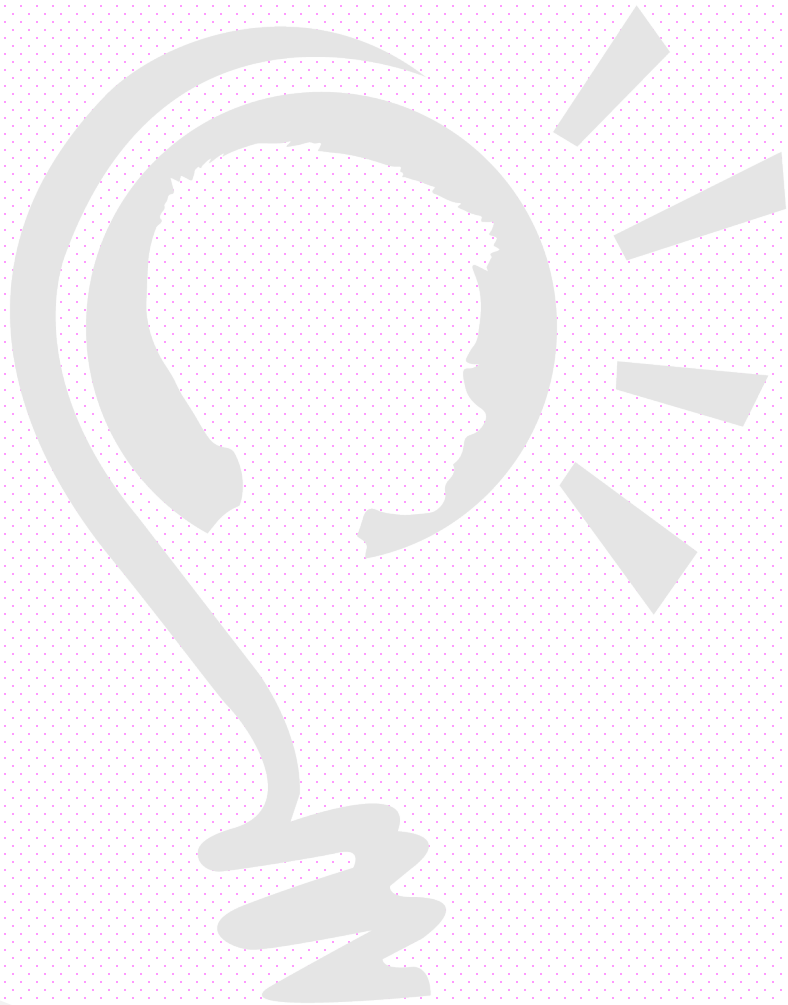




Treatment of Anxiety Disorders in Children and Teens

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Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.





Anxiety: Objectives for Primary Care

- Identify resources for anxiety psychoeducation – books, and online
- Understand the role of avoidance in propagating anxiety disorders
- Name and understand the psychotherapy with the most evidence for anxiety
- Understand the medication class of choice in pediatric anxiety disorders



Early Intervention: Anxious Temperament and Family History



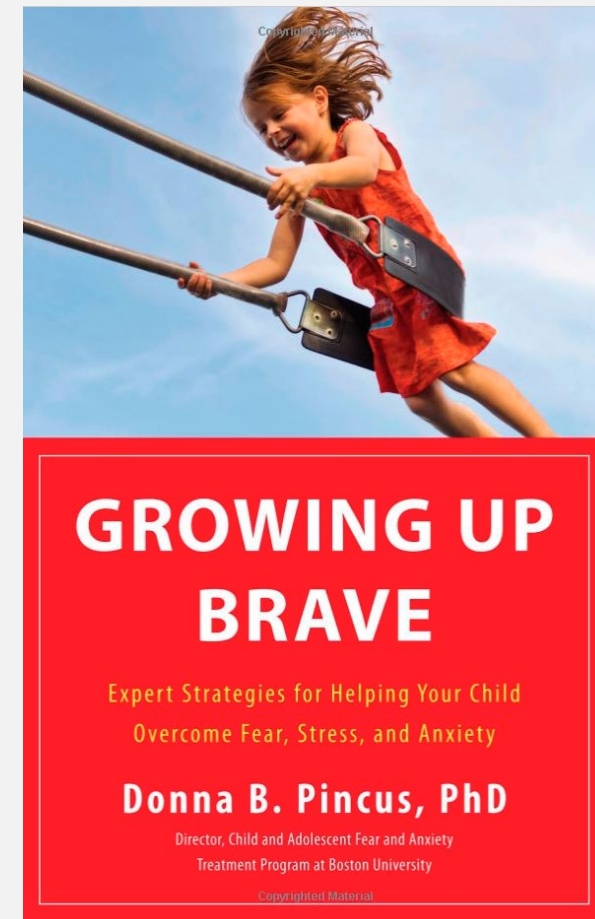
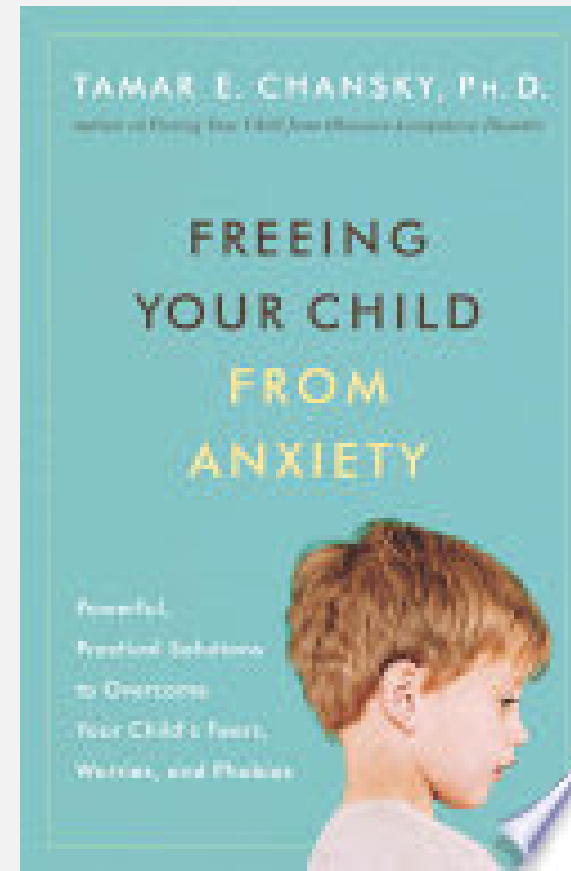
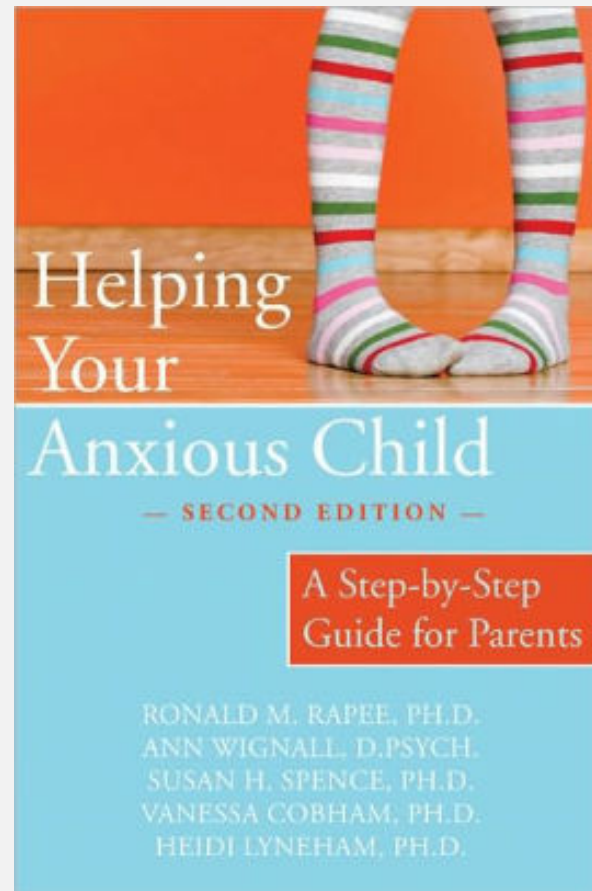
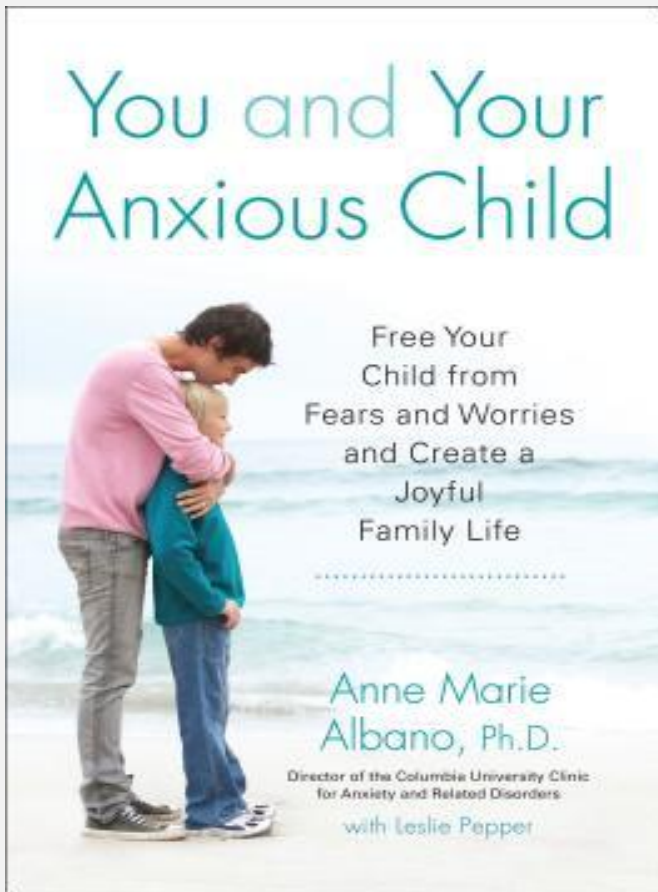


Goals of Early Intervention

- Education about all forms of anxiety
- Prevent the development of Anxiety Disorders in children with anxious temperament
 - Parents reward and model curiosity, exploration and engagement
 - Reduce avoidance and overprotectiveness
- Prevent generational transmission of Anxiety symptoms and impairment

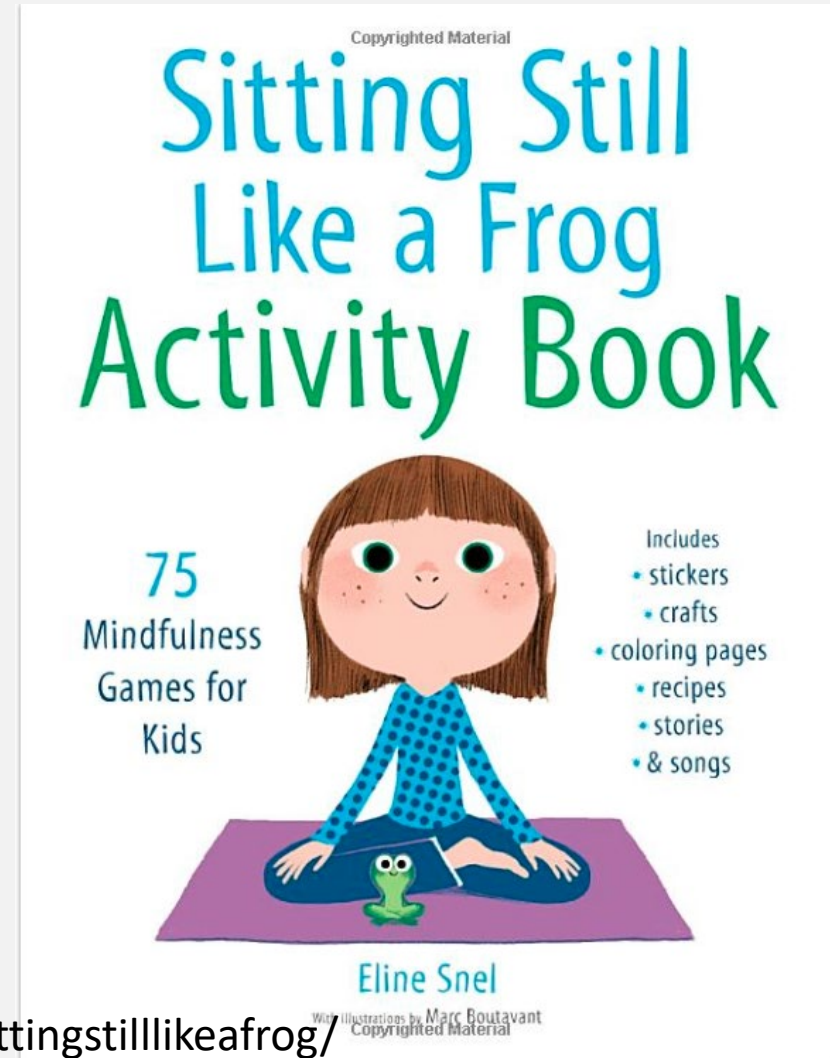
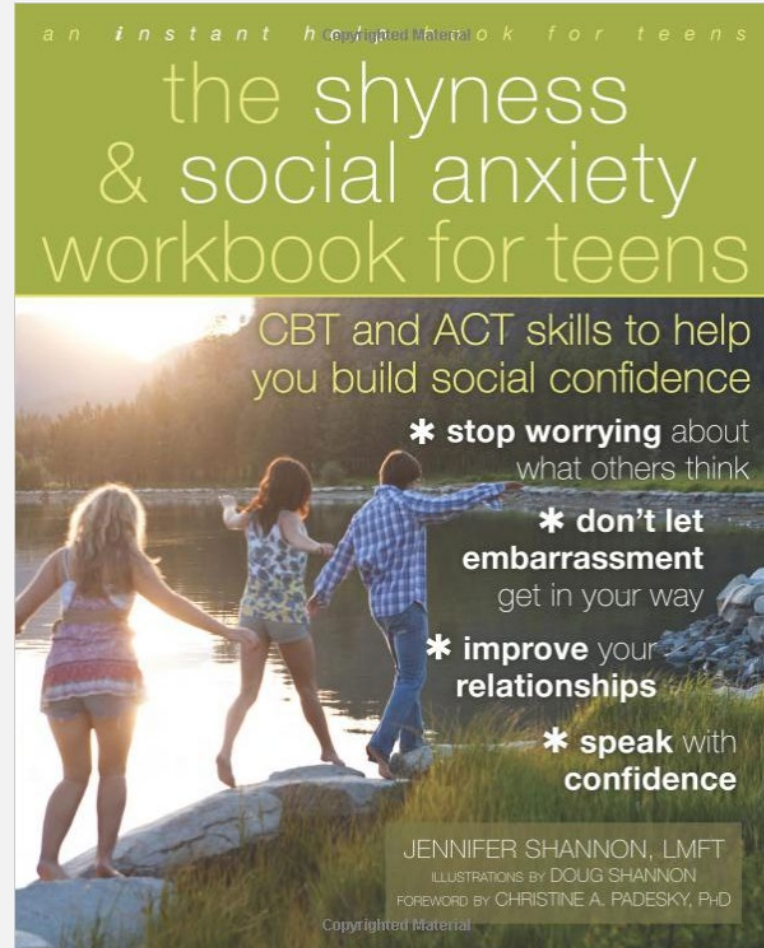
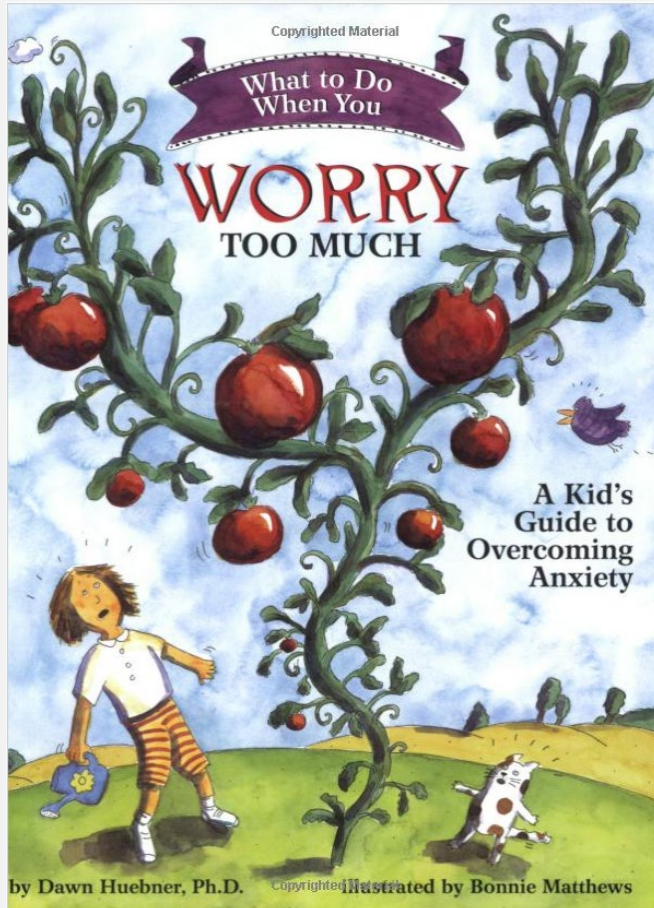


Books for Parents (and their doctors!)





Books for Kids and Teens



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<https://www.shambhala.com/sittingstilllikeafrog/>



Psychoeducation

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Healthy Children > Health Issues > Conditions > Emotional Problems > Understanding Childhood Fears and Anxieties

Health Issues

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- Autism
- Cancer
- Chest & Lungs
- Chronic Conditions
- Cleft & Craniofacial
- Common Surgical Procedures
- COVID-19
- Developmental Disabilities
- Ear Nose & Throat
- Emotional Problems
- Eyes
- Fever
- From Insects or Animals
- Genitals and Urinary Tract

HEALTH ISSUES

LISTEN

Español

Text Size - +



Understanding Childhood Fears and Anxieties

My child seems to be afraid of a lot of things. Should I be worried?

From time to time, every child experiences fear. As youngsters explore the world around them, having new experiences and confronting new challenges, anxieties are almost an unavoidable part of growing up.



Fears are Common:

Mental Health

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Anxiety and Children

No. 47; Updated October 2017

All children experience some anxiety. Anxiety in children is expected and normal at specific ages. From approximately age 8 months through the preschool years, healthy youngsters may show fears of parents or other people with whom they are close. Young children may have short-lived fears of strangers.

Anxious children are often overly tense or uptight. Some may seek a lot of reassurance, and others should not dismiss their child's fears. Because anxious children may also be quiet, compliant, or withdrawn, Parents should be alert to the signs of severe anxiety so they can intervene early to prevent problems.

There are quite a few different types of anxiety in children.

Psychoeducation for Children

- What is Anxiety?
 - Anxiety is normal and helpful in small doses
 - 3 component model: Think, Feel, Do
- Why me?
 - Genes and temperament
 - Experience in the world
 - Development of “thinking traps”
 - **Escape and avoid = More and more anxiety**
 - School avoidance





Treatment depending on severity

- Mild
- Moderate
- Severe

Consider the 3 'Ps':

Pervasive

Persistent

im**P**airing



Mild Anxiety





Treatment Planning

- Mild symptoms:
 - Educate/support/monitor/nudge
 - Bibliotherapy
 - e-programs
 - 1. BRAVE for Children (can be purchased by parent)
 - 2. **Camp Cope-A-Lot (can be purchased by a “therapist”)**



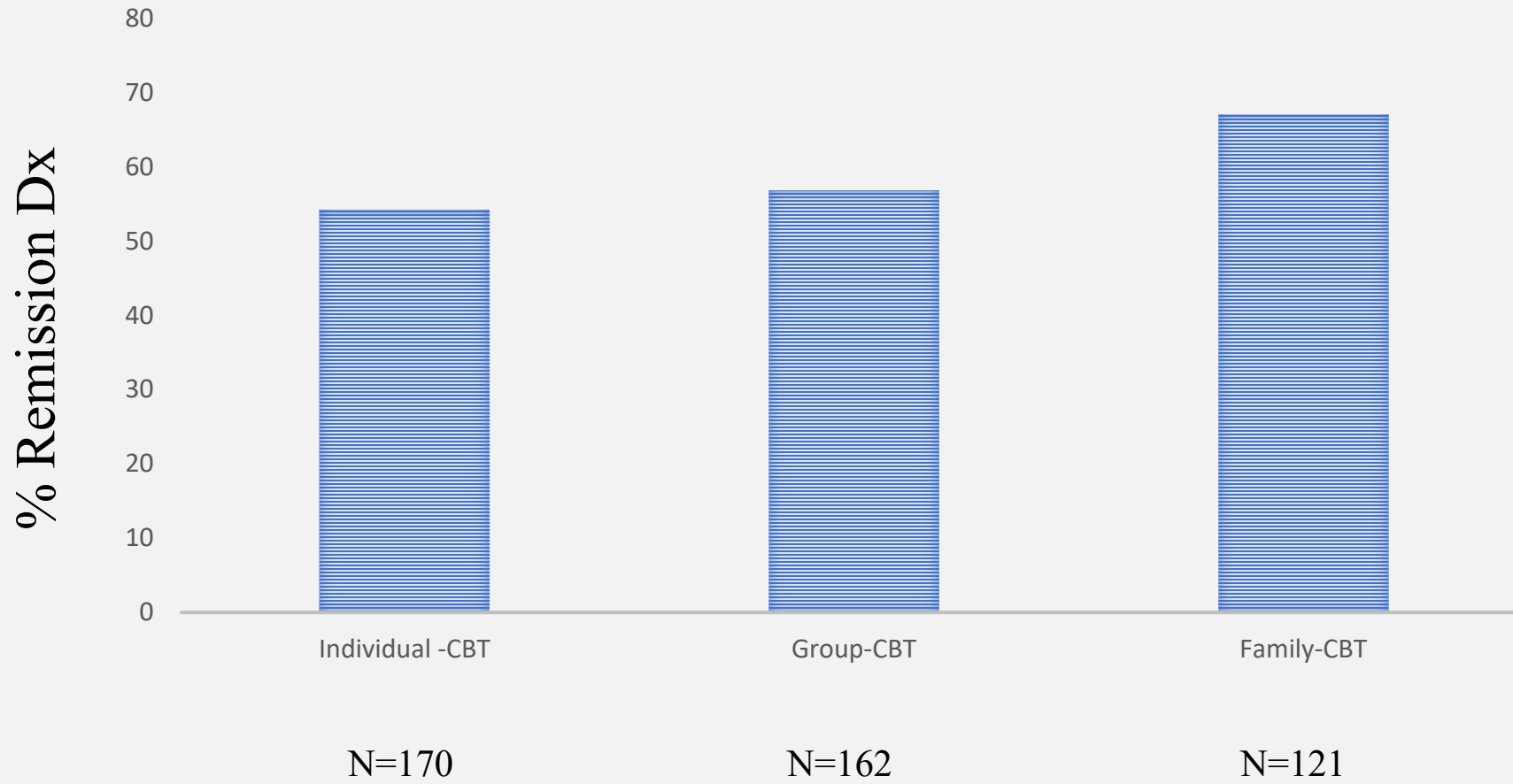


Cognitive Behavioral Therapy





Pooled Analysis of CBT for Child Anxiety Disorders by Modality





Goals of CBT

- Educate the patient
- Teach self-soothing and somatic management
- Identify and change maladaptive thinking
- **Increase proactive approach behavior (graduated EXPOSURE)**
- **Extinguish avoidance behavior**
- Increase healthy problem-solving
- Facilitate insight and self-efficacy
- Solidify gains and promote generalization





Somatic Management

- Breathing Retraining
- Progressive Muscle Relaxation
- Cue Controlled Relaxation

Goals

- Develop tolerance of normal, expected levels of anxiety
- Learn & utilize strategies to calm self during stressful/ fear provoking situations or tasks



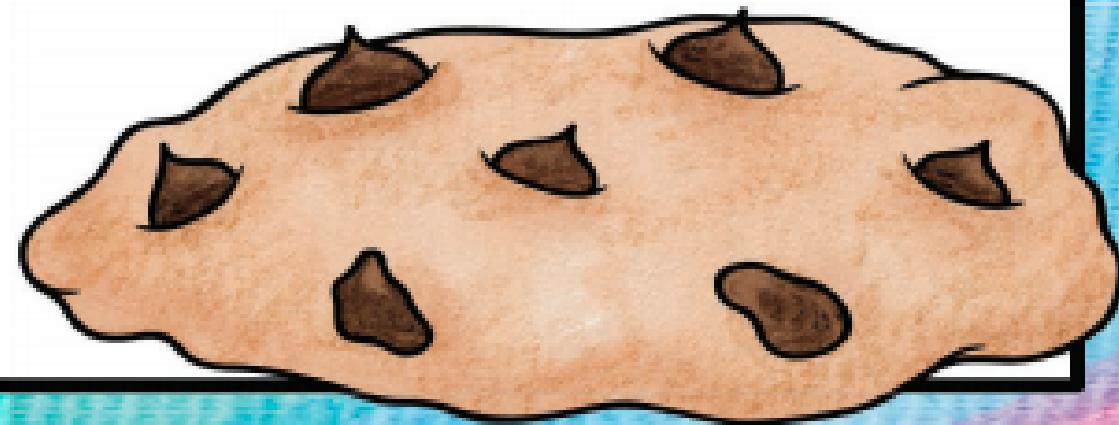
Belly Breath

Sit in your chair with your body tall, shoulders back, eyes closed. Lay your hands in your lap. Nice and relaxed.

Picture that I just baked some chocolate chip cookies. Take a deep breath in and smell the cookies. Hold that chocolatey smell for 3, 2, 1.

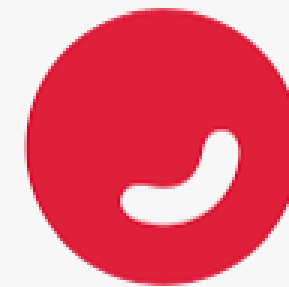
Slowly breathe out.

Let's repeat that again.





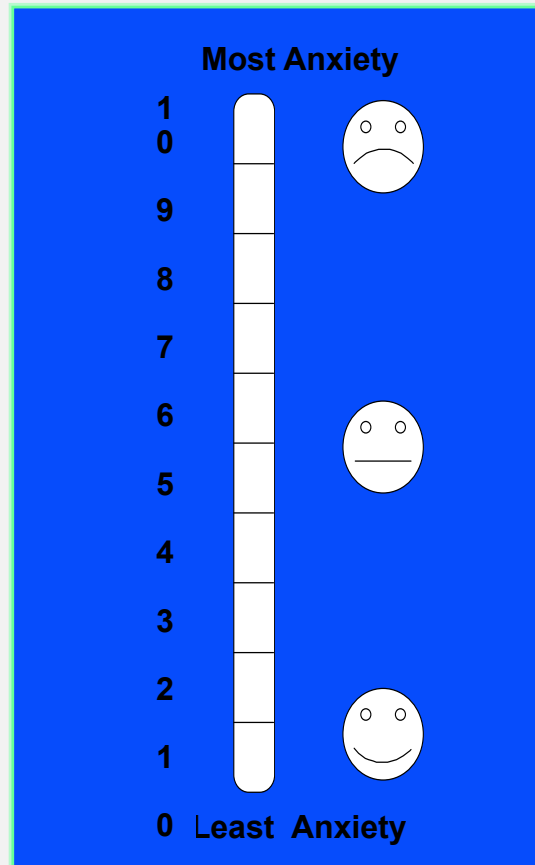
- Headspace
- Calm
- Insight Timer
- Stop, Breathe and Think



TEN
PERCENT
HAPPIER

Anxiety Fear Hierarchy

Fear Thermometer (SUDS)



Separation Anxiety Fear Hierarchy

Situation	SUDS
Spending night at friend's house	10
Spending 2 hours at friend's— w/o mom	8
Spending 30 mins at friend's— w/o mom	7
Mom leaving home for 30 minutes	6
Mom leaving home for 15 minutes	5
Mom going out to get mail	3
Mom going in a different room—nighttime	2



Moderate Anxiety

CBT

Psychopharmacology



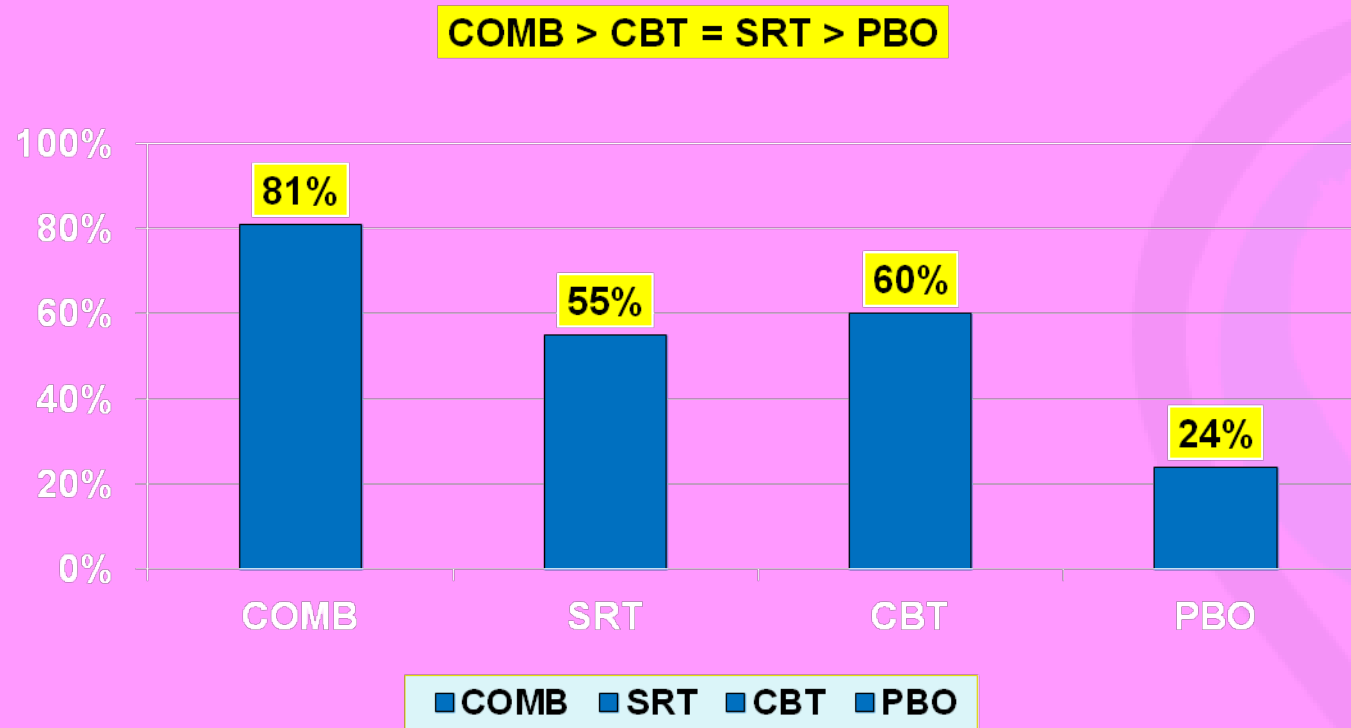


CAMS- *Child Anxiety Multimodal Study* Overview

- SAD, SoP, GAD
- N = 488, ages 7-17
- 12-week acute trial: CBT, SRT, Comb, Pill PBO
- Pills-only double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders



Child Anxiety Multimodal Study CAMS: N=488, 7-17 Years Old for 12 Weeks



CGI-I 1 and 2 (ITT, LOCF)





FDA approved SSRI Meds for the Pediatric Anxiety Triad

- NONE



Serotonin Reuptake Inhibitors FDA Approvals

- Approved for OCD
 - Clomipramine \geq 10 yrs (TCA)
 - Fluvoxamine \geq 8 yrs (SSRI)
 - Sertraline \geq 6 yrs (SSRI)
 - Fluoxetine \geq 7 yrs (SSRI)
- Approved for Depression
 - Fluoxetine \geq 8 yrs (SSRI)
 - Escitalopram \geq 12 yrs (SSRI)
- Approved for Non-OCD Anxiety
 - Duloxetine \geq 7 yrs GAD (SNRI)

SRI Efficacy for Non-OCD Anxiety Disorders

- SAD, GAD and SoP
 - Fluvoxamine – RUPP, 2001
 - Fluoxetine – Birmaher et al, 2003
 - Sertraline (CAMS) – Walkup et al, 2009
- SoP
 - Paroxetine - Wagner et al, 2004
 - Fluoxetine - Beidel et al 2007
 - Venlafaxine - March et al, 2007-
- GAD
 - Sertraline - Rynn et al., 2001
 - Venlafaxine, Rynn et al., 2007
 - Duloxetine, Strawn et al 2015
 - **Buspirone in GAD, unpublished negative trial**





SSRI TREATMENT-Moderate Anxiety

- Patient and Parent preference
- Too anxious to start CBT
- CBT has failed or only partially resolved symptoms



Severe Anxiety

CBT +
Psychopharmacology





Treatment of Severe Anxiety

- Start with medication (SSRI) and therapy (CBT)



SSRIs

- Anxiety often needs higher doses in the end
- But lower doses to start due to hypervigilance for side effects
- WARN about side effects
- Start low BUT do not forget to go up
- Younger kids respond well but may have more side effect
- Monitor progress and side effect at 2-4 week follow-up
- We like to see patients on meds for 6-12 months of doing well before tapering



Side Effects

- Common Side effects of SSRI's:
 - Dry mouth
 - GI: Constipation, Diarrhea
 - Sweating
 - Sleep disturbance
 - Sexual dysfunction
 - Irritability
 - “Disinhibition” (risk-taking behaviors, increased impulsivity, or doing things that the youth might not otherwise do)
 - Agitation or jitteriness
 - Headache
 - Appetite changes
 - Rashes
- More serious side effects
 - Serotonin syndrome (fever, hyperthermia, restlessness, confusion, etc)
 - Akathisia
 - Hypomania
 - Discontinuation syndrome (dizziness, drowsiness, nausea, lethargy, headache)
 - Suicidality
- What to do about ACTIVATION/inhibition – lower dose or switch to another SSRI or SNRI





Benzodiazepines

- Have **NOT** shown efficacy in controlled trials in childhood anxiety disorders
- Clinically, used as an adjunctive short-term treatment with SSRI's to address severe anxiety symptoms (give small supply)
- Contraindications: adolescents with substance abuse
- Possible side effects: sedation, disinhibition, cognitive impairment, difficulty with discontinuation
 - Less incentive to work in CBT



Other Meds?





Anxiety Disorders:
**Parents'
Medication Guide**

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Medication Tracking Form

Use this form to track your child's medication history. Bring this form to appointments with your provider and update changes in medications, doses, side effects and results.

Date	Medication	Dose	Side Effects	Reason for keeping/stopping



Summary

- PCPs can identify anxiety early and educate the family
- Effective tx include psychoed, medication and CBT
 - Can start with psychological approaches but medication should not be considered “last resort”
 - **Don't make kids suffer**
- Pediatrician's support of treatment options liberates and empowers parents!





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