

Anxiety: Diagnosis and Treatment

Lauren Schumacher, MD

Anna Swan, PhD, ABPP



Cal-MAP

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Learning Objectives

- » Identify and diagnose anxiety disorders in youth
- » Explain cognitive and behavioral treatment strategies to youth and parents to help address anxiety
- » Describe medication options for treating anxiety in youth

Stressors Even in the Best of Times:

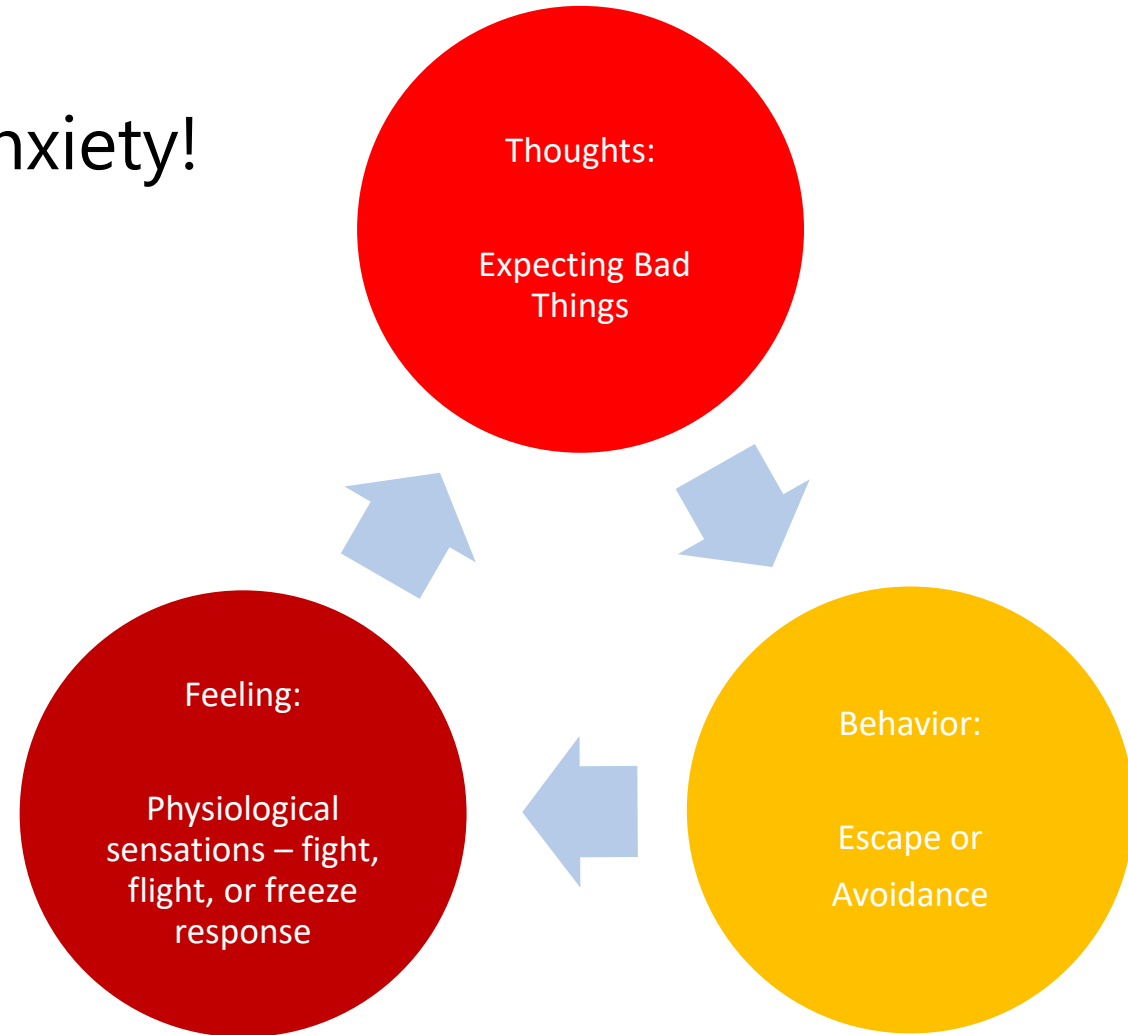
- » School and Time Management
- » Technology (also source of joy & connection)
- » Political issues
- » The future (college, job, affordable housing)
- » Crime and violence
- » Grades and school achievement
- » Being accepted by others

Youth mental health & COVID-19

- » **2.59 billion** youth ages 0-19 years impacted
- » Meta-analysis of 80,879 children and adolescents across 29 samples (globally) revealed prevalence of **depression (25.2%) and anxiety (20.5%) to have doubled** compared to pre-pandemic estimates.¹
- » Communities of color and under-resourced communities were disproportionately impacted due to additional stressors that contributed to heightened anxiety and distress for many youth.²
- » US Preventative Task Force recommends screening for anxiety starting at age 8 in response to ongoing youth mental health crisis.³

What is anxiety?

» Everyone experiences anxiety!

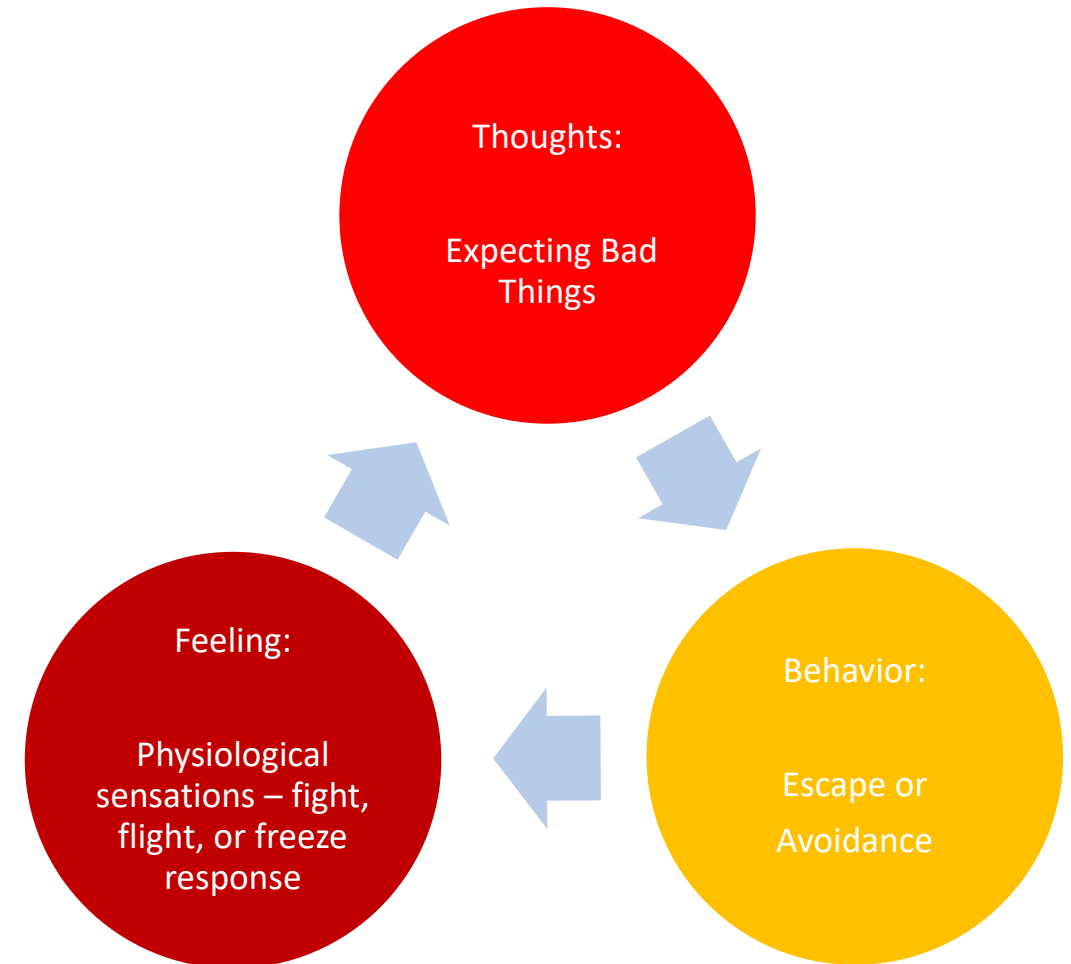


When does anxiety become a problem?

» Car Alarm Analogy

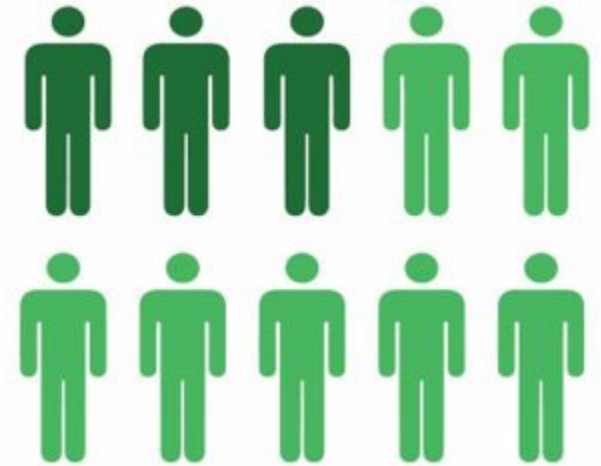


» Consider **Dysfunction**, **Distress**, **Duration**, and **Deviation** from developmental trajectory



Quick facts about anxiety disorders

- » 3 in 10 children meet criteria for an anxiety disorder by age 18.
- » Anxiety disorders are often overlooked, and cause significant impairment in academic, social, and/or family functioning.
- » Without treatment, anxiety disorders most often **persist into adulthood** and can lead to **more problems** over time (other anxiety disorders, depression, substance use).
- » National Comorbidity Survey for Adolescents: Identification and Encouragement led to more service use.
 - Black youth with low severity internalizing concerns were less likely to be identified and encouraged to access services compared to white peers with low severity internalizing sx.
- » **Primary care setting: increase identification and treatment of anxiety disorders.**



Types of anxiety disorders

Generalized



Social



Obsessions & Compulsions



Separation



Panic



» Comorbidity is the rule not the exception

- **Separation Anxiety Disorder**
- **Generalized Anxiety Disorder**
- **Social Anxiety Disorder**
- Specific Phobia
- Panic Disorder
- Agoraphobia
- **Selective Mutism**
- **Obsessive Compulsive Disorder**
- *School Avoidance*

Separation Anxiety Disorder

- Developmentally inappropriate and excessive anxiety about separation from caregiver(s)
- Core fear: Something bad will happen to the child or caregiver when separated
- More common in younger children

Celebrities who have shared about their experience of separation anxiety



Emma Stone



Billie Eilish

Signs:

- Difficulty separating at bedtime and for school
- Physical symptoms
- Frequent reassurance seeking (“Is my parent okay?”), calling parents
- Frequent school absences, visits to the nurse

Generalized Anxiety Disorder

- Excessive, uncontrollable worry about everyday life matters:
 - school, making mistakes, health/safety, world affairs
- More common in adolescents
- Associated with physical symptoms (3 in adults, 1 in children)
- Restlessness, easily fatigued, difficulty concentrating, irritability, muscle tension, sleep disturbance

Celebrities who have been open about their experiences with anxiety (& depression)



Gina Rodriguez



Lizzo



Kristen Bell



Jonah Hill



Missy Elliot

Signs in school and other settings:

- Perfectionistic about work
- Frequent reassurance seeking
- Appears jittery, tense, unable to relax
- Thoughts that jumping to the worst case scenario
- Elevated upset in response to perceived criticism

Social Anxiety Disorder

- Excessive fear of evaluation in social situations
- Two main categories: Performances and/or unstructured social situations
- More common in adolescence
- Sometimes, but not always, youth with social anxiety have social skills difficulties



Naomi Osaka



Adele



Selena Gomez



Mindy Kaling

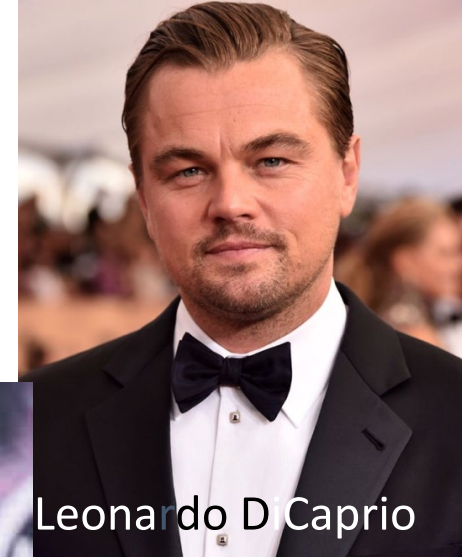
Signs in school and other settings:

- Avoids social situations or endures with distress
- Academic difficulties
- Difficulty with peer relationships

Obsessive Compulsive Disorder



- Obsessions and compulsions are time-consuming (>1 hour per day)



Signs in school and other settings:

- Varies highly with symptom presentation
- Compulsions may interfere with attendance and participation in activities of daily living
- Excessive reassurance seeking, or checking, or other rituals
- International OCD Foundation for resources: <https://iocdf.org/>

Selective Mutism

- Persistent inability to speak in specific social situations where speaking is expected despite speaking in other situations.
- Inability to speak interferes with educational, social, or other daily functions
- Symptoms present for at least one month (but not just the first month of school).
- Difficulty speaking stems from anxiety, not a language or learning disorder, or autism.
- Immigrant and language minority children have higher rates of Selective Mutism than native-born populations.¹

Celebrities who have shared about their experience of selective mutism



Greta Thunberg



Naia Parker

- Early identification and treatment is crucial.
- Selective Mutism Association:
<https://www.selectivemutism.org/>
 - Resources for families, schools, and treating providers

Assessment

*Free scoring Excel sheets available online

Measure	Ages	Reporters	Assess for	# items	Languages
SCARED (Screen for Child Anxiety Related Disorders)	8-18	Parent Self	generalized anxiety separation anxiety panic disorder social anxiety school anxiety	41*	Arabic, Chinese, English, French, German, Italian, Portuguese, Spanish, Thai
GAD-7	13+	Self	generalized anxiety	7	50+ Languages
Spence Children's Anxiety Scale	7-17	Parent Self	generalized anxiety separation anxiety panic disorder	44*	30+ languages
Spence Preschool Anxiety Scale	3-6	Parent	social anxiety obsessions/compulsions	28*	
RCADS (Revised Child Anxiety and Depression Scale)	8-18	Parent Self	generalized anxiety separation anxiety panic disorder social anxiety obsessions/compulsions depression	47* 25*	English, Chinese, Danish, Dutch, Finnish, French, German, Greek, Icelandic, Korean, Norwegian, Persian, Polish, Slovene, Portuguese, Spanish, Swedish, and Urdu

Multimodal Treatment

- » Education of parents and youth about anxiety disorders
- » Consultation with school personnel
- » Therapy
- » Medication

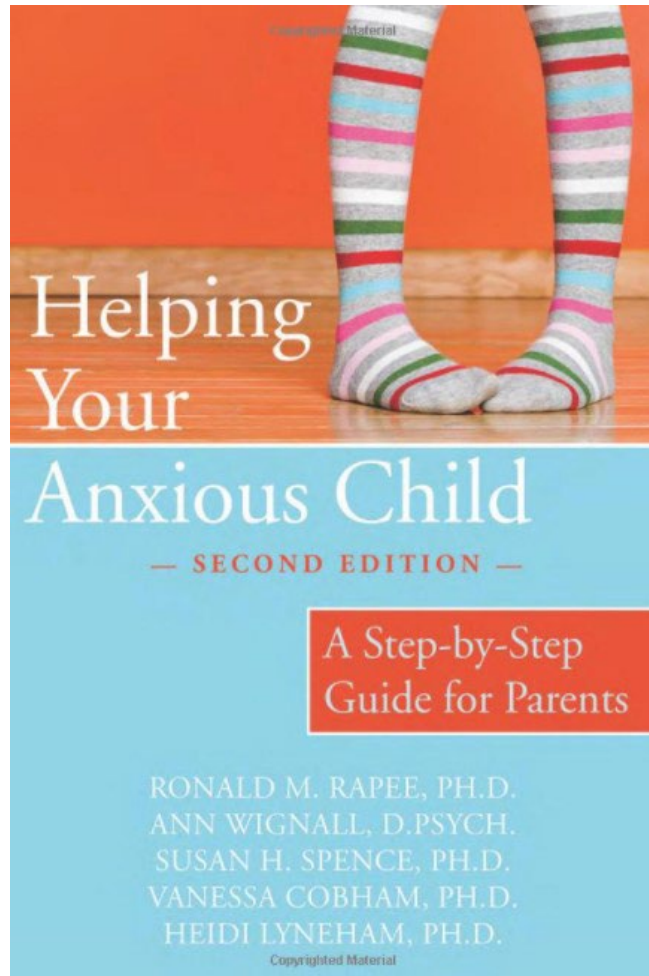


Resources for Patients & Families: Websites

- » Cal-MAP: cal-map.org
- » Online CBT: www.copingcatparents.com
- » Anxiety Disorders Association of America: www.adaa.org
- » AACAP Anxiety Disorders: Parent Medication Guide*:
https://www.aacap.org/AACAP/Families_and_Youth/Family_Resources/Parents_Medication_Guides.aspx
- » Project Empower: Free one-session online program for parents*: <https://www.schleiderlab.org/empower.html>
- » Association for Behavioral and Cognitive Therapies: www.abct.org
- » International OCD Foundation*: <https://iocdf.org/>
- » Anxiety Canada**: <https://www.anxietycanada.com/>
- » The Child Anxiety Network: www.childanxiety.net
- » The Children's and Adult Center for OCD and Anxiety: www.worrywisekids.org
- » Selective Mutism Association*: <https://www.selectivemutism.org/>
- » Lumate Health: lumatehealth.com

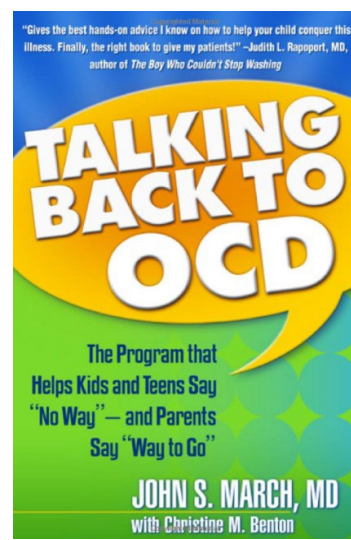


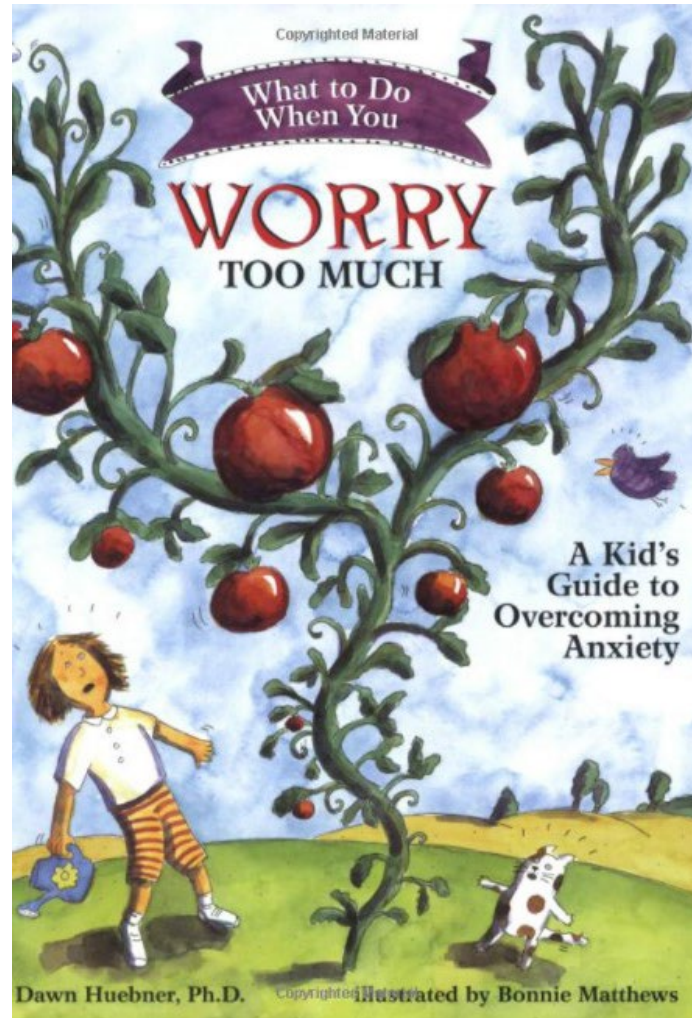
*Available in Spanish, ** Available in French



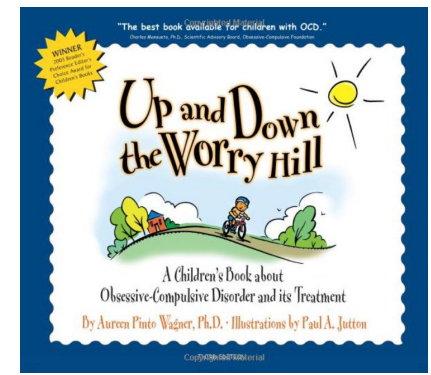
Books for Parents

- Helping your anxious child: A step-by-step guide for parents by Ronald Rapee, Ann Wignall, Susan Spence, Vanessa Cobham, and Heidi Lyneham
- Freeing your child from anxiety: Powerful, practical solutions to overcome your child's fears, worries and phobia by Tamar Chansky
- Parenting Your Anxious Child with Mindfulness and Acceptance by Christopher McCurry
- Talking Back to OCD: The Program that Helps Kids and Teens say "No Way" and Parents say "Way to go" by John March and Christine Benton
- Breaking free of child anxiety and OCD: a scientifically proven program for parents by Eli Lebowitz





Books for Children and Teens



- What to do when you worry too much: A kid's guide to overcoming anxiety by Dawn Huebner
- Up and down the worry hill: A children's book about obsessive-compulsive disorder and its treatment by Aureen Wagner
- Playing with Anxiety: Casey's Guide for Teens and Kids by Reid Wilson, Lynn Lyons
- The Anxiety Survival Guide for Teens: CBT Skills to Overcome Fear, Worry, & Panic by Jennifer Shannon
- The Shyness and Social Anxiety Workbook for Teens by Jennifer Shannon.
- Anxiety Sucks! A Teen Survival Guide by Natasha Daniels
- My Anxious Mind: A Teen's Guide to Managing Anxiety and Panic by Michael Tompkins and Katherine Martinez

Apps

CBT Skills

- » GritX
- » MindShift CBT
- » Triangle of Life
- » Sanvello
- » Be Me
- » Worry Time
- » Happify

Mindfulness

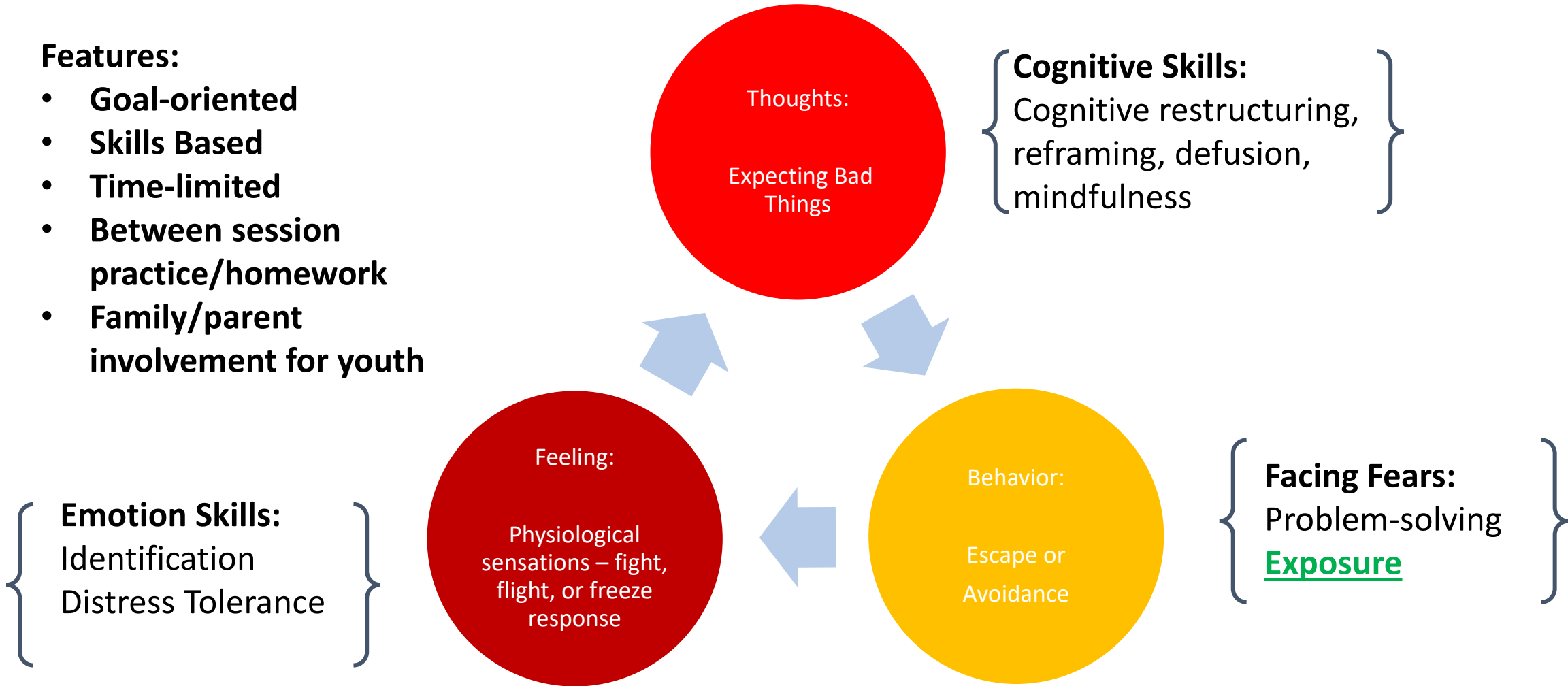
- » Smiling Mind
- » Calm
- » Breathe
- » Headspace



Cognitive Behavioral Therapy

Features:

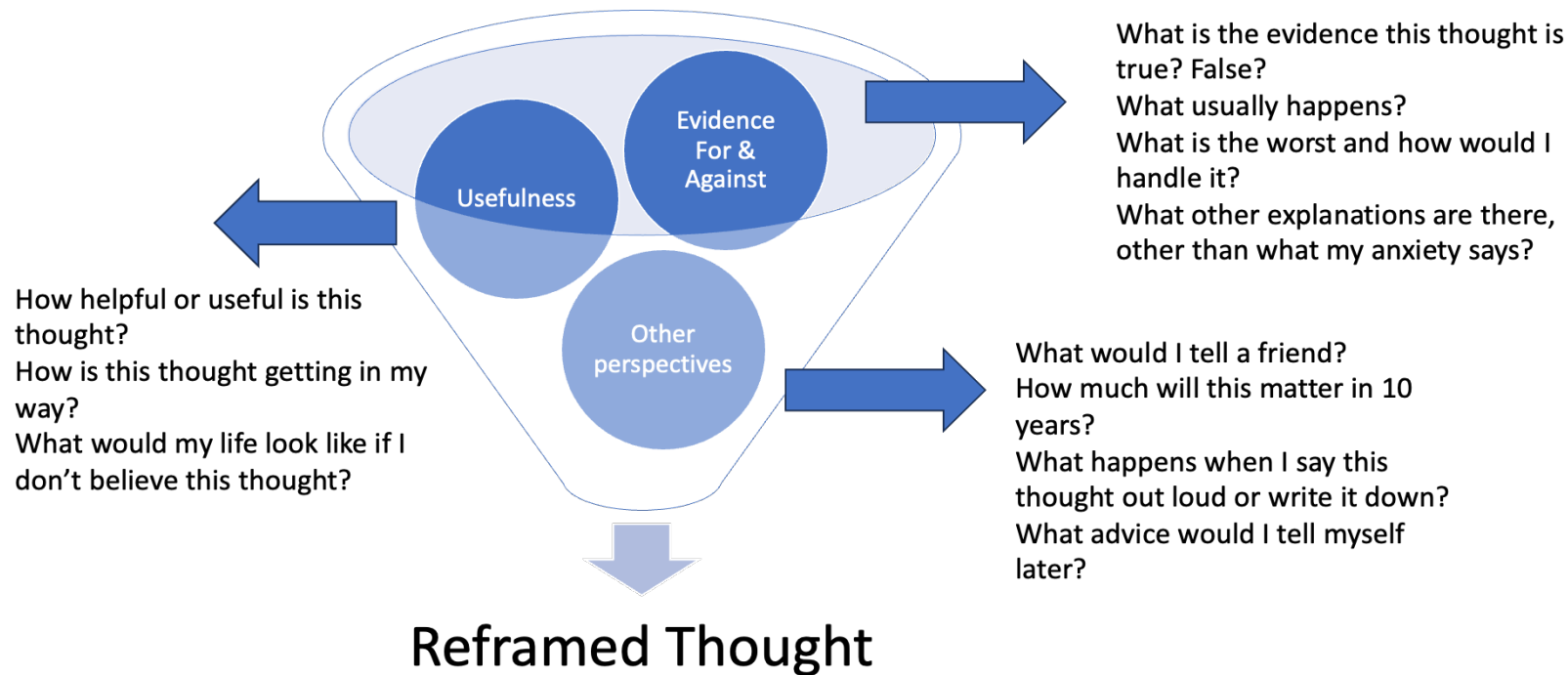
- **Goal-oriented**
- **Skills Based**
- **Time-limited**
- **Between session practice/homework**
- **Family/parent involvement for youth**



The C in CBT

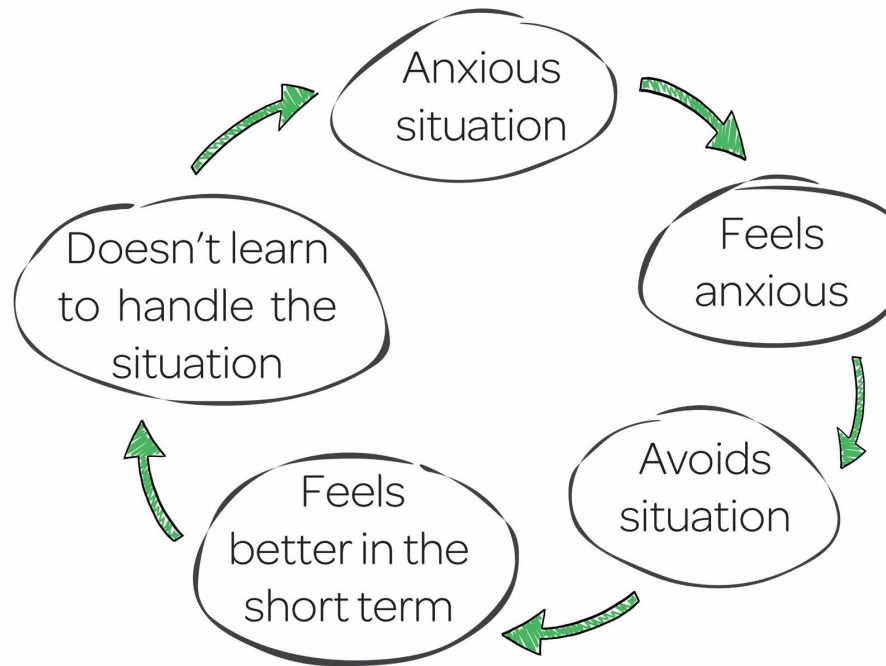
» The cognitive component of anxiety:

- Makes us believe bad things are more likely to happen than they are (but what if?!)
- Makes us believe we are not able to handle what might happen
- CBT helps youth (and adults) build skills to have a different relationship with their anxious thoughts, and get unstuck from anxious thinking



The B in CBT: Emphasis on Exposures

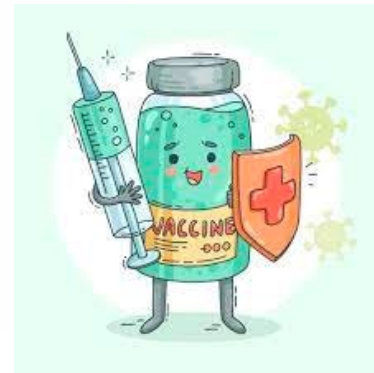
Many things cause anxiety, but avoidance maintains it.



Exposure therapy aims to stop the cycle of anxiety.



Brave practice helps kids slowly face their fears.



Exposures are the **KEY INGREDIENT** in effective CBT for youth anxiety

THE JOURNEY – WHAT WE OFTEN DO & HOW IT FEELS



PARENT

Class presentation is assigned

"They're going to freak out."

Pit in stomach, tight muscles, headache, tight chest (etc.)

Agrees to call teacher "just this once"

Anxiety symptoms go down

"Thank goodness that's over."

CHILD



Class presentation is assigned



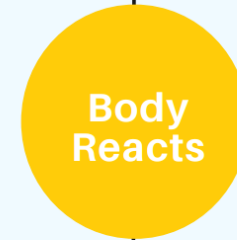
"I'm going to mess up. Everyone will laugh at me."



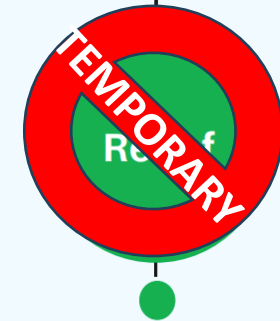
Pit in stomach, tight muscles, headache, tight chest (etc.)



Begs to call in sick, asks parent to call teacher



Anxiety symptoms go down



"Phew! Glad I got out of that. I cannot handle talking in front of the class."

Parent involvement

- » Parents can play a key role in support their child to **gradually face** rather than **avoid** anxiety provoking situations.
 - Helping parents to connect with their values, and respond in line with those values rather than accidentally playing on anxiety's team.

Tips on how to **CARE** for a child or teen with anxiety

- » **Coping Model:** *As a caregiver, modeling how to recognize and adaptively cope with anxiety.*
- » **Accommodate less:** *“Is this accommodation supporting my child in taking a step toward this situation, or is it helping them escape or avoid their anxiety?”*
- » **Reward brave behavior:** *Use praise and other reinforcers to reward your child for being brave.*
- » **Empathize and normalize:** *Dismissing anxiety (telling them not to feeling anxious) or being frustrated or punitive don't help. Instead work understand what is making your child anxious, empathize, and normalize that others also feel anxious, this feeling is safe and it's temporary.*

When to think about medication

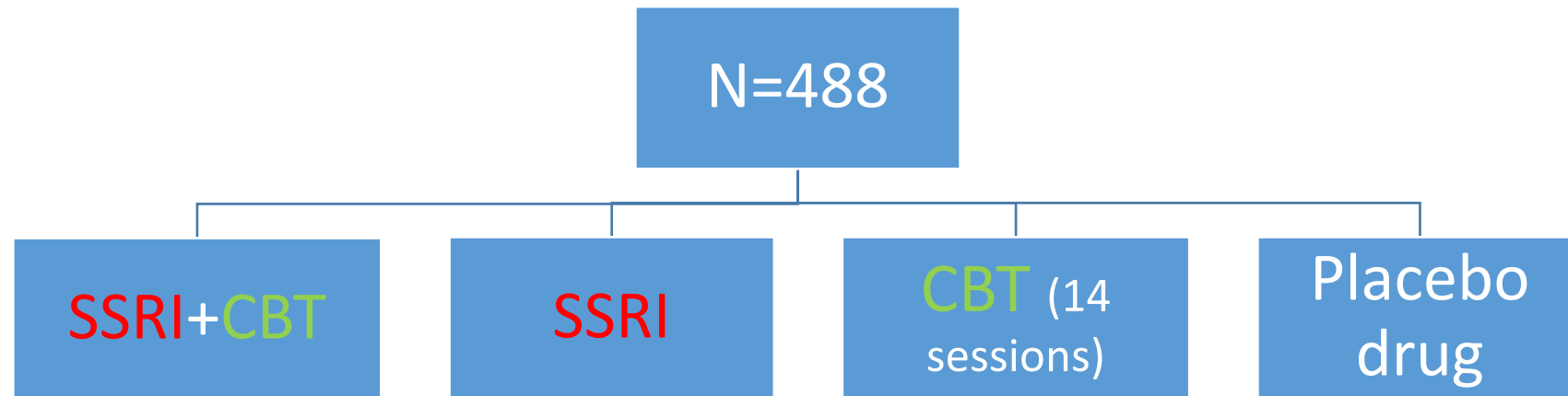


- » Limited improvement with therapy
- » Severe anxiety (GAD-7 > 16)
- » Anxiety interferes with ability to engage in therapy/exposures
- » Comorbid disorder requires treatment
- » Therapy unavailable
- » Patient and family preference

CAMS

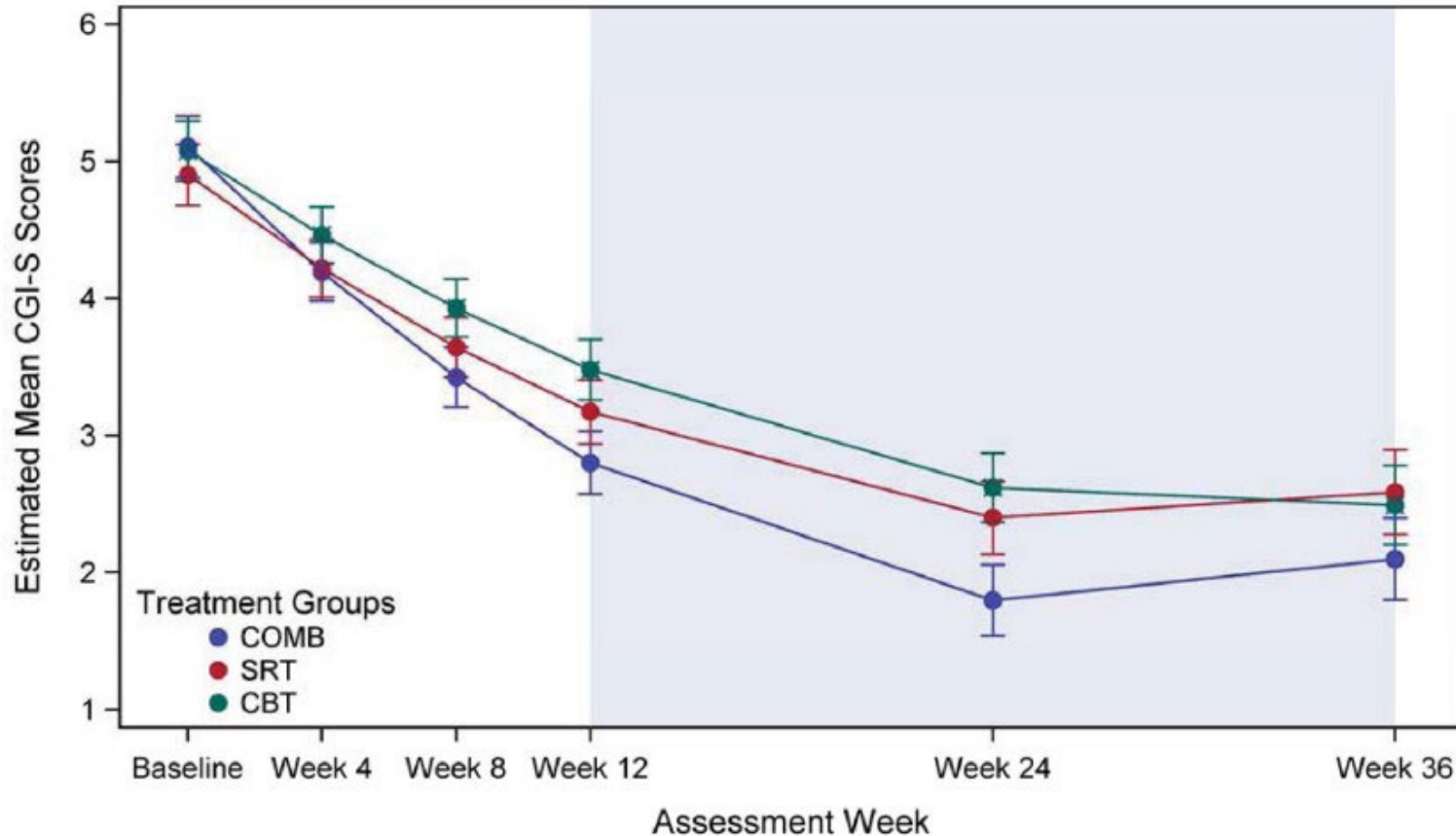
Child & Adolescent Anxiety Multimodal Study

- » NIMH funded
- » Age: 7 – 17-year-old
- » Generalized anxiety disorder, Separation anxiety disorder, Social Anxiety disorder (social phobia)
- » Randomized to 12-week treatment in 4 groups



(Piacentini et al. 2014)

CAMS Remission Rate

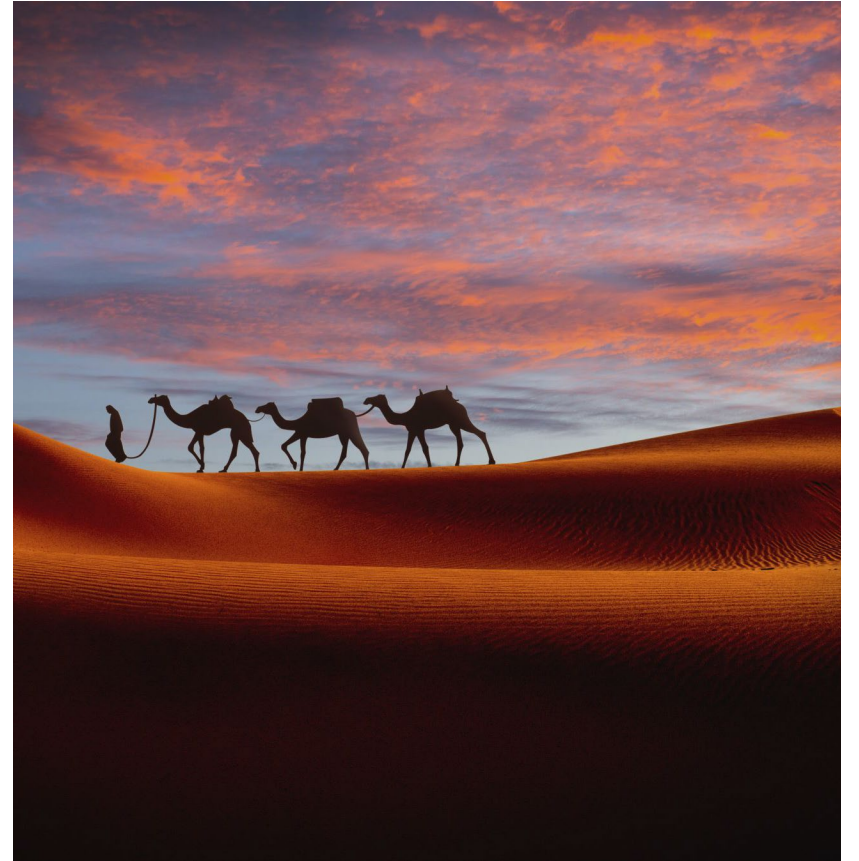


- » Any therapy > Placebo
- » COMB > Medication only
- » COMB > CBT only
- » SSRI Monotherapy is a reasonable first choice if indicated

CAMELS

Child/Adolescent Multimodal Long-term Study

- » N=319 from initial CAMS study
- » Age range: 10 – 25 years
- » Generalized Anxiety disorder, Separation Anxiety, Social Anxiety
- » 4-12 years after initial CAMS trial
- Monitored remission status annually over 4-year period
- Comparison by initial CAMS group assignment



CAMELS Results

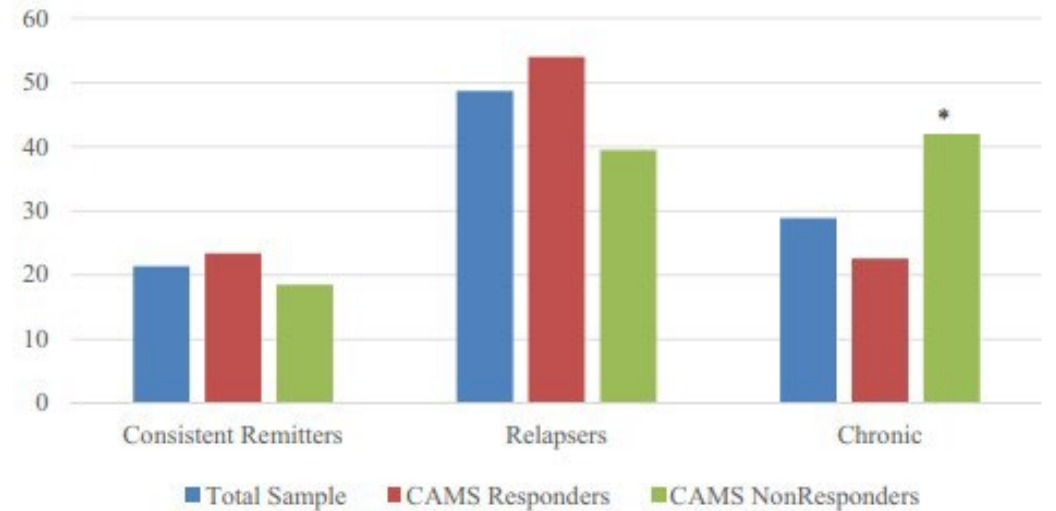
Remission
by
Tx Group
(Year 1,2,3,4)

- CBT: 40-60%
 - Sertraline: 40-52%
 - COMBO: 41-49%
 - Placebo: 25-47%
- Treatment modality
NOT a predictor of
Remission

Positive
Predictors
of
Remission:

- CAMS Tx responder
- **Early Response to treatment predicts lower rate of chronic illness**
- Male
- Younger Age
- Better Family functioning
- Few negative life events
- No Social Phobia

FIGURE 3 Percent Remitters, Chronic, and Relapsers Across Follow-up Period



Remission: 22 %
Relapsers: 48%
Chronically ill: 30%

Effects of Race on Medication Treatment for Anxiety?

» CAMS

- Compared 44 African American and 359 non-Hispanic Caucasian children
- No differences in baseline characteristics
- African American children attended fewer sessions
- Race was not a significant predictor of response, remission, or relapse

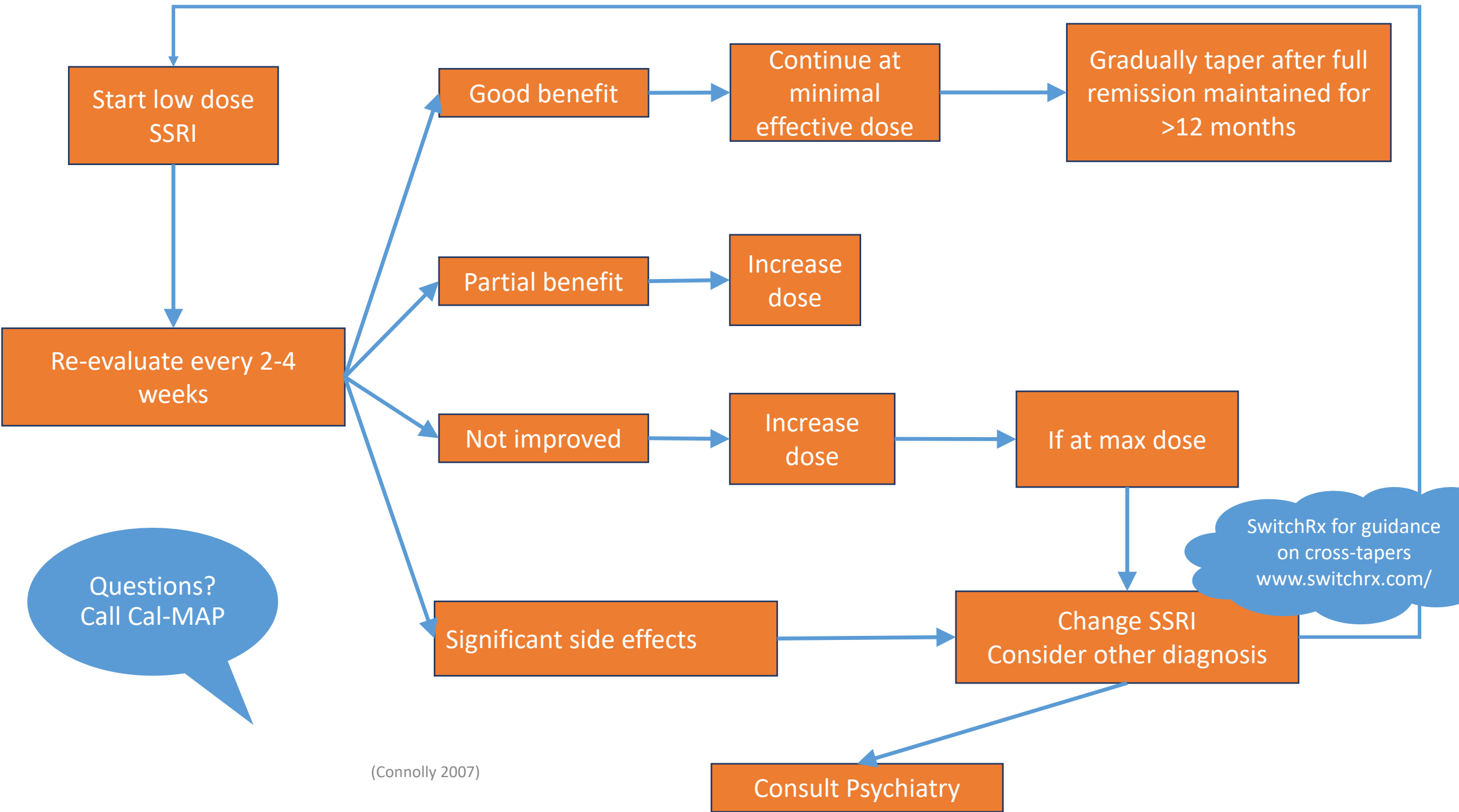
» OCD multimodal treatment

- Compared 35 non-White and 169 White youth
- No significant differences in clinical presentation, treatment, and response

SSRI's

SSRI	Starting dose (mg/day)	Titration increment (mg)	Typical Dosage range (mg/day)	Comments	FDA approval
Sertraline (Zoloft)	25-50	25-50	100-200	<ul style="list-style-type: none"> Somewhat activating 	OCD (age ≥ 6)
Fluoxetine (Prozac)	5-10	10	20-80	<ul style="list-style-type: none"> Most activating More drug-drug interactions Least likely to cause discontinuation symptoms 	MDD (age ≥ 8) OCD (age ≥ 7)
Escitalopram (Lexapro)	5-10	5	10-20	<ul style="list-style-type: none"> Well tolerated Less drug-drug interactions 	GAD (age ≥ 7) MDD (age ≥ 12)

-NNT ~3



Questions?
Call Cal-MAP

SwitchRx for guidance
on cross-tapers
www.switchrx.com/

(Connolly 2007)

Side Effects	Management Strategies
GI discomfort	<ul style="list-style-type: none"> • Take with food • Assess for other causes of eating disturbance • Monitor to see if symptoms resolve within a month if able to tolerate
Headache	<ul style="list-style-type: none"> • Encourage adequate hydration • Supportive care with acetaminophen or ibuprofen as needed • Monitor to see if symptoms resolve within a month if able to tolerate
Sleep problems	<ul style="list-style-type: none"> • Adjust timing of administration depending on sleep difficulty • Assess, optimize sleep hygiene, bedtime routines • Assess for other sleep disorders
Restlessness (Activation syndrome)	<ul style="list-style-type: none"> • May feel more energized, aggressive, or restless • Occur in ~3-8% of people on SSRIs • If not severe, monitor to see if symptoms resolve within first week • With any concerns for mania, stop medication, consult psychiatry

Black Box Warning

- » In 2004, the FDA issued a black-box warning advising clinicians to carefully monitor pediatric patients receiving treatment with antidepressants (including SSRIs) for worsening depression, agitation, or suicidality.
- » Based on analysis of 23 RCT which found slightly increased risk (3.8% vs. 2.2%) of suicidal ideation and self-injury
 - Primary diagnosis was depression
- » No increased risk of suicide found
- » Particularly at the beginning of medication treatment or during dose changes
- » Controversial
- » Overall benefit outweighs risk

Other Medications for Anxiety

- » Second line: SNRI's (duloxetine*, venlafaxine)
- » Third line: buspirone, propranolol, mirtazapine, hydroxyzine
- » Rarely used:
 - Tricyclic antidepressants
 - Worse side effect profile, need for cardiac monitoring
 - Benzodiazepines
 - Lack of efficacy in controlled trials in childhood anxiety disorders
 - Risk of dependency
 - Sedation and cognitive impairment



*FDA-approved for pediatric anxiety

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