

The Assessment of Anxiety Disorders in Primary Care

James Wallace MD

Child and Adolescent Psychiatrist

Associate Clinical Professor, University of Rochester





Disclosures

I have the following relevant financial relationship with a commercial interest to disclose:

I receive part of my salary from the Project TEACH grant





Learning Objectives

- To create an evidence-based routine for the assessment of pediatric anxiety disorders in a primary care setting.
- To introduce a clinical tool to assist in the assessment and monitoring treatment of childhood anxiety disorders.





Agenda

- Review how to assess anxiety in pediatric primary care
- Review a vignette of an anxious child
- Introduce an anxiety screening tool - the SCARED
(Screen for Child Anxiety-related Disorders/
ProjectteachNY.com)





The Most Common DSM5 Anxiety Disorders

- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Social Anxiety Disorder
- Panic Disorder





Other Anxiety-Related Disorders



- Selective Mutism
- Specific Phobia
- Agoraphobia
- Obsessive Compulsive Disorder



Epidemiology

- Anxiety is **a part** of life and many, if not most, psychiatric problems and has to be addressed even if it is not the primary diagnosis.
- Prevalence of actual **Anxiety Disorders** is about 20% of all children and adolescents, likely 30% or more during the pandemic.



4 Domains of Symptoms + Impairment

- **Physical Symptoms**

Headaches, stomach aches, pain intolerance, fainting, over-reacting to illness or injury

- **Separation Issues**

School reluctance, going to bed issues, clings to caretakers, no camp or sleepovers

- **Social Fears**

Isolates, slow to warm up, relates mostly to adults, feels teased

- **Fearful Thoughts**

Pessimistic, folds under pressure, dwells on negatives, overvalues “reducing stress”

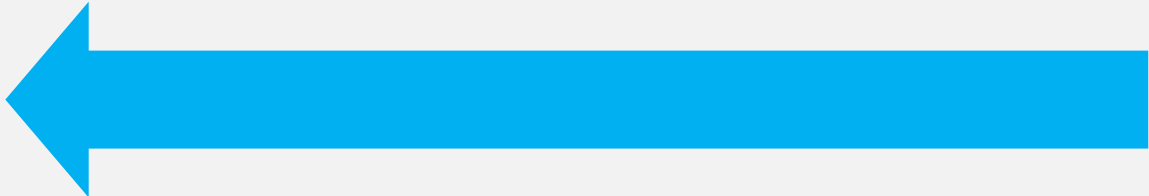
Developmental Considerations


- Early separation fears and dependency are normal but decrease with secure attachment and practice (i.e. Circle of Security)
- Life transitions and changes often raise anxiety
- Parenting stage doesn't always match child's developmental need





Assessment of Anxiety

- **S: Interview** the parent(s) alone, add child and then speak to the child alone if possible. Each phase yields unique information.
- Get the **history** of symptoms (COLDER) with a broad differential in mind
- Ask about **trauma** and other ACES
- Rule out **medical** causes (caffeine, thyroid, side effects, other toxic exposures, maybe PANS/Pandas)
- **Family History** 



Assessment of Anxiety

- **O:**
 - **Physical Exam** to consider medical “look-a-likes” or causes of anxiety, evidence of cutting, other self injury, hair pulling, skin picking.
 - Close **observation** for eye contact, flushing/blushing, interactions with you, the family and office staff.
 - **Screening** Tools on our website: SCARED or GAD-7.

A Vignette: Katie

- Katie is a ten year old girl in 5th grade
- History (prepandemic) of stomach aches and headaches and missing school
- Has seen gastroenterologist (WNL)
Recent ED visit for headaches: *CT normal*
- Dad wants neurology referral
- What do you do next? Differential Diagnosis in Chat room! Impairment?



4 Domains of Symptoms + Impairment

- **Physical Symptoms**

Headaches, stomach aches, pain intolerance, fainting, over-reacting to illness or injury

- **Separation Issues**

School reluctance, going to bed issues, clings to caretakers, no camp or sleepovers

- **Social Fears**

Isolates, slow to warm up, relates mostly to adults, feels teased

- **Fearful Thoughts**

Pessimistic, folds under pressure, dwells on negatives, overvalues “reducing stress”

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

Name: **Katie**

Date: _____

Directions:

Below is a list of sentences that describe how people feel. Read each phrase and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

| | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True |
|--|---|---|------------------------------------|
| 1. When I feel frightened, it is hard to breathe. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 2. I get headaches when I am at school. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 3. I don't like to be with people I don't know well. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 4. I get scared if I sleep away from home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I worry about other people liking me. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 6. When I get frightened, I feel like passing out. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I am nervous. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 8. I follow my mother or father wherever they go. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 9. People tell me that I look nervous. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I feel nervous with people I don't know well. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 11. I get stomachaches at school. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 12. When I get frightened, I feel like I am going crazy. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I worry about sleeping alone. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I worry about being as good as other kids. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 15. When I get frightened, I feel like things are not real. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I have nightmares about something bad happening to my parents. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I worry about going to school. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 18. When I get frightened, my heart beats fast. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 19. I get shaky. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 20. I have nightmares about something bad happening to me. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |



Screen for Child Anxiety Related Disorders (SCARED)
Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

| Total Score = 34 | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True |
|--|---|--|--|
| 21. I worry about things working out for me. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 22. When I get frightened, I sweat a lot. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I am a worrier. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 24. I get really frightened for no reason at all. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I am afraid to be alone in the house. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. It is hard for me to talk with people I don't know well. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 27. When I get frightened, I feel like I am choking. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. People tell me that I worry too much. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 29. I don't like to be away from my family. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 30. I am afraid of having anxiety (or panic) attacks. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I worry that something bad might happen to my parents. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I feel shy with people I don't know well. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 33. I worry about what is going to happen in the future. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 34. When I get frightened, I feel like throwing up. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 35. I worry about how well I do things. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 36. I am scared to go to school. | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 37. I worry about things that have already happened. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 38. When I get frightened, I feel dizzy. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.) | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well. | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 41. I am shy. | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent M.D., and Sandra McKenzie, Ph.D., Western Psychiatric Institute and Clinic, University of Pgh. (10/95). E-mail: birmaherb@msx.upmc.edu





Summary

- Interview parent(s) and child for symptoms and impairment from an anxiety disorder
- Remember Katie and her medical and psychiatric differential diagnosis
- Use the SCARED as an anxiety screening and monitoring tool along with your history and physical





When in Doubt

CALL Project TEACH

1-855-227-7272

Monday-Thursday 8 am – 7 pm
Friday 8 am – 5 pm





Resources

Websites: www.projectteachny.org

- Screening tools for Anxiety, OCD, PTSD

Google:

- AACAP Anxiety Information Center
- AACAP Practice Parameters for Anxiety
- AACAP Facts for Families on Anxiety

Online text:

- <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>





QUESTIONS ?

