### Anxiety Disorders in Pediatrics

- Anxiety disorders are common in pediatrics
- Median age of onset: 11 years old
- Recognizing anxiety in children may be difficult
- Often manifests as somatic complaints (e.g.: headaches, stomach aches, nausea, etc.)

### DSM-5 Criteria:

| GAD | • Intense fear or anxiety on separation that is developmentally inappropriate  
• Distress when experiencing or anticipating separation  
• Worry about losing attachment figures  
• Worry about an untoward event that would lead to separation (e.g.: kidnapping, accident, illness, death, etc.)  
• Reluctance or refusal to go out |
|---|---|
| SAD | • Failure to speak in specific social situations despite being able to speak in other situations  
• Interferes with function  
• ≥ 1 month  
• Not due to a lack of knowledge, a language barrier, or a communication disorder |

### Screening Tool: Screen for Child Anxiety Related Disorders (SCARED)

- Interview appropriate to age level
- Prenatal, birth, and developmental history
- Collateral from primary caregivers

### Input from community supports such as school, therapists, government agencies (e.g.: CFS)
- Psychoeducational assessment
- Trauma history

### Generalized Anxiety Disorder (GAD)

- 3%-5% of children & adolescents
- Mean age of onset: late adolescence
- F > M (2:1)
- Left untreated, GAD may worsen and can create moderate to severe impairment in life functioning in adulthood
- Chronic, generally lifelong condition

### DSM-5 Criteria:

- Excessive worry, more days than not, for ≥ 6 months
- Difficult to control worry
- Associated with ≥ 1 of the following: (vs. ≥ 3 for adults):
  1. Restlessness/ on edge
  2. Easily fatigued
  3. Difficulty concentrating
  4. Irritable
  5. Muscle tension
  6. Sleep disturbance
- Causes impairment (e.g.: school)

### Obsessive Compulsive Disorder (OCD)

- Presence of obsessions, compulsions, or both:
  - Obsessions: recurrent and persistent thoughts, urges, or images, causing marked anxiety or distress
  - Compulsions: repetitive behaviors or mental acts that the individual feels driven to perform in response to an obsession. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress
- Young children may not be able to articulate the aims of these behaviors or mental acts
- Time-consuming (≥ 1 hour per day) or cause clinically significant distress or impairment in functioning

### Separation Anxiety Disorder

- Afraid to be alone or without the attachment figure
- Refusal to sleep without being near the attachment figure
- Nightmares regarding separation
- Physical complaints (e.g.: headaches, stomach aches, nausea, vomiting) when separated
- Lasting ≥ 4 weeks
- Causes distress and impairment

### Social Anxiety Disorder (SAD)

- Marked fear/anxiety of ≥ 1 social situations for ≥ 6 months
- For children, must occur in peer settings
- Fear of being negatively evaluated or humiliated
- Social situations almost always induce fear or anxiety
- Avoidance behaviours
- Fear/anxiety out of proportion to the actual threat or sociocultural context
- Causes clinically significant distress or impairment in functioning

### Social Anxiety Disorder (SAD) DSM-5 Criteria:

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  - Obsessions: recurrent and persistent thoughts, urges, or images, causing marked anxiety or distress
  - Compulsions: repetitive behaviors or mental acts that the individual feels driven to perform in response to an obsession. The behaviors or mental acts are aimed at preventing or reducing anxiety or distress
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### Panic Disorder

- Underdiagnosed in pediatrics
- F > M (2:3-1): Onset in late adolescence
- Attacks last on average 10 minutes (rarely > 1 hour)
- Can be diagnosed with or without agoraphobia

### DSM-5 Criteria:

- Recurrent unexpected panic attacks (sudden intense fear, peaking within minutes, and consisting of ≥ 4 of the following: palpitations/tachycardia, diaphoresis, trembling, SOB, choking, chest discomfort, nausea, dizziness, hot/cold, paresthesias, derealization, fear of losing control, fear of dying)
- At least 1 attack followed by ≥ 1 month of one or both of persistent concern/worry about future attacks or their consequences, AND/OR significant maladaptive behaviours

### Selective Mutism

- Failure to speak in specific social situations despite being able to speak in other situations
- Interferes with function
- ≥ 1 month
- Not due to a lack of knowledge, a language barrier, or a communication disorder

### Anxiolytic Management

- Psychoeducation for all patients & families
- Phobias: systematic desensitization
- GAD, SAD, OCD, selective mutism: cognitive behavioural therapy (CBT) +/- selective serotonin reuptake inhibitor (SSRI)

### SSRIs

- Sertraline
- Fluoxetine
- Citalopram
- Escitalopram
- Fluvoxamine

### Medications: START LOW, GO SLOW!

**Common side effects:** nausea, sleep disturbance, headache, sexual dysfunction in older adolescents, bowel disturbance, tremor, agitation, appetite change, weight gain, etc. It is important to educate patients and their families about the potential side effects.

### Serotonin Syndrome

- Overdose with SSRIs → excessive accumulation of serotonin → serotonin syndrome
- Onset: abrupt
- Neuromuscular findings:
  - myoclonus & tremor
  - Reflexes: increased
  - Pupils: mydriasis

- Shivering
- Hyperreflexia/myoclonus
- Increased temperature
- Vital sign instability (1BP, 1HR)
- Encephalopathy (agitation, delirium, obtundation)
- Restlessness/ incoordination
- Sweating

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**June 2020**

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