses and when combined with other central nervous system depressants)
Atypical anxiolytic	Buspirone (Buspar™)	15 – 60	5, 10, 15, 30	• Dizziness • Lightheadedness		

				• Tiredness		
Antihistamine	Diphenhydramine (Benadryl™, Banophen™, Diphenhist™)	12.5 – 50	25, 50	• Sleepiness • Dry mouth • Decreased sweating	• symptoms. • Abnormal heart rhythms • Agitation • Difficulty completely emptying the bladder • Harm to certain types of blood cells • Seizures	
	Doxylamine (Unisom™, WalSom™)	12.5 – 50	25, 50			
	Hydroxyzine (Atarax™)	25 – 50	10, 25, 50			

Anxiety Management Plan

CoPPCAP offers an Anxiety Management Plan for use in Primary Care settings to help provide psychoeducation & actionable items providers, caregivers, and patients can take after depression screening.



Anxiety Action Plan For Primary Care Providers

For: _____Date: _____ Provider: _____ Provider's Phone Number_____

No Anxiety Concerns (SCARED Total score: less than 10)

- **Behavioral**: No avoidance of anxiety triggering situations; no fear or distress in these situations.
- **Physical**: No unexplained physical complaints (e.g., headaches, stomach aches, vomiting, fatigue).
- **Cognitive**: No unrealistic thoughts of danger or threat; minimal worrying.
- **Impairment:** No disruptions to daily life (home, school, sports, other activities); can do *all* usual activities.

My Anxiety Action Plan (Provider: Check one or more strategies discussed and follow up plan):

□ Learn the signs of anxiety: _____
□ Face your fears: _____
□ Change your thoughts: _____
□ Calm your body: _____

Moderate Anxiety Concerns (SCARED Total score: 10-15)

- **Behavioral**: Occasional (e.g., weekly or monthly) avoidance of anxiety triggering situations, some signs of fear and/or distress.
- **Physical**: Occasional unexplained physical complaints (headaches, stomach aches, vomiting, fatigue).
- **Cognitive**: Occasional unrealistic thoughts of danger or threat; some worry.
- **Impairment:** Some disruption to daily life (home, school, sports, other activities); cannot do *all* usual activities.

My Anxiety Action Plan (Provider: Check one or more strategies discussed and follow up plan):

□ Learn the signs of anxiety: _____
□ Face your fears: _____
□ Change your thoughts: _____
□ Calm your body: _____

Significant Anxiety Concerns (SCARED Total score: 15 or higher)

- **Behavioral**: Daily/weekly avoidance of anxiety-provoking situations, overt signs of fear, worry and/or distress.
- **Physical**: Daily/weekly unexplained somatic complaints (headaches, stomachaches, vomiting, fatigue).
- **Cognitive**: Daily/weekly unrealistic thoughts of danger or threat, significant worrying.
- **Impairment:** Significant disruption in daily life (home, school, sports, other activities); child cannot do many usual activities.

My Anxiety Action Plan (Provider: Check one or more strategies discussed and follow up plan):

□ Learn the signs of anxiety: _____
□ Face your fears: _____
□ Change your thoughts: _____
□ Calm your body: _____

click the image above to access the full Anxiety Management Plan
(used with permission from Gina Ginsburg, PhD)

Safety Assessment and Planning in Anxious Adolescents

- **Ask.** Providers and families should regularly ask about suicidal thoughts and behaviors.
- **Restrict means.** Providers should ask all families of anxious adolescents about access to potentially harmful items including firearms, other weapons, medications (prescription and over the counter), sharps objects like knives and razors, and items that could be used for strangulation like ropes and belts and recommend removing these items from the home or locking them up.
- **Monitor for risky or suicidal behaviors.** Watch for behaviors such as:
    - Expressing hopelessness
    - Expressing suicidal or self-harm thoughts
    - Behaving in an unusually impulsive or risky manner
    - Researching means of harming oneself
    - For young children, using death as a theme in play
    - Giving away possessions
    - Talking about being a burden to others
- **Watch for substance use.** Using substances including alcohol and drugs can make it more likely that a person with suicidal thoughts acts on those thoughts, so parents so closely monitor for substance use and remove any substances from their home.
- **Develop a crisis plan or safety plan.** Develop a plan with adolescents and their parents for what to do if they are in crisis or develop suicidal thoughts. This plan should include triggers that cause distress for the child, physical signs or behaviors that occur when they are in distress, ways parents or others can help them calm down or cope with the distress, ways they can help themselves cope, and other supports they can contact or utilize in a crisis including positive peers, supportive adults, and therapists. Local and national crisis lines and 911 can also be included.

Resources:

Crisis Hotlines:

- National Suicide Prevention Lifeline - 1-800-273-8255
- National Suicide Hotline – 1-800-784-2433
- Colorado Crisis Services – 1-844-493-8255 (or text "Talk" to 38255)

Books for Parents

Mental Health App reviews

One Mind PsyberGuide is a non-profit project run by a team of experts in mental health, technology, and technology delivered care based out of the University of California, Irvine and Northwestern University. One Mind PsyberGuide is not an industry website; its goal is to provide accurate and reliable information free of preference, bias, or endorsement.

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