

Reducing the Anxiety of Pediatric Anxiety

Part 1: Assessment and Etiology

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Disclosure

I have no financial interest or other relationships with any vendor, manufacturer, or company of any product. I will be discussing off-label use of antidepressants in pediatric populations.

Objectives

- Describe common presentations and epidemiology of pediatric anxiety
- Discuss common screen tools and how to diagnosis anxiety

Epidemiology

- Most common psychopathology in youth
- Prevalence rates from 6-30%
 - Specific phobias>social phobia>generalized anxiety disorder>separation>panic>OCD
- Girls>boys
- Average age of onset unclear

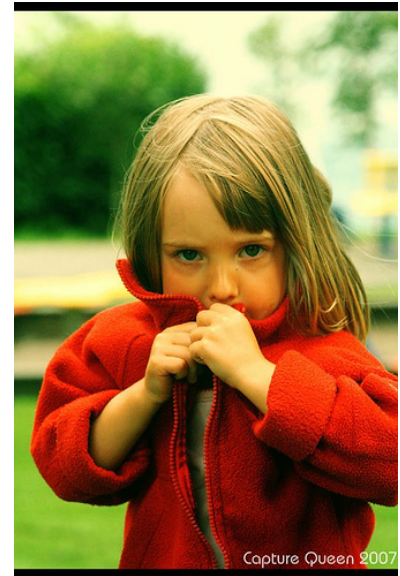


Morbidity and Mortality

- Suicide attempts and completion
- Educational underachievement
- Substance abuse and legal problems
- Impaired social relationships
- Increased morbidity of chronic illness
- Increased risk of anxiety or depressive disorders in adulthood

Risk Factors

- Genetic heritability
- Temperamental style
- Parental anxiety
- Parenting styles and attachment
- Other psychiatric disorders
- Trauma
- Chronic medical illness
- Social media



Anxiety and Social Media Use

- Social relationships
 - Less time hanging out with friends
 - Increased loneliness
 - Fear of missing out “FOMO”
 - Comparisons
- Less sleep
- Cyber bullying



Developmentally Appropriate Fears

- Infants – loud noises, strangers
- Toddlers – imaginary creatures, darkness, separation
- School-age children – injuries, natural events
- Adolescents – school performance, social competence

Differentiating Fear From Anxiety

- Developmental appropriateness
- Intensity
- Persistence
- Interference with daily life
- Significance of physiologic response

Common Presentations

- Children
 - Somatic complaints
 - Psychomotor agitation
 - School refusal
 - Phobias / separation anxiety
 - Irritability
- Adolescents
 - Irritability
 - Substance use
 - Change in weight, sleep, grades
 - Psychomotor retardation / hypersomnia
 - Aggression / antisocial behavior
 - Social withdrawal

Screening

- Broad measures
 - Strength and Difficulties Questionnaire
 - Pediatric Symptom Checklist
 - Pediatric PROMIS
 - Bright Futures Checklists
- Anxiety-specific measures
 - GAD-7
 - SCARED
 - Spence Children's (and Preschool) Anxiety Scale
 - Yale-Brown Obsessive Compulsive Scale (clinical scale)
 - UCLA Brief Trauma Screen

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

1. Feeling nervous, anxious or on edge

0

1

2

3

2. Not being able to stop or control worrying

0

1

2

3

3. Worrying too much about different things

0

1

2

3

4. Trouble relaxing

0

1

2

3

5. Being so restless that it is hard to sit still

0

1

2

3

6. Becoming easily annoyed or irritable

0

1

2

3

7. Feeling afraid as if something awful might happen

0

1

2

3

(For office coding: Total Score T_____ = _____ + _____ + _____)

Screen for Child Anxiety Related Disorders (SCARED)
PARENT Version—Page 1 of 2 (to be filled out by the PARENT)

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 Pittsburgh (October, 1995). E-mail: birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(10), 1230-6.

Name: _____ 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 your child. Then, for each statement, fill in one circle that corresponds to the response that seems to describe your child *for the last 3 months*. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When my child feels frightened, it is hard for him/her to breathe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
2. My child gets headaches when he/she am at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SC
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GD
15. When my child gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SH
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
19. He/she child gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PN
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SP

PEDIATRIC TRAUMATIC STRESS SCREENING TOOL (Child-Report English for Child ≥11 years)

Based on the UCLA Brief Trauma Screen ©2017 Regents of the University of California. All rights reserved.

Sometimes people have violent or very scary or upsetting things happen to them. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened to your child RECENTLY? Yes No

What happened? _____

Has something like this happened to your child IN THE PAST? Yes No

What happened? _____

If 'YES' to either question above, please continue.

Select how often the problem happened to you in the past month, even if the bad thing happened a long time ago. Use the Frequency Rating Calendar on the right to help you decide how often the problem happened in the past month.

Frequency Rating Calendar



HOW MUCH OF THE TIME DURING THE PAST MONTH...		None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened, I have strong feelings in my body, like my heart beats fast, my head aches, or my stomach aches.	0	1	2	3	4
5	When something reminds me of what happened, I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I am around other people.	0	1	2	3	4

Diagnosis

- Direct interviews with patients and families using DSM-5 criteria
- Assessing functional impairment and co-morbid psychiatric disorders

Anxiety Disorders

- Broad anxiety dx:
 - Social Phobia, Generalized Anxiety Disorder, Separation Anxiety Disorder
- Other anxiety dx:
 - Selective Mutism, Specific Phobia, Panic Disorder, Unspecified or other specified anxiety disorder
- Obsessive Compulsive Disorder
- Post-Traumatic Stress Disorder

Differential Diagnosis

- Psychiatric Disorders

- Depression
- Bipolar disorder
- Oppositional defiant disorder
- Adjustment disorder
- Substance abuse
- ADHD
- Learning disabilities

- Medical Disorders

- Hyperthyroidism
- Autoimmune diseases
- Hypoxia / asthma

- Medications

- Steroids
- AEDs
- Caffeine
- Stimulants