Treatment of Anxiety Disorders in Children and Teens

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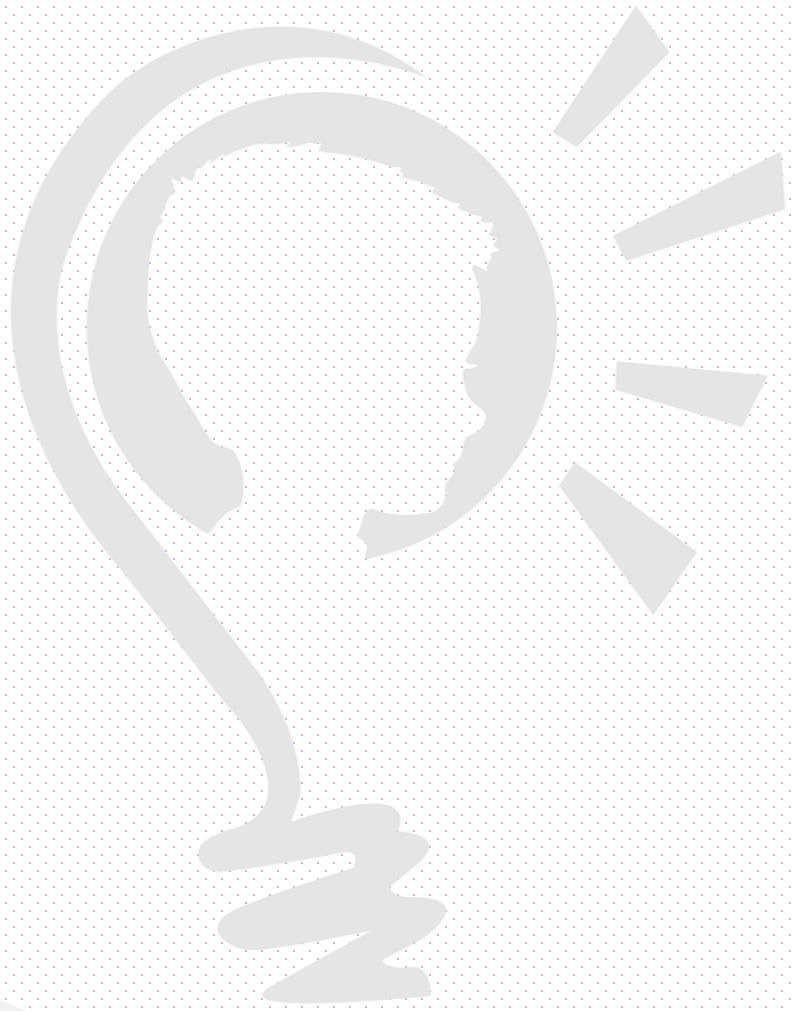

Speaker:

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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

- Gain resources for anxiety education
- Discuss the role of avoidance in anxiety disorders
- Understand which kind of psychotherapy is best for anxiety
- Identify the first line of medication for pediatric anxiety disorders

Emily

- 8 yo girl who is brought in because of stomach aches
- Evaluated by GI and no medical condition identified
- Difficulties getting her to school since kindergarten
  - Crying at drop off, clingy to parent
- In 2nd grade missed 10 days of school
- Now in 3rd grade, has **missed 20 days** of school to date
  - Even when she gets to school, she goes to nurse often with stomach aches, sometimes the only resolution is mother picking her up early
- No academic issues
- If mom unable to pick her up Emily calls frequently to “check in” and make sure that “nothing bad happened”
- At home she appears comfortable, pleasant, watches TV
- Maintains friendships with small group of girls she has know since pre-K
  - Does not enjoy play dates or want sleepovers at friend’s homes
- During office visit, she is quiet, but smiles easily
- PE is unremarkable
- No known trauma/loss
- SCARED: 38

What treatment would you recommend ?

a. Write a letter for Home Instruction

b. Refer for therapy and collaborate with the school

c. Start a medication for anxiety

d. Wait and monitor for now

Early Intervention For “At Risk” Kids

1. Lifelong Anxious Temperament
2. Family History of Anxiety Disorders

Goals of Early Intervention

- Parents education about anxiety
- Prevent Anxiety Disorders in children with anxious temperament
  - Reward and model curiosity, exploration
  - Reduce avoidance and overprotectiveness
- Prevent generational transmission of Anxiety

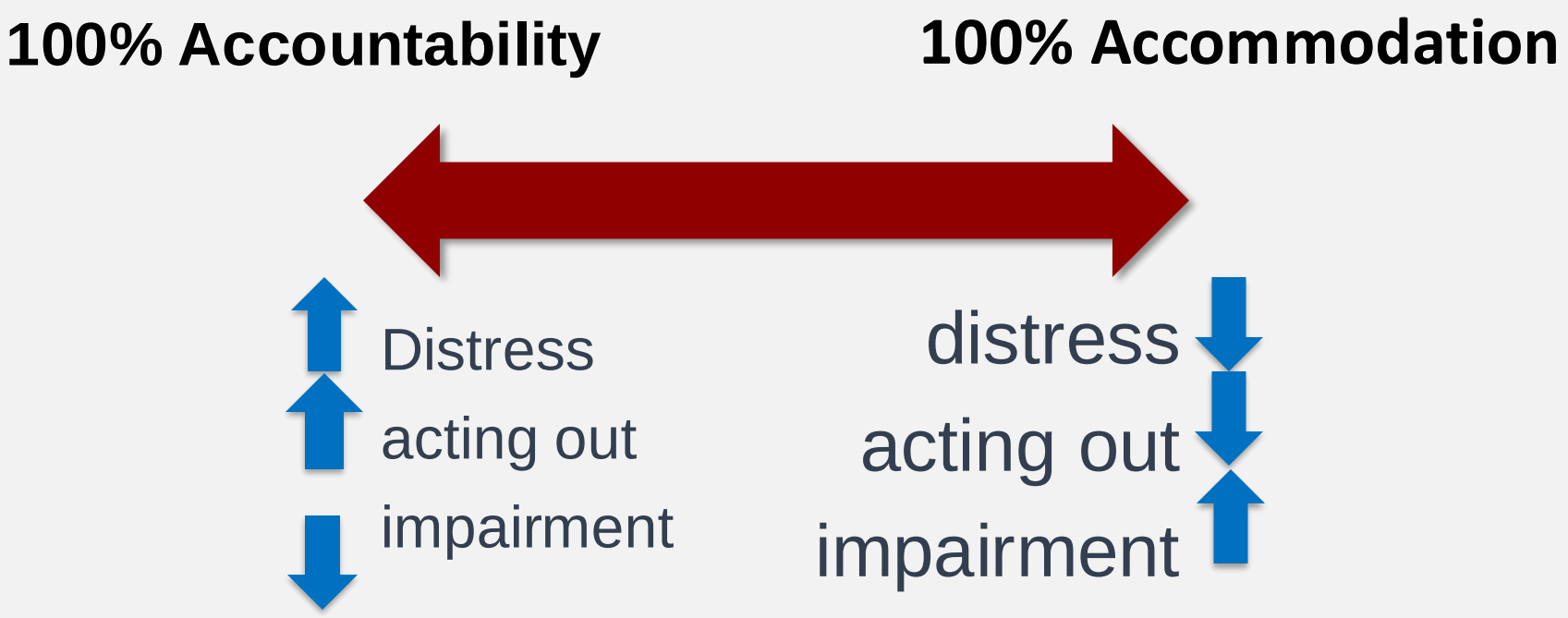
Adapted from Slide courtesy of Dr.

Anxiety Education

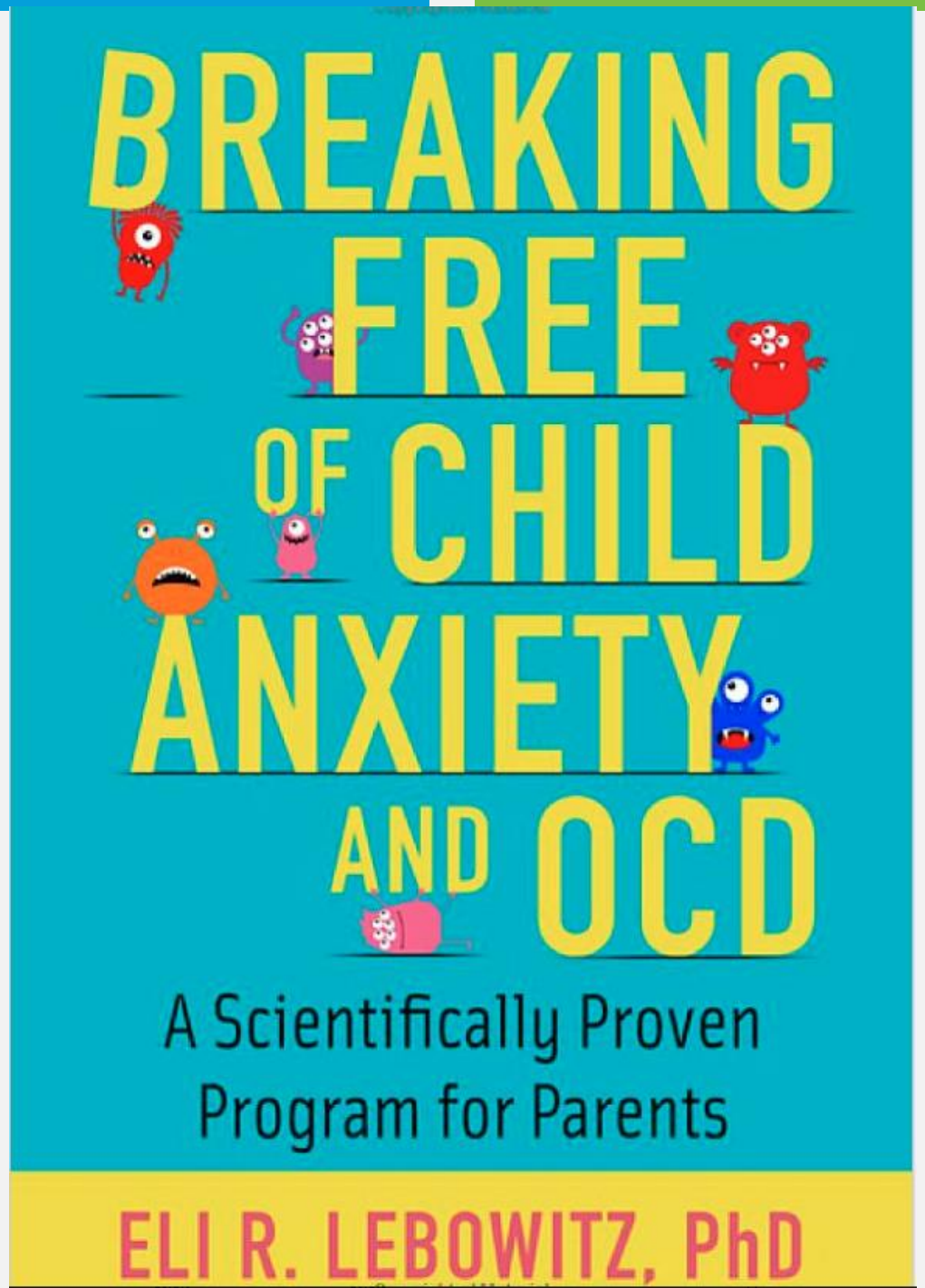
- What is Anxiety?
  - Anxiety is normal and helpful in small doses
- Why me?
  - Genes and temperament
  - Life experiences
  - Development of “thinking traps”
  - Behavior trap - escape and avoid leads to more anxiety

Slide courtesy of Drs. Albano and Rynn

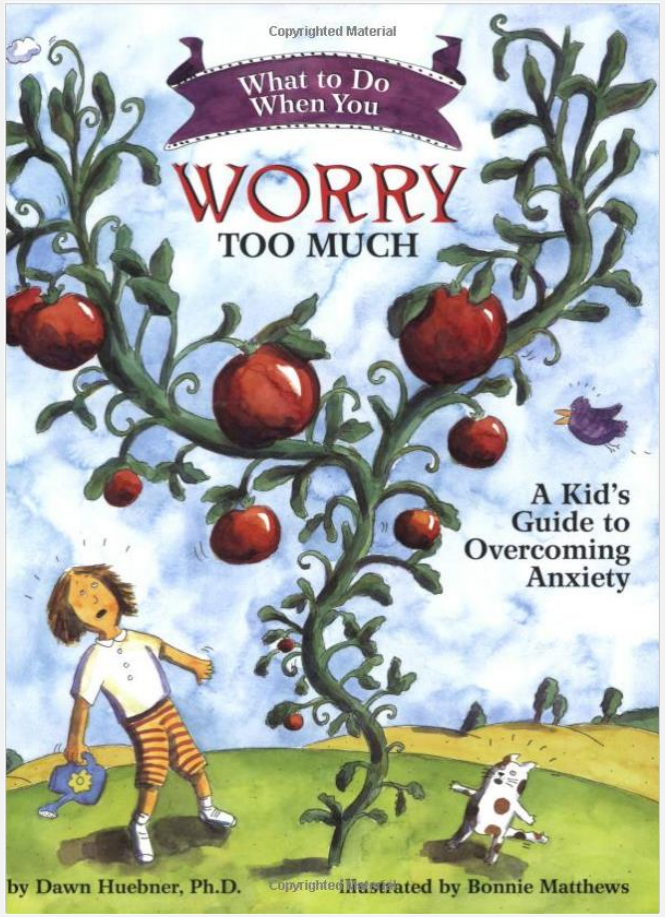
Managing Anxious Children:

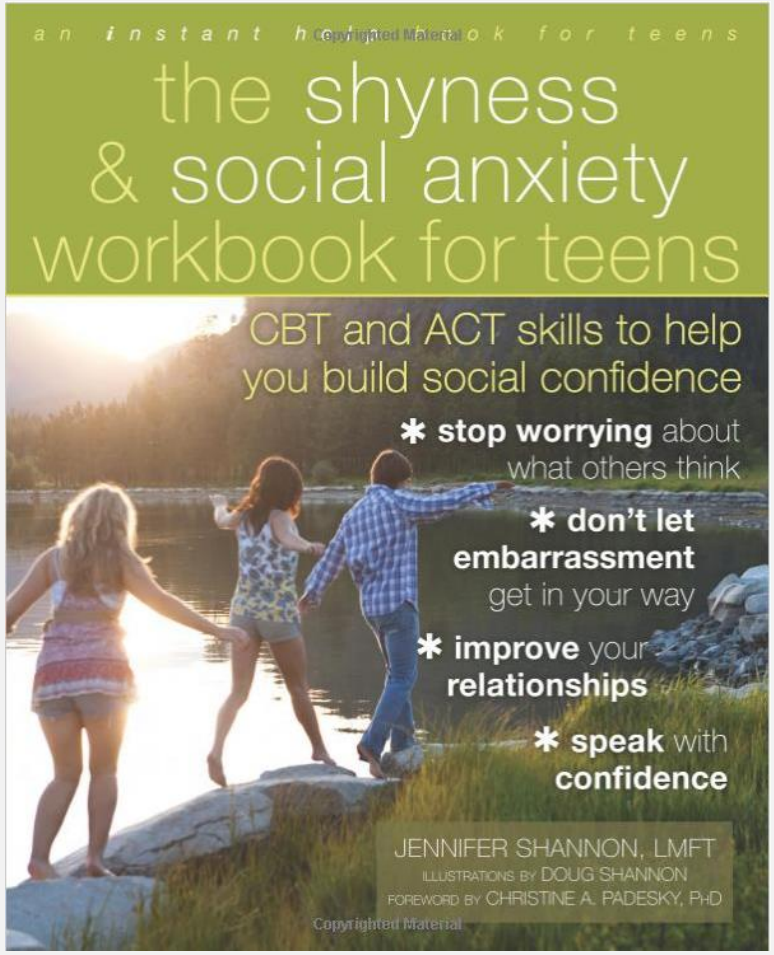


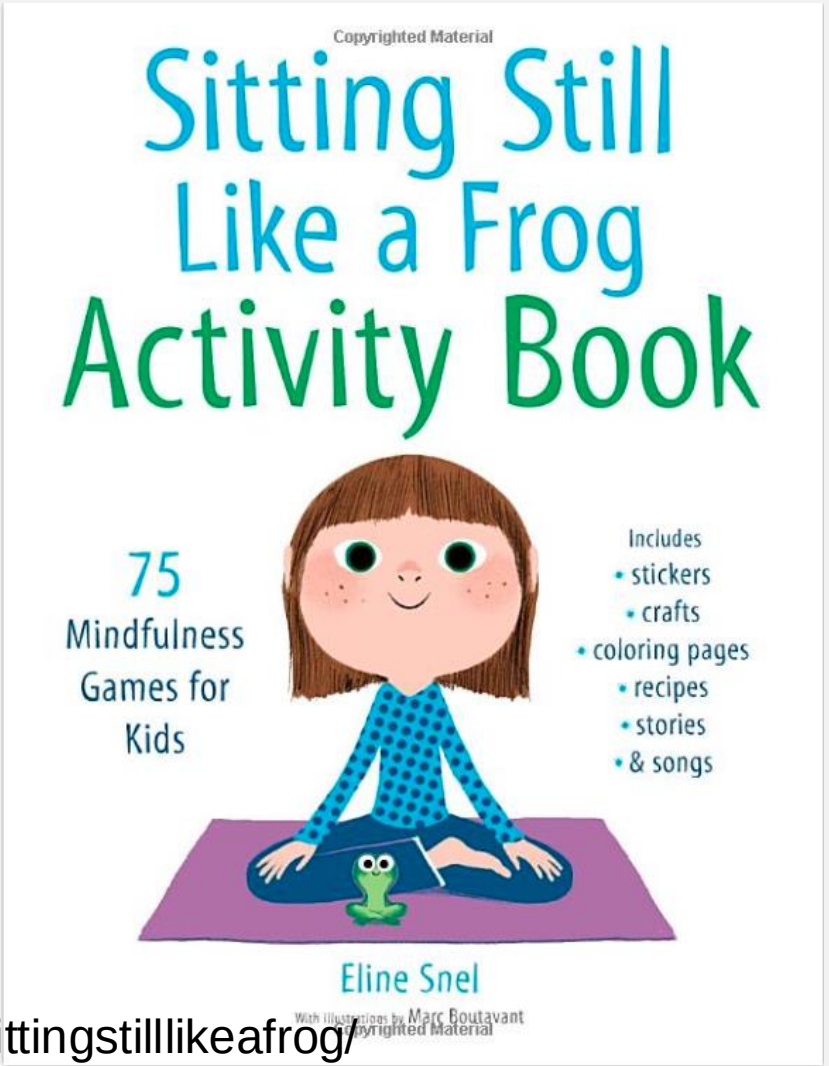
Books for Parents (and their doctors!)



Books for Kids and Teens







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

Treatment of Anxiety Disorders
It Depends on Severity

- Mild
- Moderate
- Severe

Consider the 3 ‘Ps’:

Pervasive

Persistent

imPairing

Severity

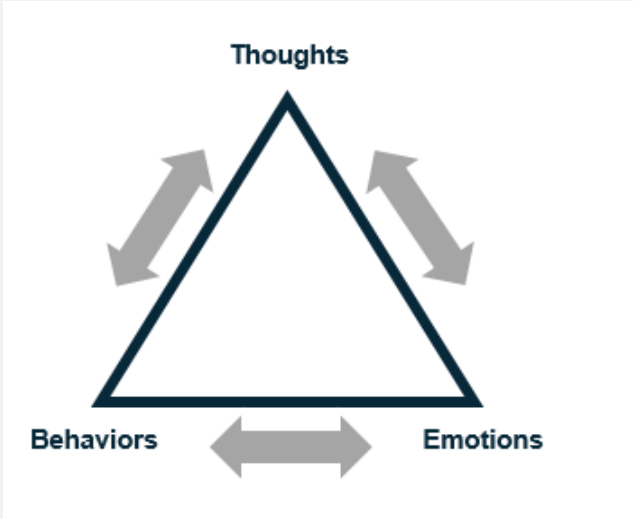
	SCARED	Distress	Avoidance
Mild	<30	Some	Minimal
Moderate	30-40	Good deal	Some
Severe	41+	A lot	A lot

Mild Anxiety Disorder Treatment Planning

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

Slide courtesy of Dr. Zuckerbrot

Cognitive Behavioral Therapy



- Educate the patient and parent
- Teach self-soothing and somatic management
- Identify and change maladaptive thinking
- Increase proactive approach behavior (graduated EXPOSURE)

Goals of CBT

- Extinguish avoidance behavior
- Increase healthy problem-solving
- Facilitate insight and self-efficacy
- Solidify gains and promote generalization

Slide courtesy of Drs. Albano and Rynn

Somatic Management

- Breathing Retraining
- Progressive Muscle Relaxation
- Cue Controlled Relaxation

<u>Goals</u>

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

Slide courtesy of Drs. Albano and Rynn

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.

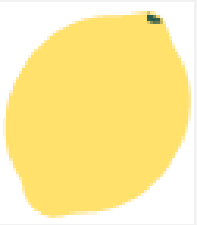
Slowly breathe out.

Let's repeat that again.

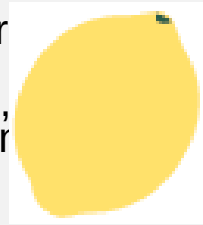
Relaxation Script Grades K-4 (Ollendick, 1978)

- To begin the relaxation session, have the children sit comfortable in their chair and close their eyes. Soft, slow music can be playing in the background. When reading the script, speak in a soft, even tone. Pause between sentences.

- **Hands and Arms**



Pretend you have a whole lemon in your left hand. Now squeeze all the juice out. Feel the tightness in your hand and arm as you squeeze. Now drop the lemon. Notice how your muscles feel when they are relaxed. Take another lemon and squeeze it. Try to squeeze. Try to squeeze it harder than you did the first one. That's right. Real hard. Now drop your lemon and relax. See how much better your hand and arm feel when they are relaxed. Once again, take a lemon in your left hand and squeeze all the juice out. Don't leave a single drop. Squeeze hard. Now relax ar let the lemon fall from your hand. (*repeat this process with the right hand and arm.)*



- **Arms and Shoulders**

Pretend you are a furry, lazy cat. You want to stretch. Stretch your arms out in front of you. Place them up high over your head, way back. Feel the pull in your shoulders. Stretch higher. Now just let your arms drop back to your side. Okay, kittens, let's stretch again. Stretch your arms out in front of you. Raise them over your head. Put them back, way back. Pull hard. Now let them drop quickly. This time let's have a great big stretch. Try to touch the ceiling. Stretch your arms way out in front of you. Raise them way up high over your head. Push them way, way back. Notice the tension and pull in your arms and shoulders. Hold tight now. Great. Let them drop very quickly and feel how good it is to be relaxed. It feels good and warm and lazy.

Relaxation Continued

- Conclusion

Stay as relaxed as you can. Let your whole body go limp and feel all your muscles relaxed. In a few minutes I will ask you to open your eyes, and that will be the end of this session. As you go through the day, remember how good it feels to be relaxed. Sometimes you have to make yourself tighter before you can be relaxed, just as we did in these exercises. Practice these exercises every day to get more and more relaxed. A good time to practice is at night, after you have gone to bed and the lights are out and you won't be disturbed. It will help you get to sleep.

You've worked hard today, and it feels good to work hard. Very slowly, now, open your eyes and wiggle your muscles around a little.

You're going to be a super relaxer.

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

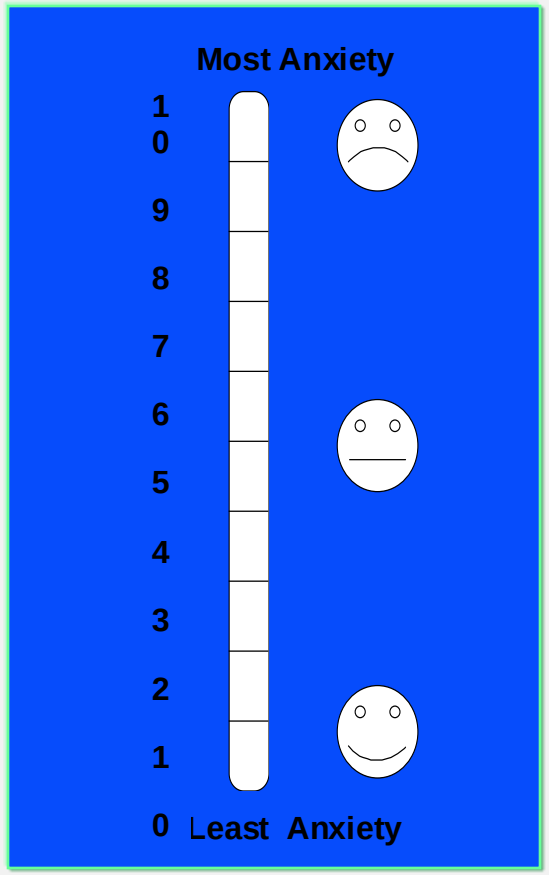
TEN PERCENT HAPPIER

Q: What part of CBT is known to have the most powerful impact in lowering anxiety?

a. Psychoeducation – understanding anxiety
b. Relaxation Strategies – deep breathing, meditation
c. Exposure – doing what makes the patient anxious
d. Identify and change maladaptive thinking

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

Slide courtesy of Drs. Albano and Rynn

Moderate Anxiety

Exposure-based CBT

or

Psychopharmacology

CAMS-
Child Anxiety Multimodal Study
Overview

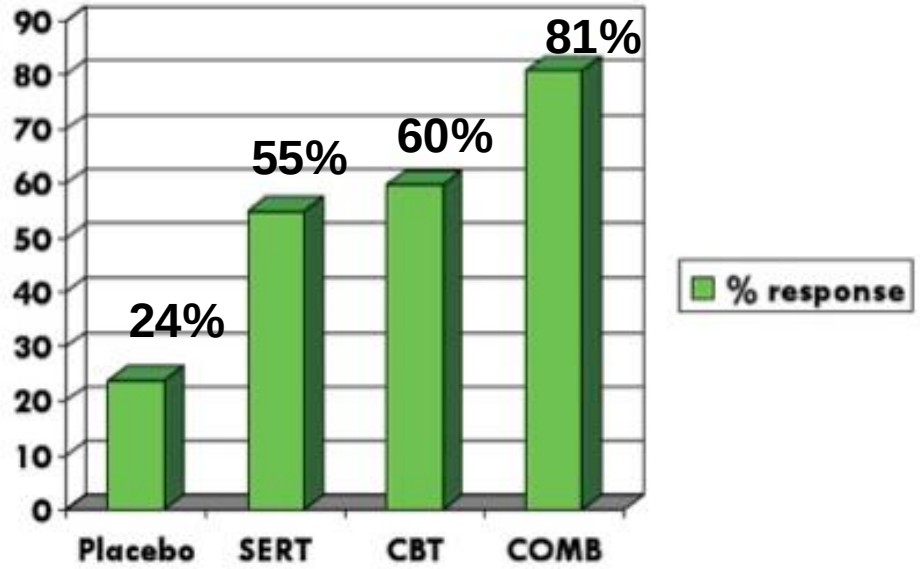
- Separation Anxiety DO, Social Phobia, Generalized Anxiety DO
- N = 488, ages 7-17
- 12-week acute trial: CBT, Sertraline, Comb, Pill PBO
- Pills-only double blinded
- Random assignment, blind Independent Evaluators
- Phase II: 6 month maintenance for treatment responders

Slide courtesy of Drs. Albano and Rynn

Child Anxiety Multimodal Study CAMS

CAMS (Child-Adolescent Anxiety Multimodal Study):

COMB > CBT = SRT > PBO



SERT=sertraline, CBT=cognitive-behavioral therapy, COMB=combination

Walkup JT et al, *N Engl J Med*, 2008;359:2753-2766

CGI-I 1 and 2 (ITT, LOCF)

Child–Adolescent Anxiety Multimodal Study (CAMS)--continued

- Mean dose of SER/PBO at final visit:
  - COMB: 134 mg/day
  - SER: 146 mg/day
  - PBO: 176mg/day

Walkup JT, Albano AM, Piacentini J, Birmaher B, Compton SN, Sherrill J, Ginsburg GS, Rynn MA, McCracken J, Waslick B, Iyengar S, March JS, Kendall PC. Cognitive-behavioral therapy, sertraline and their combination for children and adolescents with anxiety disorders: acute phase efficacy and safety. New England Journal of Medicine. Dec 25, 2008.

Q: What medication have you prescribed for anxiety?

a. SSRI (sertraline, fluoxetine, escitalopram)

b. SNRI (duloxetine, venlafaxine)

c. Benzodiazepine (lorazepam, alprazolam, clonazepam)

d. Buspirone

e. None

Serotonin Reuptake Inhibitors with FDA Approval

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

Slide courtesy of Dr. Walkup

SRI Efficacy for Anxiety Disorders

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

Slide courtesy of Dr. Walkup

When to Choose SSRI Treatment with Moderate Anxiety

- Patient and Parent preference
- Exposure-based CBT unavailable
- Patient is too anxious to start CBT
- Good CBT has failed or only partially resolved symptoms

Severe Anxiety

Exposure-based CBT

and

Psychopharmacology

SSRIs

- Are first-line pharmacologic treatment
- Sertraline (Zoloft)
- Fluoxetine (Prozac)
- Escitalopram (Lexapro)

SSRI

Brand (off-label for non-OCD anxiety)	generic	Target Dose	Starting Dose
Zoloft	sertraline	25-200 for kids and adolescents	Start at 12.5-25 mg
Prozac	fluoxetine	10-60 for kids and adolescents	Start at 5-10 mg
Lexapro	escitalopram	10-20 for kids and adolescents	Start at 5 or 10 mg

SSRIs

- Anxiety often needs higher doses
- Lower doses to start due to hypervigilance for side effects
- WARN about side effects
- Start low but use full therapeutic dosage range
- Younger kids respond well but may have more side effects
- Support, monitor progress and side effects at **2-4 weeks**
- Continue **6-12 months of remission** before tapering
- Plan the taper around expected stressors and school year

SSRI Side Effects

- Common Side effects of SSRI's:
  - Dry mouth
  - GI: Constipation, Diarrhea
  - Sweating, rashes
  - 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

Side Effects

- More serious side effects
  - Serotonin syndrome (fever, hyperthermia, restlessness, confusion, etc)
  - Akithisia
  - Hypomania
  - Discontinuation syndrome (dizziness, drowsiness, nausea, lethargy, headache)
  - Suicidality
- What to do about activation/disinhibition?

  Lower dose or switch to another SSRI or SNRI

Other Meds for Anxiety

- SNRI—(Duloxetine) when failed SSRIs
- Evidence is not there to use the following as first or second line treatments:
  - Antihistamines
  - Beta blockers
  - Benzodiazepines
  - buspirone

Anxiety Disorders:

Parents' Medication Guide

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Summary

- PCPs can identify anxiety early and educate the family
- Effective treatment includes education, medication and exposure-based CBT
  - Medication should not be considered “last resort”
- Pediatricians’ support of treatment options liberates and empowers parents!

Adapted from slide courtesy of Dr. Walkup

References and Resources

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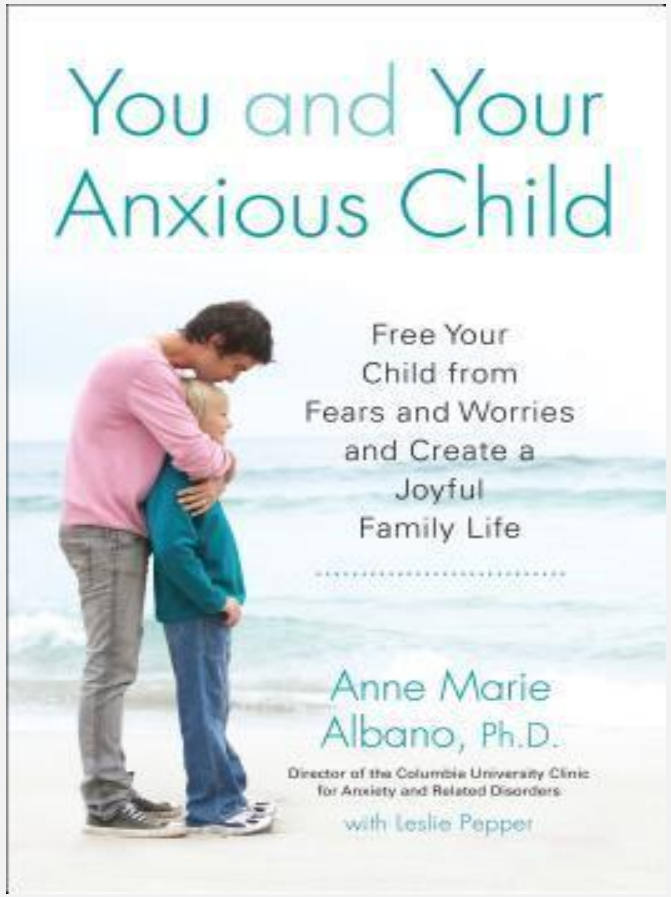
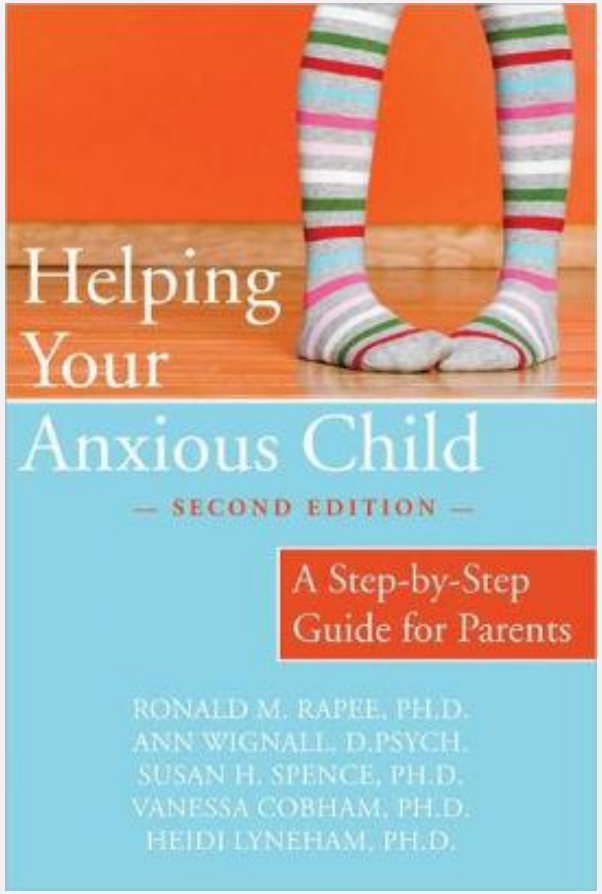
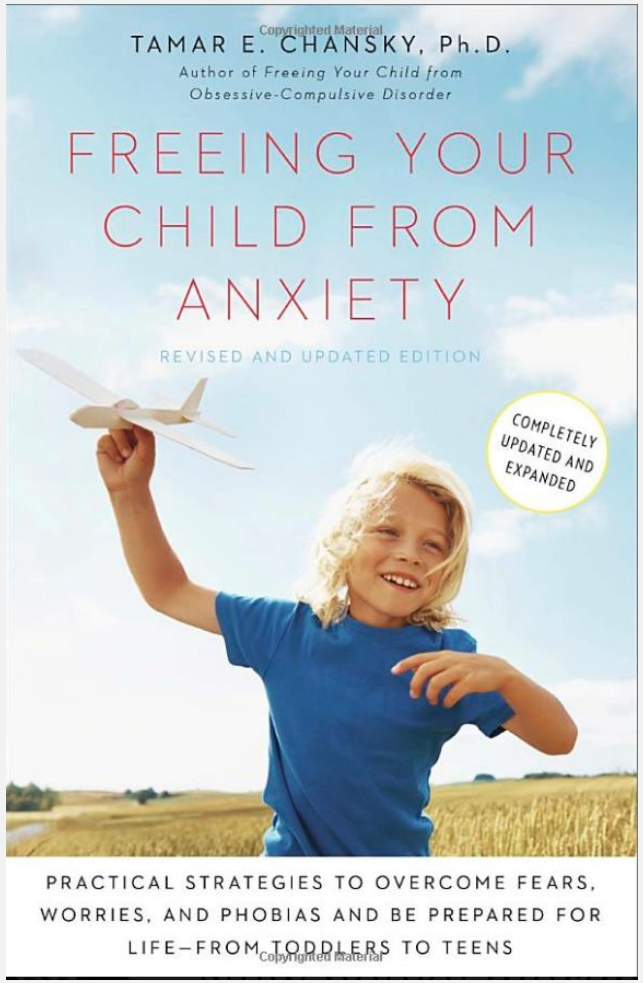
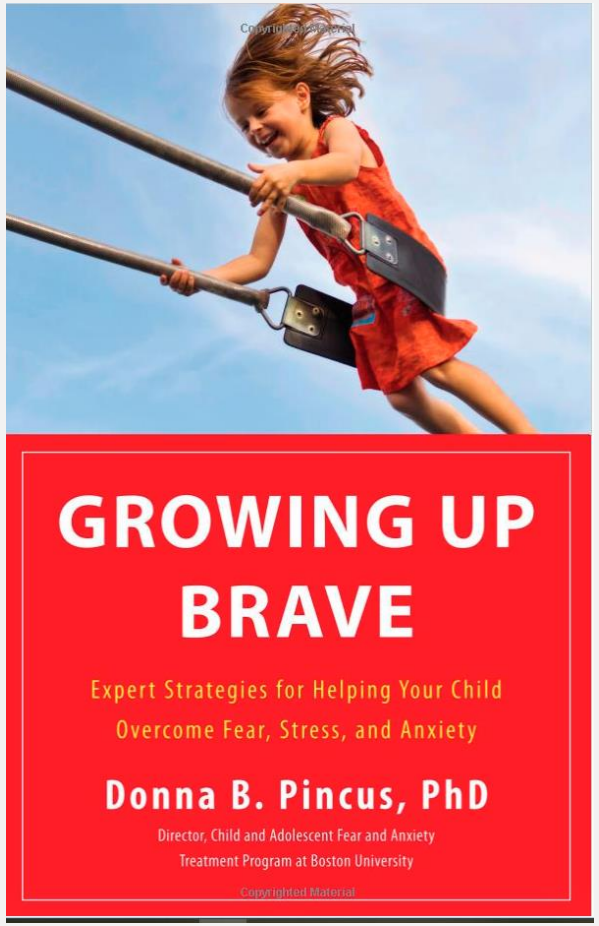
Books for Parents (and their doctors!)









Psychoeducation

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

Health Issues

Conditions
- Abdominal
- ADHD
- Allergies & Asthma
- 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:

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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 specifi approximately age 8 months through the preschool years, healthy youngsters may show ir parents or other people with whom they are close. Young children may have short-lived fe strangers.

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

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