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

Adapted from Slide courtesy of Dr. Zuckerbrot
Books for Parents (and their doctors!)

Slide courtesy of Dr. Zuckerbrot
Books for Kids and Teens
Healthy Children > Health Issues > Conditions > Emotional Problems > Understanding Childhood Fears and Anxieties

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:
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

Slide courtesy of Drs. Albano and Rynn
Treatment depending on severity

- Mild
- Moderate
- Severe

Consider the 3 ‘Ps’:
- Pervasive
- Persistent
- Impairing
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”)

Slide courtesy of Dr. Zuckerbrot
Cognitive Behavioral Therapy
Pooled Analysis of CBT for Child Anxiety Disorders by Modality

% Remission Dx

- Individual-CBT: N=170
- Group-CBT: N=162
- Family-CBT: N=121

16 Studies; ITT, p=0.07; Cochrane Report, 2006

Slide courtesy of Drs. Walkup and Rynn
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

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.
Apps

• Headspace
• Calm
• Insight Timer
• Stop, Breathe and Think
Anxiety Fear Hierarchy

Fear Thermometer (SUDS)

Most Anxiety

SUDS

 Least Anxiety

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

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

Slide courtesy of Drs. Albano and Rynn
Child Anxiety Multimodal Study CAMS: N=488, 7-17 Years Old for 12 Weeks

COMB > CBT = SRT > PBO

CGI-I 1 and 2 (ITT, LOCF)

Slide courtesy of Dr. Walkup
FDA approved SSRI Meds for the Pediatric Anxiety Triad

• NONE
Serotonin Reuptake Inhibitors FDA Approvals

- Approved for OCD
  - Clomipramine ≥ 10 yrs (TCA)
  - Fluvoxamine ≥ 8 yrs (SSRI)
  - Sertraline ≥ 6 yrs (SSRI)
  - Fluoxetine ≥ 7 yrs (SSRI)

- Approved for Depression
  - Fluoxetine ≥ 8 yrs (SSRI)
  - Escitalopram ≥ 12 yrs (SSRI)

- Approved for Non-OCD Anxiety
  - Duloxetine ≥ 7 yrs GAD (SNRI)

Slide courtesy of Dr. Walkup
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

Slide courtesy of Dr. Walkup
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 as anxious people are hypervigilant for side effects
• WARN about side effects
• Start low BUT do not forget to go up—Most treatment failure is just a failure to raise the dose enough!
• Younger kids respond well to all treatments but also have more side effects from meds
• Be sure to 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)
  • Akithisia
  • 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?
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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Dose</th>
<th>Side Effects</th>
<th>Reason for keeping/stopping</th>
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Summary

- PCPs can identify anxiety early and educate the family
- Effective tx approaches include psychoeducation, medication and CBT
  - Can start with psychological approaches but medication should not be considered “last resort”
  - Don’t make kids suffer
- With evidence based treatments available, need to enhance public awareness and advocacy
- Pediatrician’s support of treatment options liberates and empowers parents!

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