Overview of Evaluation and Treatment of Pediatric Anxiety Disorders in Primary Care

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Outline

- Case Study: Jacob L.
- Classification
- Etiology
- Evaluation
- Treatment
  - Psychoeducation
  - Psychotherapy
  - Medication Treatment
- Back to the case: treatment recommendations
The Case of Jacob L.: Anxiety and School Refusal

- 12 year old boy seen for MCPAP consultation
- Background history significant for moderate separation anxiety issues during first years of schooling (K–2)
- Treated with counseling, family support, behavioral interventions at the time with moderate success
- Grades 3–5: ongoing issues with lots of worries, increased reactivity to stressful experiences, occasional missed days of school with questionable somatic complaints, no formal mental health interventions during this time
- Summer after grade 5: parents’ marriage falls apart, they separate, father moves to New Hampshire, mother returns to full-time work due to financial issues, significant custody issues emerge
The Case of Jacob L.: Anxiety and School Refusal

- Grade 6: more stress related to school, arguing about homework, stomach-aches in morning before school, frequent calls to mother from school about feeling sick

- School performance deteriorates, more isolation from his friends, major family conflicts related to homework, school attendance, and spending overnights with father in New Hampshire

- Frequent concerning worries: about doing poorly on graded work in school, other kids don’t like him and think he’s weird, that mother is going to get hurt at her job (office work), that father is going to develop a terrible medical illness

- In December, he states he can’t go to school anymore, wants to stay home, somatic complaints, wants to be home-schooled, wants mother to quit her job to home school him
The Case of Jacob L.: Anxiety and School Refusal

- Frequent battles in the morning about going to school, major tantrums at school when separating from mother that can involve aggressive behavior, eventually Jacob stops school attendance

- Mother consults PCP, medical evaluation is negative, PCP consults MCPAP
Definitions of Key Terms

- **Fear**
  - Rational response to danger or threat
  - “Fight or flight” activation $\rightarrow$ adaptive
  - CNS on alert $\rightarrow$ problem-solving, survival
  - Accurate cognitive processing enhances coping

- **Anxiety**
  - Irrational response in the absence of danger or threat
  - “Fight or flight” activation $\rightarrow$ maladaptive
  - CNS on alert $\rightarrow$ distress, dysfunction
  - Distorted cognitive processing impairs function

- **Avoidance**
  - Coping method to avoid threat or danger $\rightarrow$ adaptive
  - Coping method to avoid anxiety $\rightarrow$ maladaptive
Why is Anxiety Conserved in the Human Species?

- A well-functioning fear / anxiety system (system of alert) can be very adaptive
  - Similar to a well-functioning pain system

- Anxiety increases alertness and causes the organism to shift attentional resources to cues in the environmental indicating possible threats
  - This can be quite adaptive and helpful and enhance the likelihood of survival

- However, an “out of control” anxiety system that indicates danger or threat when in fact there is no danger or threat can lead to acute or chronic distress, paralysis, withdrawal and dysfunction -> Anxiety Disorder
Classification

- **Stimulus–provoked or “situational” anxiety**
  - Phobias
  - Social Phobia (Social Anxiety Disorder)
  - Separation Anxiety Disorder

- **Stimulus–unprovoked anxiety**
  - Panic Disorder
  - Generalized Anxiety Disorder (hybrid)

- **Other Major Psychiatric Disorders with prominent anxiety that don’t quite fit**
  - Post–traumatic Stress Disorder
  - Obsessive–Compulsive Disorder
Etiology of Anxiety Disorders

Multi-factorial / Complex

- **Individual level correlates**
  - Genetic factors
  - Fear circuitry aberration
  - Learning models
  - Cognitive processing models
  - Defense mechanisms

- **Family level models**
  - Familial genetic diatheses
  - Coping style modeling
  - Family dysfunction
  - Trauma

- **Other environmental factors**
  - Traumatic experiences
  - Dangerous environments
  - Educational issues
Assessment of Anxiety Disorders

- Comprehensive History
- Comprehensive medical evaluation and physical examination
- Specialized testing as needed
- Be clear about the results of the medical evaluation
Treatment of Anxiety Disorders

- **Education**
  - Generally not life-threatening
  - Can lead to serious levels of distress and dysfunction if not recognized and addressed
  - Effective treatments are available
  - Significant evidence that the available treatments are both effective and safe
  - Some flexibility in terms of treatment options—psychotherapy vs. medication vs. combination
Psychotherapy

- A variety of approaches are available
  - Education and support
  - Expressive Therapy
  - Psychoanalytic therapy

- Best evidence based psychotherapy is Cognitive–Behavior Therapy (CBT)
  - Psychoeducation
  - Skill building
  - Exposure therapy
  - Adequate exposure to an anxiety-inducing stimulus will ultimately lead to reduction of anxiety symptoms
Medication Treatment

- **Acute symptomatic treatment as needed**
  - Antihistamines / Benzodiazepines as needed to cope with acute anxiety
  - Propranolol for performance anxiety / phobias

- **Longer-term treatment of disorders**
  - Antidepressants (SSRI’s, SNRI’s, TCA’s) for most anxiety disorders
  - Benzodiazepines: pros and cons
  - Some agents with other properties in treatment refractory cases (atypical antipsychotics, anticonvulsants, etc.)
Antidepressants Commonly Used to Treat Pediatric Anxiety Disorders

<table>
<thead>
<tr>
<th>Medication</th>
<th>FDA Approval Status</th>
<th>Starting Daily Dose</th>
<th>Usual Effective Daily Dose</th>
<th>Maximum Daily Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>citalopram</td>
<td>not approved for children or adolescents</td>
<td>5-10 mg</td>
<td>20-40 mg/d</td>
<td>40 mg/d</td>
</tr>
<tr>
<td>escitalopram</td>
<td>major depression-12 years &amp; up</td>
<td>2.5-5 mg/d</td>
<td>5-20 mg/d</td>
<td>30 mg/d</td>
</tr>
<tr>
<td>fluoxetine</td>
<td>depression-8 years &amp; up, OCD-7 years &amp; up</td>
<td>5-10 mg/d</td>
<td>10-40 mg/d</td>
<td>60 mg/d</td>
</tr>
<tr>
<td>fluvoxamine</td>
<td>OCD-8 years &amp; up</td>
<td>25-50 mg/d</td>
<td>50-200 mg/d</td>
<td>300 mg/d</td>
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<tr>
<td>paroxetine</td>
<td>not approved for children or adolescents</td>
<td>5-10 mg/d</td>
<td>10-40 mg/d</td>
<td>60 mg/d</td>
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<tr>
<td>sertraline</td>
<td>OCD-6 years &amp; up</td>
<td>12.5-25 mg/d</td>
<td>25-100 mg/d</td>
<td>200 mg/d</td>
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<tr>
<td>duloxetine</td>
<td>Generalized Anxiety Disorder</td>
<td>30 mg/d</td>
<td>30-60 mg/d</td>
<td>120 mg/d</td>
</tr>
</tbody>
</table>
Benzodiazepines are commonly used to treat short-term anxiety or for acute anxiety episodes. They are not typically used long-term due to concerns about benzodiazepine tolerance, dependence and abuse. A list of benzodiazepines includes:

- **Lorazepam (Ativan)** – approved for anxiety disorders* (in general) 0.25 mg – 2 mg per day
- **Clonazepam (Klonopin)** – approved for panic disorder* 0.5 mg to 3–5 mg per day
- **Alprazolam (Xanax)** – approved for GAD, panic disorder* used rarely 0.25 – 1 mg tid
- **Chlordiazepoxide (Librium)** – approved for anxiety* (in general) used rarely 5 – 10 mg bid
- **Diazepam (Valium)** – approved for anxiety* (in general) used rarely 2 – 20 mg / d
- **Oxazepam (Serax)** – approved for anxiety* (in general) used rarely 2.5 – 10 mg bid

* Approved Anxiety in Adults only
Treatment Tips

- Best treatment for serious anxiety disorders include a combination of medication plus psychotherapy.

- **Phases of treatment:**
  - Acute symptom control
  - Maintenance of response
  - Prevention of recurrence
  - Termination of treatment
  - Monitoring off treatment

- In general, medication treatment is safe and effective but not everyone responds.
Treatment Tips (con’t)

- Treatment has to be individualized but can be reasonably expected to follow some general guidelines.

- Major risks of medications:

- Misuse and addiction -> benzodiazepines

- Antidepressants have complex side effect profiles but in general are safe.

- “Black box” warning for antidepressant use in youth applies equally to treatment of anxiety disorders and mood disorders.
The Case of Jacob L.: Consultation

- Review of history, review of medical work-up, discussion of issues with mother and Jacob, mental status examination

- Mother and Jacob additionally complete the SCARED rating scales for anxiety

- Scores markedly positive for both raters

- Factor scores prominent for somatic issues, separation anxiety and generalized anxiety

- Diagnoses: 1. Generalized Anxiety Disorder 2. Separation Anxiety Disorder
The Case of Jacob L.: Consultation

Treatment plan:

- Education about anxiety, coping with anxiety, avoidance issues
- Counseling that using avoidance to deal with anxiety tends to make anxiety symptoms and dysfunction worse
- Anxiety is controlling Jacob’s behavior and decision-making instead of Jacob
- Due to severe dysfunction, suggestion made for referral to Partial Hospital Program
- CBT principles → psychoeducation, skill building, and exposure-based interventions
- Medication: fluoxetine beginning at 5 mg per day, advancing as tolerated on a weekly-to-biweekly basis to 20 mg
- Medication: Vistaril 25–50 mg as rescue medication for severe acute anxiety PRN