Treatment of Pediatric Anxiety Disorders in the Primary Care Setting

June 23, 2018
Aditi Sharma, MD
Imagine your anxious trigger
Anxiety is...

- Normal (to a degree)
- Protective
- Powerful
When is anxiety a problem?

- Functional impairment
  - Social
  - Academic
  - IADLs
- Impact on peer and family relationships
- Attempts at self-medication
Prevalence of Anxiety Disorders

• 6-20% prevalence of at least one childhood anxiety disorder (Costello et al 2004)
• More severe symptoms / greater impairment in functioning → more likely for anxiety disorder to be persistent
• Early intervention is important!
Presentation of Anxiety Disorders

- School refusal
- Somatic symptoms
- Rituals
- Reassurance-seeking
- Agitation
- Aggression
- Insomnia/refusal to sleep alone
- Perfectionism
Common Anxiety Disorders

- Selective mutism
- Separation anxiety disorder
- Generalized anxiety disorder
- Social anxiety disorder
- Obsessive compulsive disorder*
- Panic disorder
- Specific phobia
Workup and Assessment

- Medical workup
  - Substance use
  - Hyperthyroidism
  - Hyperglycemia/hypoglycemia
  - Seizure disorder
- Trauma screen
- Measures
  - SCARED
  - GAD 7
• Parental psychoeducation/bibliotherapy (first line)
• CBT (first line)
• Medication (second line, or to start if anxiety is moderate to severe at presentation)
• Combined treatment is best!
Parental psychoeducation

- Anxious kids often have anxious parents!
- This is a disorder for which we have excellent, effective treatments that are generally well-tolerated
- Avoidance
- Reinforcement
- Think of anxiety as a ball in the air
CBT

- Start with CBT rather than medications for mild to moderate anxiety
- Group vs. individual
- Certain models of CBT have shown sustained treatment gains up to 5 years out
CBT - exposure

- Exposure and response prevention
  - Gold standard treatment for OCD, but principles can also be utilized in other anxiety disorders
- Habituation
  - Hang in there until anxiety subsides!
Medications

- **SSRI** – best evidentiary support. First line medication
- **SNRI** – second line
- **Hydroxyzine**
- **Benzodiazepines** (use with extreme caution)
SSRI use in anxiety disorders

- Best supported by evidence
  - POTS study (sertraline)
  - CAMS study (sertraline)

- FDA approvals:
  - Sertraline – FDA approved for OCD ages 6 and up
  - Fluoxetine – FDA approved for OCD ages 7 and up*
  - Fluvoxamine – FDA approved for OCD ages 8 and up

- Cautions
  - Agitation / black box warning
  - Sleep disturbance
SSRI Use in Anxiety Disorders - Dosing

• CAMS
  At 12 weeks:
  • CBT > placebo
  • Sertraline > placebo
  • Combination > all

• POTS
  • Similar outcomes, with CBT and sertraline superior to placebo in efficacy, and combination superior to all, but rates of clinical remission did not follow these patterns exactly (for remission, combined > CBT > sertraline > placebo)
  • Mean dose in combined treatment arm: 133 mg / day sertraline
  • Mean dose in medication only treatment arm: 170 mg /day
Medications - anxiolytics

- Hydroxyzine
- Benzodiazepines
  - Avoid if at all possible – a temporary measure that often leads to dependence
  - If using, limit to 2 weeks or less, at low dose, while getting a more long-term treatment (such as SSRI) started

[Diagram showing steps: Trigger → Anxious reactivity → Escape urge → action → relief]
Monitoring for response

- Follow up measures
  - SCARED
- Subjective report
- Collateral informants (school, parents)
- Overall functional status
Questions?
References


