Anxiety Disorders in Children and Adolescents

Up to one-third of children and adolescents experience clinically significant anxiety. It is particularly important for primary care providers to be aware of the symptoms because patients may often present first in this setting. It is also important for primary care providers to be comfortable with assessing anxiety symptoms and establishing a treatment plan for their pediatric patients.

Assessment and Identification

Initial identification of anxiety disorders in children and adolescents often occurs during medical visits to primary care providers. Common signs and symptoms presented may include:

- Avoidance of age-appropriate tasks
- Isolation
- Crying
- Tantrums
- Freezing
- Clinging to another person or thing
- Few friends outside of family or within same age as the child
- Excessive physical complaints without findings such as:
  - Headaches
  - Dizziness
  - Stomachaches

Fear and worry are common in children. Clinicians need to distinguish normal, developmentally appropriate worries, fears, and shyness from anxiety disorders that significantly impair a child’s functioning. Infants typically experience fear of loud noises, fear of being startled, and later a fear of strangers. Toddlers experience fears of imaginary creatures, fears of darkness, and normative separation anxiety. School-age children commonly have worries about injury and natural events (e.g., storms). Older children and adolescents typically have worries and fears related to school performance, social competence, and health issues. Fears during childhood represent a normal developmental transition and may develop in response to perceived dangers, but they become problematic if they do not subside with time and if they impair the child’s functioning.

Children with anxiety disorders may present with fear or worry and may not recognize their fear as unreasonable. Commonly they have somatic complaints of headache and stomachache. The crying, irritability, and angry outbursts that often accompany anxiety disorders in youths may be misunderstood as opposition or disobedience, when in fact they represent the child’s expression of fear or effort to avoid the anxiety-provoking stimulus at any cost.

Treatment

Treating the anxious child primarily entails use of some form of psychotherapy with the option of adjunctive medication. For patients with mild-moderate symptoms, a therapy approach is preferred, with medication used only if therapy is not effective or if symptoms worsen. For patients with moderate-severe anxiety symptoms with significant impairment of daily functioning, it may be warranted to start with a combination approach using both medication and therapy. Therapy can easily be tailored to work even with very young patients and it can be quite effective. Types of therapy used for anxiety disorders include: cognitive behavioral therapy, exposure response prevention therapy, and relaxation techniques, among others. A family focused approach also makes sense as parental response can be pivotal.

The pharmacologic treatment of anxiety disorders in pediatric patients is mostly off label. Only fluoxetine (ages 7+), sertraline (ages 6+) and fluvoxamine (ages 8+) have FDA approval for treatment of obsessive-compulsive disorder (OCD), one of the anxiety disorder diagnoses. When initiating medication treatment, it is standard evidence based practice to first use an SSRI. If a patient has 2 or more adequate (in terms of dose and length of treatment) trials of SSRIs that are ineffective and has been receiving psychotherapy, referral to a specialist may be warranted.

Just as with the treatment of depression, SSRIs will take 4-6 weeks to be effective. Some children with acute symptoms of anxiety may require medication with a faster onset of action to assist with their anxiety until reaching the full effect of the SSRI. Medications that treat acute symptoms of anxiety, like the benzodiazepines, are discouraged in pediatric populations even more than in adult populations as paradoxical reactions of behavioral disinhibition may occur and other side effects such as physiological and psychological addiction, confusion, sedation and impaired fine motor coordination may occur. Benzodiazepines have also not shown efficacy in controlled trial of managing anxiety disorders in children or adolescents. If a medication to treat acute anxiety is needed, hydroxyzine 25-50 mg used on a prn basis could be considered as it is not associated with dependence. Side effects include: sleepiness, dizziness, and dry mouth.

Evidence supports a multimodal approach to manage behavioral health concerns with children and adolescents. Other treatment planning considerations in adjunct with the options mentioned above include:

- Accommodations in classroom settings at school
- Parent-Child Relation Therapy

About the Virtual Guidance Program

JPS Health Network is proud to offer a new behavioral health clinical guidance resource to all primary care providers in our region. The JPS Behavioral Health Virtual Resource service offers:

- Telephone consultation with a behavioral health clinical team member
- Referral to community resources benefitting behavioral health patients
- Online reference library of behavioral health education materials
- Educational opportunities to increase provider understanding and comfort level in treating behavioral health conditions.

Call 1-855-336-8790 or visit www.JPSBehavioralHealth.org for more information and to access a free virtual consultation for your patient.
Child and Adolescent Counseling
Resource List
Child and Adolescent Counseling Services

**AlphaPsych PLLC | Counseling**
Phone: 817-849-5418  
Address: 8305 Whitley Rd Ste B Watauga, TX 76148

A comprehensive community mental health clinic designed to help clients identify and meet their goals. Provides individual, couples, family and group psychotherapy. Psychological evaluations are performed on an as needed basis.

**Lena Pope | Lena Pope Counseling Services**
Phone: 817-255-2652 Service/Intake  
Address: 3200 Sanguinet St Fort Worth, TX 76107

Provides a comprehensive array of individual, family and group counseling services for children, at-risk youth, families and adults including intake, mental health screenings and assessment.

**Center for Clinical Social Work | Counseling**
Phone: 817-272-2165  
Address: 211 S Cooper St Bldg B-South End Arlington, TX 76019

Research center testing brief individual counseling interventions for adults and youth with mental health concerns.

**Center Street Counseling Services | Counseling**
Phone: 817-539-0499  
Address: 305 Regency Parkway #601 Mansfield, TX 76063

Counseling for individuals, couples and families. Premarital and marriage enrichment workshops; divorce adjustment; counseling and divorce recovery workshops. Play therapy for children; adolescent therapy; sexual abuse recovery; chemical dependency counseling; parenting training; cognitive & psychosocial adjustment therapy, depression and stress management.

**Children First Counseling Center | Counseling Services**
Phone: 972-264-0604  
Address: 202 College ST Grand Prairie, TX 75050

Provides the primary goal is prevention of child abuse, neglect, and victimization. Counseling services include play therapy, filial therapy, individual, couple, and family therapy. Adolescent psycho-educational groups and adult and adolescent anger management groups.

**Family Counseling Center Association | Counseling**
Phone: 817-275-3617  
Address: 3617 W Pioneer Pkwy Arlington, TX 76013

Psychotherapy - private, marriage & family; parent-child relations; vocational counseling; pre-marital counseling; psychological testing & evaluating; play therapy; and crisis intervention.
References
