

# Treatment of Pediatric Anxiety Disorders in the Primary Care Setting

June 23, 2018

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# 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



# Treatment

- 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!



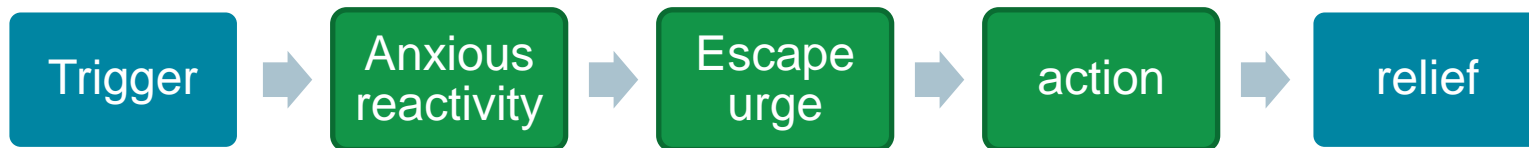
# Parental psychoeducation

- 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





# Monitoring for response

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

# Questions?



# References

1. Pharmacotherapy for Anxiety Disorders in Children and Adolescents. Kodish, I; Rockhill; C, Ryan, S; Varley, C. *Pediatr Clin N Am* 58 (2011) 55–72 doi:10.1016/j.pcl.2010.10.002
2. Practice Parameter for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders. [Sucheta D. Connolly M.D.](#) and [Gail A. Bernstein M.D.](#) *Journal of the American Academy of Child & Adolescent Psychiatry*, 2007-02-01, Volume 46, Issue 2, Pages 267-283, Copyright © 2007
3. Connolly, S., Suarez, L., & Sylvester, C. (n.d.). Assessment and treatment of anxiety disorders in children and adolescents. *Curr Psychiatry Rep*, 13(2), 99-110.
4. Sakolsky, D., & Birmaher, B. (2008). Pediatric anxiety disorders: Management in primary care. *Current Opinion in Pediatrics.*, 20(5), 538-543.



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