ANXIETY DISORDERS IN CHILDREN AND ADOLESCENTS—IN BRIEF:

Assessment and Diagnosis

Assessment Recommendations:

- **Recommendation I:** Evaluate any patient at high risk (i.e., with risk factors such as family history, difficulties sleeping, avoidance of specific feared items, inattention/distraction, irritability, trauma, psychosocial adversity, family conflict, refusal to separate from parents, school avoidance, etc.) for the possibility of an anxiety disorder.

- **Recommendation II:** When evaluating a child or teen with possible anxiety, conduct separate Interviews with the child/adolescent and guardian using DSM 5 criteria. See criteria online at https://psychcentral.com/disorders/anxiety/

- **Recommendation III:** Assess with validated anxiety rating sales to help guide the diagnosis and increase diagnostic precision of an anxiety disorder
  - The SCARED (Screen for Child Anxiety Related Disorders) is an easy-to-use assessment scale for children and adolescents, both with a parent version and a child version.
  - Generalized Anxiety Disorder 7-item (GAD-7) scale can be used for older teens.
  - Both scales can be downloaded at no cost, https://www.cappcny.org/home/clinical-rating-scales/

- **Recommendation IV:** Assess safety/suicide risk

  **Red Flags or “High Risk” Considerations to determine suicidal risk:**
  - Suicidal ideation, suicidal gestures, and suicide attempts
  - Individuals with severe panic disorder may be at increased risk for suicide
  - Multiple areas of poor/impaired functioning (school, social and family)
  - Co-morbid substance abuse
  - Abuse (physical, sexual, emotional, neglect)

Differential Diagnosis:

Psychiatric conditions that can resemble anxiety disorders include the following:

- ADHD
- Psychotic Disorders
- Autism Spectrum Disorder
- Learning Disabilities
- Bipolar Disorder
- Depression
- Oppositional Defiant Disorder
- Communication Disorders
- Posttraumatic Stress Disorder
- Obsessive-Compulsive Disorder

Comorbidities:

- Anxiety disorders most often are comorbid with other anxiety disorders.
- 10-15 percent of children and adolescents with anxiety disorders have a depressive disorder, though 15-75% of youth with depression meet criteria for an anxiety disorder (Cummings, Coporino, & Kendall, 2014).
- 15–25 percent of children and adolescents with anxiety disorders meet the criteria for ADHD. It is not uncommon for both conditions to be present in a patient.
Medical conditions that can resemble an anxiety disorder:

- Hyperthyroidism
- Caffeinism
- Migraine
- Asthma
- Seizure disorders
- Lead intoxication
- Less common conditions: Hypoglycemia, pheochromocytoma, CNS disorder, and cardiac arrhythmias
- Prescription drugs: antiasthmatics, sympathomimetics, steroids, selective serotonin reuptake inhibitors (SSRIs), and atypical antipsychotics
- Nonprescription drugs with side effects that may mimic anxiety include diet pills, antihistamines, and cold medicines

Treatment

Initial Management Recommendations:

- **Recommendation I**: Clinicians should educate and counsel families and patients about anxiety and options for the management of the disorder.
- **Recommendation II**: Clinicians should develop a treatment plan with patients and families and set specific treatment goals in key areas of functioning including home, peer, and school settings.
- **Recommendation III**: Establish links with community mental health resources, which may include patients and families who have dealt with anxiety.
- **Recommendation IV**: Establish a safety plan, which includes restricting access to lethal means, engaging a concerned third-party, and establishing an emergency communication mechanism.

Treatment Recommendations:

- **Recommendation I**: In cases of *mild* anxiety, consider a period of active support and monitoring before starting other evidence-based treatment.
- **Recommendation II**: Consider Cognitive Behavioral Therapy for mild cases and antidepressant treatment such as SSRIs for moderate cases.
- **Recommendation III**: If a Primary Care Physician (PCP) identifies a child or adolescent with moderate or severe anxiety or complicating factors such as co-existing substance abuse, consultation with a mental health specialist should be considered.
- **Recommendation IV**: PCPs should actively support anxious adolescents who are referred to mental health. Consider sharing care with mental health agencies/professionals when possible.

Psychosocial Interventions:

- Numerous studies have shown that Cognitive Behavioral Therapy (CBT) and its variants are effective for the treatment of anxiety disorders in children and adolescents (Higa-McMillan, Francis, Rith-Najarian, & Chorpita, 2015).
- CBT with children, exposure, modeling, CBT with parents, and psychoeducation are considered “well-established” treatments and have the most empirical support (Higa-McMillan et al., 2015).
- Studies have shown that the combination of both medication and CBT is the most effective strategy for reducing and treating symptoms of anxiety disorders (Walkup et al., 2008).
Pharmacotherapy:
See Medication Chart below for starting doses, titration strategy, therapeutic, and maximum recommended doses.

The following delineates potential adverse effects of SSRI/SNRI:

- **Serious Adverse Effects**
  - Serotonin Syndrome (muscle rigidity, tremulousness, myoclonus, autonomic instability, agitated confusion, rhabdomyolysis)
  - Akathisia (uncontrollable internal motor restlessness)
  - Hypomania
  - Discontinuation syndromes (nausea, vomiting, headache, tremor, dizziness, fatigue, irritability, palpitations, rebound depression/anxiety)

- **Common Adverse Effects**
  - GI effects (dry mouth, constipation, diarrhea)
  - Sleep disturbance
  - Irritability
  - Disinhibition
  - Agitation/jitteriness
  - Headache

**Recommendation - Collaborative Care**

- Primary Care clinicians should actively support children and adolescents who are referred to mental health for anxiety symptoms. Consider sharing care with mental health professionals if possible.

- The free Psych TLC service is available for:
  - Consultation on psychiatric medication related issues including:
    - Advice on diagnosis and initial management for your patient
    - Titration of psychiatric medications
    - Side effects of psychiatric medications
    - Combination of psychiatric medications with other medications
    - Referral and services consultation regarding children with mental health issues

  ➢ A licensed mental health professional (MHP) and a child and adolescent psychiatrist (CAP) are available via telephone to provide consultation and support to PCPs from 8am-5pm, M-F. Simply call **(844) 547-5688 or (501) 320-7270** to contact the Psych TLC Call Center. One of our expert MHPs will obtain basic information from your about the child and then set up a convenient time for Peter S. Jensen, MD, or another child & adolescent psychiatrist to call you back, usually within 30 minutes to 2 hours.
<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Trade Name</th>
<th>Available Forms</th>
<th>Dosing</th>
<th>Duration</th>
<th>Peak Effect</th>
<th>FDA Indication</th>
<th>Side Effects</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Lisuride</td>
<td>LEKAPRIL</td>
<td>Tablets: 10, 20, 40 mg, capsules: 5 mg</td>
<td>Start with 10 mg, increase by 10 mg daily</td>
<td>5 weeks</td>
<td>2-4 weeks</td>
<td>MDE [A]</td>
<td>Nausea, vomiting, hypotension</td>
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<td>Tablets: 20, 40, 60, 80 mg, capsules: 20 mg</td>
<td>Start with 20 mg, increase by 10 mg daily</td>
<td>4 weeks</td>
<td>2-4 weeks</td>
<td>MDE [A]</td>
<td>Nausea, dry mouth, constipation</td>
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<tr>
<td>Escitalopram</td>
<td>ESGLAPRO</td>
<td>Tablets: 5, 10, 20 mg, capsules: 5 mg</td>
<td>Start with 5 mg, increase by 10 mg daily</td>
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<td>Fluoxetine</td>
<td>FLUSTAX</td>
<td>Tablets: 20, 40, 50, 60 mg</td>
<td>Start with 20 mg, increase by 10 mg daily</td>
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<td>PARLONIN</td>
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<td>Tablets: 50, 100, 200 mg, capsules: 50 mg</td>
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<td>EFFEXOR</td>
<td>Tablets: 37.5, 75, 150 mg, capsules: 37.5 mg</td>
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<td>Duloxetine</td>
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<td>MDE [A]</td>
<td>Nausea, dry mouth, constipation</td>
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**NOTE:** All information should be checked against current FDA guidelines.