



## 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.)

## PEDIATRIC ANXIETY ASSESSMENT

- 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):
    - Restlessness/ on edge
    - Easily fatigued
    - Difficulty concentrating
    - Irritable
    - Muscle tension
    - Sleep disturbance
  - Causes **impairment** (e.g.: school)

### 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**

### SEPARATION ANXIETY DISORDER

- DSM-5 Criteria:**
- 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**
  - 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**

### OBSESSIVE COMPULSIVE DISORDER (OCD)

- DSM-5 Criteria:**
- 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

### SPECIFIC PHOBIAS

- Lifetime prevalence: **~10%**    **F > M**
- DSM-5 Criteria:**
- Significant **fear/anxiety** about **specific object/situation** (e.g.: heights, animals, blood, etc.)
  - In children, fears may express as crying, tantrums, freezing, or clinging**
  - The object/situation **provokes immediate fear/anxiety**
  - The object/situation is **actively avoided**
  - Fear/anxiety **out of proportion** to the actual threat or sociocultural context
  - Persistent fear/anxiety and/or avoidance **≥ 6 months**
  - Causes **distress/impairment** in functioning

### 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

### SOCIAL ANXIETY DISORDER (SAD)

- DSM-5 Criteria:**
- 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/impairment** in functioning

### ANXIETY MANAGEMENT

- Psychoeducation** for **all** patients & families
- Phobias: systematic **de-sensitization**
- 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

Usually, occurs *within hours* of **starting a new drug** or after a **dose increase**.

- 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 (↑BP, ↑HR)
- Encephalopathy (agitation, delirium, obtundation)
- Restlessness/ incoordination
- Sweating