

# When is the worry too much?

Molly McVoy, MD

Oct. 5, 2016

# What is anxiety?

- Anxiety is a normal emotional state
- Closely related to fear
- Normal and beneficial for a person to experience fear when faced with real and immediate danger
- Anxiety is normal and beneficial when we are faced with a difficult situation.

# Physiology of Anxiety: Physical System

- Perceived danger
- Brain sends message to autonomic nervous system
- Sympathetic nervous system is activated (all or none phenomena)
- Sympathetic nervous system is the fight/flight system
- Sympathetic nervous system releases adrenaline and noradrenalin (from adrenal glands on the kidneys).
- These chemicals are messengers to continue activity
- *[www.psychology.uiowa.edu](http://www.psychology.uiowa.edu)*

# Parasympathetic Nervous System

- Built in counter-acting mechanism for the sympathetic nervous system
- Restores a realized feeling
- Adrenaline and noradrenaline take time to be broken down



- [www.psychology.uiowa.edu](http://www.psychology.uiowa.edu)

# Cardiovascular Effects

- Increase in heart rate and strength of heartbeat to speed up blood flow
- Blood is redirected from places it is not needed (skin, fingers and toes) to places where it is more needed (large muscle groups like thighs and biceps)
- Respiratory Effects-increase in speed and dept of breathing
- Sweat Gland Effects-increased sweating

• [www.psychology.uiowa.edu](http://www.psychology.uiowa.edu)

# Developmentally Normal Fears

Age	Normal Fear
Birth- 6 Months	Loud noises, loss of physical support, rapid position changes, rapidly approaching other objects
7-12 Months	Strangers, looming objects, unexpected objects or unfamiliar people
1-5 Year	Strangers, storms, animals, dark, separation from parents, objects, machines loud noises, the toilet
6-12 Year	Supernatural, bodily injury, disease, burglars, failure, criticism, punishment
12-18	Performance in school, peer scrutiny, appearance, performance

# When is it more than normal anxiety?

- **13% of children and adolescents suffer from an anxiety disorder**
- **Left untreated:**
  - **Can dramatically reduce productivity and diminish quality of life**
  - **Can lead to poor school attendance, poor self esteem, inter-personal problems, substance abuse problems**

# Signs of Problematic Anxiety

- Pessimism and negative thinking (imagining the worst, over-exaggerating the negatives, rigidity and inflexibility, self-criticism, guilty thoughts)
- Anger, aggression, tantrums, defiance
- Constant worry about things that might happen or have happened; “worry questions”
- Crying
- Physical complaints such as stomachaches, headaches, fatigue,
- Avoiding things or places or refusing to do things or go places
- Sleeping difficulties
- Perfectionism
- Excessive clinginess and separation anxiety
- Withdrawal from activities and family interactions



# More signs anxiety is a problem

- fear that is out of proportion to the actual threat in the environment
- anxiety that is excessive for an anticipated future event
- difficulties in settling back to a normal state
- *when it prevents children from enjoying normal life experiences*

# Types of Anxiety Disorders

- Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- PANDAS
- Separation Anxiety Disorder
- Social Phobia
- Selective Mutism
- Post Traumatic Stress Disorder

# Anxiety Disorders

- Very prevalent in children and adolescents
- Estimated to occur in 5 to 15% of the general population
- There may be substantial impairment and morbidity, if untreated.
- Risk factors include: genetics/temperament, anxious attachment, parental anxiety disorders, parenting style (rejection, overprotection)

# Generalized Anxiety Disorder (GAD): Prevalence

- Excessive and uncontrollable worry
- Physical complaints, difficulty sleeping
- ~ 4% of the population (range from 1.9% to 5.6%)
- 2/3 or those with GAD are female in developed countries
- Prevalent in the elderly (about 7%)

# OCD/PANDAS

Obsessions and compulsions:

- **obsessions**: recurrent and persistent thoughts, impulses, or images that are experienced as intrusive and inappropriate and that cause marked anxiety
  - person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or
- **compulsions**: repetitive behaviors or mental acts in response to an obsession, or according to rules that must be applied rigidly
  - the behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event or situation; however, these behaviors or mental acts either are not connected in a realistic way with what they are designed to neutralize

PANDAS: "Pediatric Autoimmune Neuropsychiatric Disorders

# Social Phobia

**SOCIAL PHOBIA:** A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing

**SEPARATION ANXIETY DISORDER:** excessive anxiety concerning separation from home or from those to whom the individual is attached

- worry about losing, or about possible harm befalling
- persistent and excessive worry about getting lost or being kidnapped
- reluctance or refusal to go to school or elsewhere
- excessively fearful or reluctant to be alone
- persistent reluctance or refusal to go to sleep alone
- repeated nightmares involving the theme of separation
- repeated complaints of physical symptoms when separation from major attachment figures occurs

# Treatment of Pediatric Anxiety

# CBT, CBT, CBT

- Cognitive Behavior Therapy

- action-oriented form of psychotherapy

- As effective, if not more effective than meds

- Cognitive therapy** examines how negative thoughts, or *cognitions*, contribute to anxiety

- Behavior therapy** examines how you behave and react in situations that trigger anxiety



# CBT example

**Situation: A friend invites you to a big party.**

- **Thought #1:**The party sounds like a lot of fun. I love going out and meeting new people!
  - **Emotions:**Happy, excited
- **Thought #2:**Parties aren't my thing. I'd much rather stay in and watch a movie.
  - **Emotions:**Neutral
- **Thought #3:**I never know what to say or do at parties. I'll make a fool of myself if I go.
  - **Emotions:**Anxious, sad

# CBT example 2

## **Facing a Fear of Flying**

- Step 1: Look at photos of planes.
- Step 2: Watch a video of a plane in flight.
- Step 3: Watch real planes take off.
- Step 4: Book a plane ticket.
- Step 5: Pack for your flight.
- Step 6: Drive to the airport.
- Step 7: Check in for your flight.
- Step 8: Wait for boarding.
- Step 9: Get on the plane.
- Step 10: Take the flight.

[http://www.helpguide.org/mental/anxiety\\_therapy.htm](http://www.helpguide.org/mental/anxiety_therapy.htm)

# How parents can help

## Routines and Structure

- Establish consistent daily routines and structure.
  - Routines reduce anxiety
  - regular routine will give a sense of control to both parent and child
- Take care of the basic needs, especially to prevent fatigue and hunger
  - Establish a regular bedtime routine consisting of quieter activities
  - Provide opportunities for exercise. Exercise is helpful in relieving stress and helping your child's body to relax.
- Have limits set and consequences for breaking the limits
  - Children feel secure when there are limits setting restrictions on inappropriate behaviors.

# How parents can help, cont.

## **Help Children Identify Feelings**

- name various feelings she or others may experience
- Explain how people show their feelings (through faces, bodies, words)
- Help your child notice how different feelings “feel” in his own body, for example tight hands, butterflies in stomach, etc.

# How parents can help, cont.

## **Provide Opportunities for Communicating About and Feelings**

- talking about feelings is not easy for children, especially when they are asked directly
- watch and listen carefully for the times when a child does express feelings, either directly through words or indirectly through behaviors
- help your child by acknowledging and accepting her feelings through simply reflecting them back to her
- refrain from providing advice or asking questions

# How parents can help, cont.

## **Model Brave Behavior**

- Children look to others for guidance on how to respond in unfamiliar situations
- watch for cues from their parents and use these cues to help determine if the situation is safe or not
- If the parent's response is fearful or anxious, the child's response is also likely to be fearful or anxious
- Although it is important for parents to model appropriate cautionary and safety behaviors when appropriate, it is important for parents to act as confident and brave role models as well
- If a parent is overly anxious and over-protective, the child also receives the message that he is incapable.
- Sometimes, parents need to act brave even if they don't feel brave.
- An important and helpful message for an anxious child to receive from a parent is that the parent has confidence both in the child and in the situation.

# How parents can help, cont.

## Encourage Brave Behavior

- parents can gently encourage them to approach feared situations. This is because exposure to feared situations leads to desensitization and reduction of the fear and anxiety.
- However, approaching feared situations can be difficult for anxious children since they would rather avoid them
- go about it in small steps so that each step is achievable and gradually becomes a little more difficult
- reward a child for trying to approach a feared situation
- remind that the fear will get smaller over time
- remind of fears and difficult situations that they have overcome in the past.

# How parents can help, cont.

## **Respect Your Child's Fears**

- Children are generally not helped when parents tell them to stop being afraid of something
- acknowledge their fears and at the same time let them know that you will help them overcome these fears



# How parents can help, cont.

## Encourage “Feeling Good” Activities:

- encourage them to engage in activities they enjoy such as playing with a favorite toy, doing a fun art or craft activity, doing something active outside, playing a game, reading a book, or playing with friends.
- Children will often need the assistance and attention of their parents to engage in these fun activities if they are anxious.

# How parents can help, cont.

- **Storytelling**
- There are many children's books available that deal specifically with anxiety, fears and worries
- can be very helpful for children as the stories will often model various ways of coping with fears and anxiety

# How parents can help, cont.

## **Teach Problem-Solving Strategies**

- teaching them how to problem-solve by defining the problem, brainstorming all possible solutions and their consequences, and choosing the best solution.
- Don't "fix" your child's problems
- give your child lots of time to express his negative feelings around worries and problems first where you are just listening and acknowledging feelings before helping him to figure out a solution.

# Medications and Pediatric Anxiety Disorders

- **Selective serotonin reuptake inhibitors**
  - Fluoxetine (prozac), sertraline (zoloft), citalopram (celexa), escitalopram (lexapro), fluvoxamine (luvox)
  - Side effects: mild nausea, headache, diarrhea
  - Often need higher doses than for depression
- **Tricyclic antidepressants**
  - Clomipramine (anafranil)
  - Side effects: sleepiness (sedation), dizziness, upset stomach

# SSRIs and FDA Warning

- FDA warning recommends that patients treated with antidepressants be observed closely, weekly face to face contact for the first 4 weeks of treatment, then every 2 weeks for the next 4 weeks, then as needed beyond 12 weeks.

# Antidepressants and Suicide

- Suicide rates were steadily decreasing in the decade before 2003.
- After concerns were raised about antidepressant meds causing suicidal thinking, the use of these meds decreased.
- Subsequently, the rate of suicidal thinking increased.

## Bottom Line of the SSRIs

- SSRIs are very effective in the treatment of pediatric anxiety.
- Of the SSRIs, only fluoxetine has been clearly shown to be effective in pediatric MDD.
- Increased risk of talk of self injury with SSRI treatment is real, but the magnitude of the effect is small.

Questions?



# Resources

- [www.psych.org](http://www.psych.org)
- [www.nami.org](http://www.nami.org)
- [www.aacap.org](http://www.aacap.org)