

3D ECHO

Pediatric Anxiety Disorders

Child Psychiatry Clinic

May 4, 2022

Dr. Eric Arzubi



Disclosure Statement

The following planners and presenters listed below have disclosed that they have a relevant financial relationship with an ineligible company(ies) with which they have a relevant financial relationship(s). All relevant relationships have been mitigated.

<u>Name</u>	<u>Nature of Relationship</u>	<u>Name of Commercial Interest</u>
<i>Eric Arzubi, MD</i>	<i>Owner/ Cofounder</i>	<i>Frontier Psychiatry</i>
<i>Reza Hosseini Ghomi, MD</i>	<i>Stocks/ Honorarium</i>	<i>BrainCheck, Frontier Psychiatry, Biogen</i>
<i>Amber Rogers, RN, MSN</i>	<i>Stockholder</i>	<i>GW Pharmaceutical, Johnson & Johnson, Pfizer Inc</i>

The following planners of this activity have no relevant financial relationships with ineligible companies to disclose: Sarah Porter-Osen, BA; Sharon Phelps, RN BSN; Mary Argones.

The subject matter experts presenting evidence-based content and providing case feedback are not promoting the use of Frontier Psychiatry within this webinar. Ongoing monitoring for monitoring of program integrity is reviewed by the nurse planner to ensure program is free of bias.

Learning Outcomes

During this Child Psychiatry clinic, you will:

1. Learn how to describe the epidemiology of child psychiatric disorders.
2. Discuss the approaches to assessing and diagnosing childhood psychiatric disorders.
3. Determine specific best practices to implement in the treatment of childhood psychiatric disorders, including pharmacological and non-pharmacological approaches.

About Anxiety

- Bias among patients and providers that it's less serious or debilitating than depression. "It's just a normal part of life."
- Youth with anxiety disorders were the least likely to receive treatment in a 12-mo period among a sample of youth with psychiatric disorders.
- In childhood, M and F rates are similar. In adolescence $F \gg M$ (2-3x more likely).
- Signs and symptoms: low self-esteem, social isolation (leads to poor social skills), higher rates of somatic symptoms (h/a, stomach aches, irritable bowel syndrome).

About Anxiety (cont'd)

- 30% of youth with anxiety disorders also have comorbid depression.
- Up to 41% of adolescents with MDD had or have anxiety that preceded depression symptoms.

Different Presentations of Anxiety

The Journal of Child
Psychology and Psychiatry



Journal of Child Psychology and Psychiatry 61:6 (2020), pp 628–643

doi:10.1111/jcpp.13186

Practitioner Review: Anxiety disorders in children and young people – assessment and treatment

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Table 1 Characteristics and prevalence of DSM-5 anxiety disorders in children and adolescents

Anxiety disorder	Clinical characteristics	Recent example prevalence figures (%) ^a
Separation anxiety disorder	Excessive fear of separation from primary caregiver(s)	0.7
Specific phobia	Marked fear or anxiety about a specific object or situation (e.g. an animal, injections, vomit) that almost always provokes immediate fear or anxiety	0.8
Social anxiety disorder	Marked fear or anxiety about social situations in which the young person is exposed to possibly scrutiny by others, and fears they will act in a way or show anxiety symptoms that will be negatively evaluated	0.8
Generalised anxiety disorder	Excessive and uncontrollable worry about a number of events or activities, associated with at least 3 symptoms (e.g. muscle tension, difficulty concentrating, sleep disturbance)	1.5

Panic disorder	Recurrent, unexpected panic attacks that which are not restricted to a particular situation and concern about future attacks and/or a change in behaviour related to the attacks	1.1
Agoraphobia	Marked fear or anxiety about 2 or more of the following situations: using public transport, being in open spaces, being in enclosed spaces, being in a crowd or standing in a line, or being outside of the home alone	0.5
Selective mutism	Consistent failure to speak in specific social situations (e.g. school) where there is an expectation to speak, despite speaking in other situations	0.18%–1.90% ^b

Prevalence data are from Vizard et al. (2018) for all anxiety disorders except selective mutism. We have not combined with other recent prevalence studies as data are not comparable due to different time periods covered (e.g. Spence, Zubrick, & Lawrence, 2018).

^aFigures represent point prevalence (proportion who meet criteria for a diagnosis at a specific point in time).

^bFigures taken from Muris and Ollendick's (2015) review; the variation in prevalence rates identified is likely to be due to variability in the strictness of the diagnostic criteria employed.

Epidemiology of Psychiatric Disorders in Youth

Published in final edited form as:

J Am Acad Child Adolesc Psychiatry. 2010 October ; 49(10): 980–989. doi:10.1016/j.jaac.2010.05.017.

Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study-Adolescent Supplement (NCS-A)

Dr. Kathleen Ries Merikangas, Ph.D,

Genetic Epidemiology Research Branch, Intramural Research Program, National Institute of Mental Health

Lifetime Prevalence of DSM-IV Disorders by Sex and Age Group and Severe Impairment in the National Comorbidity Survey-Adolescent Supplement (NCS-A)

DSM-IV Disorder ^a	DSM-IV Disorders													
	Sex				Age						Total		with Severe Impairment	
	Female		Male		13-14 yr		15-16 yr		17-18 yr		%	SE	%	SE
	%	SE	%	SE	%	SE	%	SE	%	SE				
Mood disorders														
Major depressive disorder or dysthymia	15.9	1.3	7.7	0.8	8.4	1.3	12.6	1.3	15.4	1.4	11.7	0.9	8.7	0.8
Bipolar I or II	3.3	0.4	2.6	0.3	1.9	0.3	3.1	0.3	4.3	0.7	2.9	0.3	2.6	0.2
Any mood disorder	18.3	1.4	10.5	1.1	10.5	1.3	15.5	1.4	18.1	1.6	14.3	1.0	11.2	1.0
Anxiety disorders														
Agoraphobia	3.4	0.4	1.4	0.3	2.5	0.4	2.5	0.4	2.0	0.5	2.4	0.2	2.4 ^c	0.2
Generalized Anxiety Disorder	3.0	0.6	1.5	0.3	1.0	0.3	2.8	0.6	3.0	0.5	2.2	0.3	0.9	0.2
Social phobia	11.2	0.7	7.0	0.5	7.7	0.6	9.7	0.7	10.1	1.0	9.1	0.4	1.3	0.2
Specific phobia	22.1	1.1	16.7	0.9	21.6	1.6	18.3	1.0	17.7	1.3	19.3	0.8	0.6	0.1
Panic disorder	2.6	0.3	2.0	0.3	1.8	0.4	2.3	0.3	3.3	0.7	2.3	0.2	2.3 ^c	0.2
Post-traumatic stress disorder	8.0	0.7	2.3	0.4	3.7	0.5	5.1	0.5	7.0	0.8	5.0	0.3	1.5	0.2
Separation Anxiety disorder	9.0	0.6	6.3	0.5	7.8	0.6	8.0	0.7	6.7	0.8	7.6	0.3	0.6	0.1
Any anxiety disorder	38.0	1.4	26.1	0.8	31.4	1.9	32.1	1.0	32.3	1.7	31.9	0.8	8.3	0.4

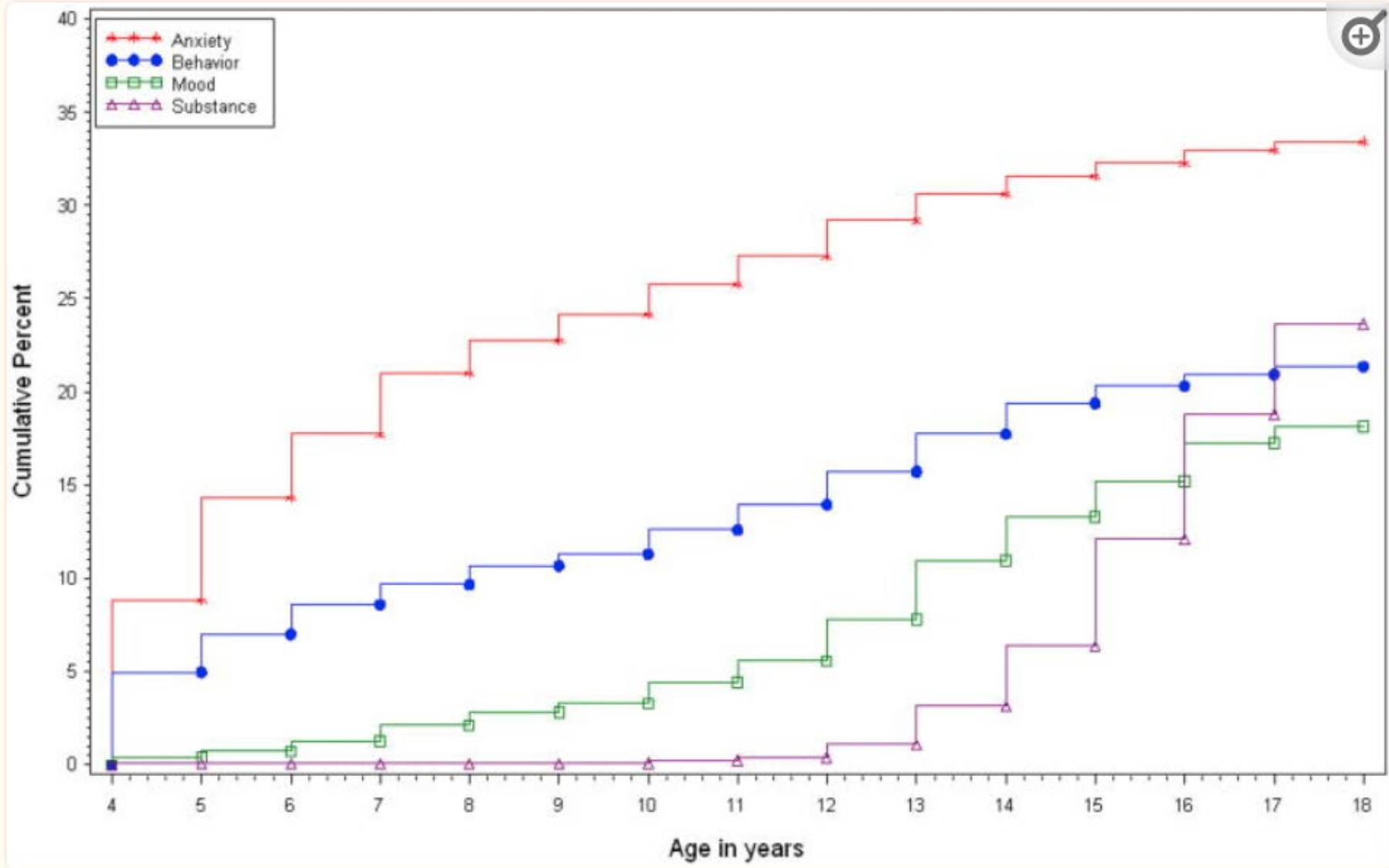


Figure 1

Cumulative Lifetime Prevalence of Major Classes of DSM-IV Disorders Among Adolescents (N=10,123)

An Algorithm



I want to ... ▾

Your Visit

Conditions

Clinics

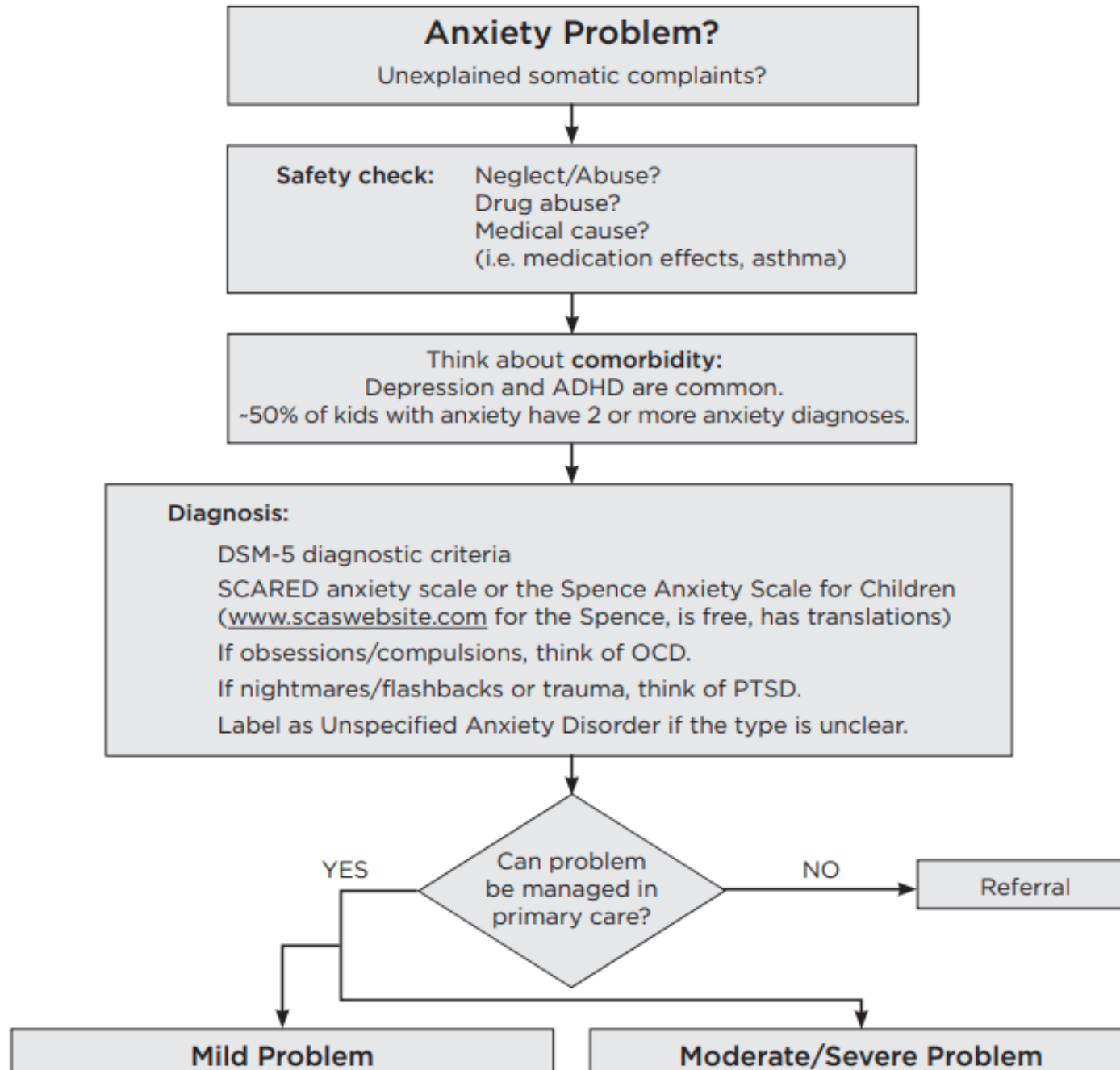
Research

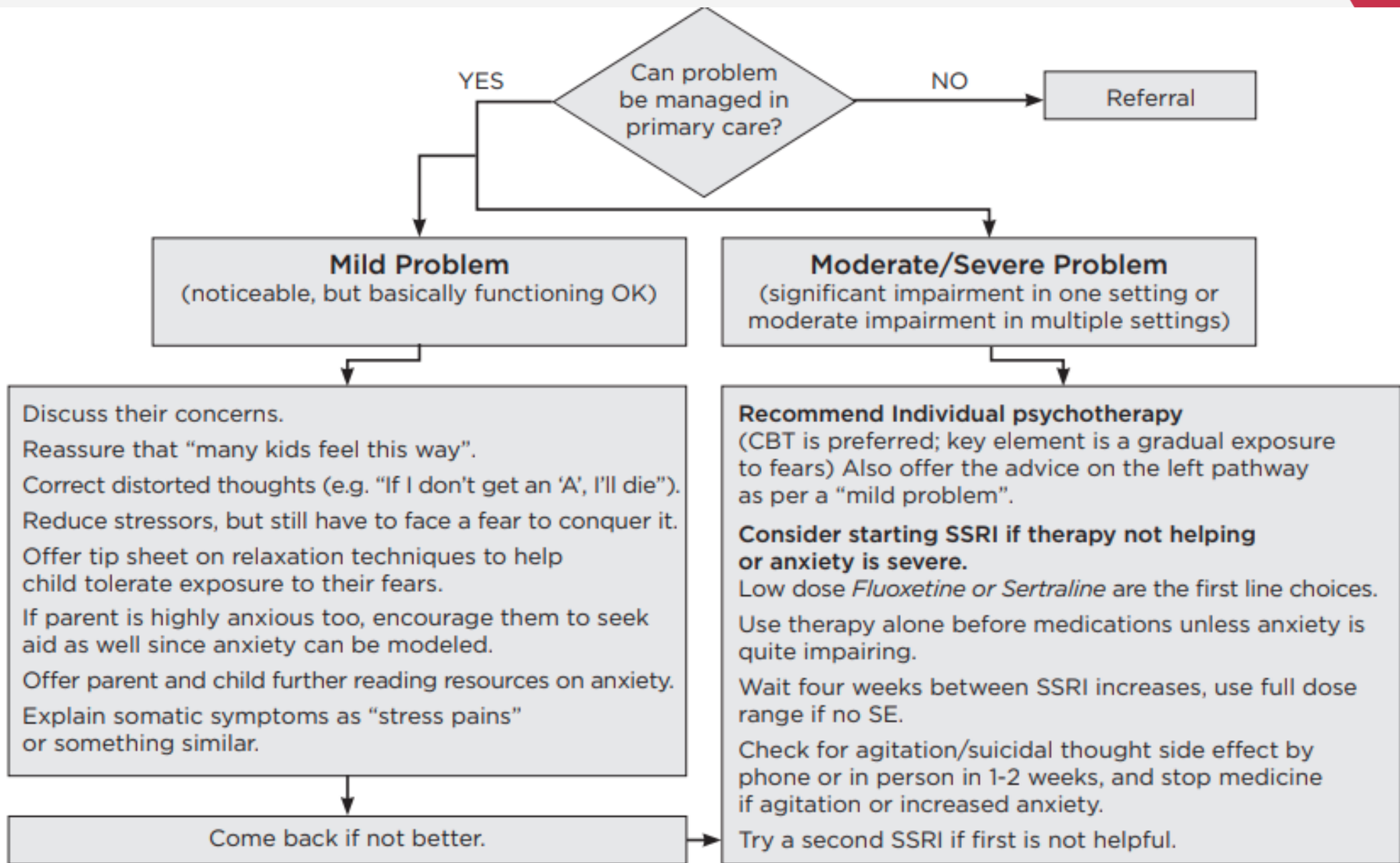


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Partnership Access Line

Care Guides and Resources





Anxiety Screening Tool

Screen for Child Anxiety Related Disorders (SCARED)

Child Version - Page 1 of 2 (To be filled out by the CHILD)

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 you. Then for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

1. When I feel frightened, it is hard for me to breathe
2. I get headaches when I am at school
3. I don't like to be with people I don't know well
4. I get scared if I sleep away from home
5. I worry about other people liking me
6. When I get frightened, I feel like passing out
7. I am nervous
8. I follow my mother or father wherever they go
9. People tell me that I look nervous
10. I feel nervous with people I don't know well
11. I get stomachaches at school
12. When I get frightened, I feel like I am going crazy
13. I worry about sleeping alone
14. I worry about being as good as other kids
15. When I get frightened, I feel like things are not real
16. I have nightmares about something bad happening to my parents
17. I worry about going to school
18. When I get frightened, my heart beats fast
19. I get shaky
20. I have nightmares about something bad happening to me
21. I worry about things working out for me
22. When I get frightened, I sweat a lot

23. I am a worrier
24. I get really frightened for no reason at all
25. I am afraid to be alone in the house
26. It is hard for me to talk with people I don't know well
27. When I get frightened, I feel like I am choking
28. People tell me that I worry too much
29. I don't like to be away from my family
30. I am afraid of having anxiety (or panic) attacks
31. I worry that something bad might happen to my parents
32. I feel shy with people I don't know well
33. I worry about what is going to happen in the future
34. When I get frightened, I feel like throwing up
35. I worry about how well I do things
36. I am scared to go to school
37. I worry about things that have already happened
38. When I get frightened, I feel dizzy
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)
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
41. I am shy

Treatment

- Mild to Moderate -> CBT
- Moderate to Severe -> CBT + medications

Pharmacological Approaches

Starting at a very low dose of SSRI for the first week or two with anxiety disorders is especially essential to reduce the child's experience of side effects (augmented by associated somatic anxieties).

Name	Dosage Form	Usual starting dose for adolescents	Increase increment (after -4 weeks)	RCT anxiety treatment benefit in kids	FDA anxiety approved for children?	Editorial Comments
Fluoxetine (Prozac)	10, 20, 40mg 20mg/5ml	5-10 mg/day (60mg max)*	10-20mg**	Yes	Yes (For OCD \geq 7yr) (For MDD \geq 8yr)	Long 1/2 life, no SE from a missed dose, drug interactions may raise levels of concurrently administered medications.
Sertraline (Zoloft)	25, 50, 100mg 20mg/ml	25 mg/day (200mg max)*	25-50mg**	Yes	Yes (For OCD \geq 6yr)	May be prone to SE from weaning off
<i>Sertraline and Fluoxetine are both first line medications for child anxiety disorders, per the evidence base</i>						

Pharmacological Approaches

Fluvoxamine (Luvox)	25, 50, 100mg	25 mg/day (300mg max)*	50 mg**	Yes	Yes (For OCD ≥ 8 yr)	Often more side effect than other SSRI's, has many drug interactions
Paroxetine (Paxil)	10, 20, 30, and 40 mg 10mg/5ml 12.5, 25, 37.5mg CR forms	5-10 mg/day (60mg max)*	10-20mg**	Yes	No	Not preferred if child also has depression. Can have short 1/2 life, and thus increased discontinuation symptoms
Citalopram (Celexa)	10, 20, 40 mg 10mg/5ml	5-10 mg/day (40mg max)*	10-20mg**	Yes	No	Very few drug interactions, dose maximum 40mg/day due to risk of QT prolongation
Escitalopram (Lexapro)	5, 10, 20mg 5mg/5ml	2.5 to 5 mg/day (20mg max)*	5-10mg**	Yes	No	Active isomer of citalopram
Duloxetine (Cymbalta)	20, 30, 40, 60mg	30 mg/day (120mg max)	30mg	Yes	Yes (For generalized anxiety ≥ 7 yr)	May cause nausea. May help with somatic symptoms.

* Recommend decrease maximum dosage by at least 1/3 for pre-pubertal children

** Recommend using the lower dose increase increments for younger children.

Successful medication trials should continue for 6-12 months.

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Questions?

Supporting **Three Dimensions** of Health Care in Local Communities:
Biological, Psychological and Social

Upcoming Sessions

May 18: ADHD and learning disabilities

June 1: Mood disorders

June 15: Substance use disorders

July 20: Autism spectrum disorders

August 3: Adverse childhood experiences

August 17: Psychotic disorders

September 7: Eating disorders

September 21: Disruptive behavior and aggression

October 5: The big picture

All sessions will start at:

1:00 PM MT, 11:00 AM AKT and 9:00 AM HST.

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Thank you!

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Supporting **Three Dimensions** of Health Care in Local Communities:
Biological, Psychological and Social