



# The Assessment of Anxiety Disorders in Children and Adolescents

Erica Greenberg, MD

Director Pediatric Psychiatry OCD and Tic  
Disorders Program

# Disclosure

Please note that off-label medications will be discussed

Disclosures:

- MGH Psychiatry Academy: Speaking honoraria
- AACAP: Speaking honoraria

# Learning Objectives

---

- To review the current knowledge and clinical pearls regarding anxiety disorders in children and adolescents
- To review the presentation and assessment of the multiple anxiety disorders in children and adolescents

# The Facts and Clinical Pearls on Assessing for Anxiety in Children and Adolescents

**EGYPT:  
REVOLUTION  
REIGNITED**

**Huntsman's  
clear plan for  
finance reform**  
BY JOE KLEIN

**The small state  
that solved our  
biggest problem**  
PAGE 30

**O.K., go ahead  
and buy that  
lottery ticket**  
PAGE 34

# TIME

## WHY ANXIETY

IS  
GOOD  
FOR  
YOU\*



\* As long as  
you know  
how to use it  
PAGE 34

# Normative Developmental Fears

**INFANCY:** Sudden loud noise, loss of support, strangers, separation

**PRESCHOOL:** Animals, the dark, monsters

**SCHOOL AGE:** Specific realistic fears, school acceptance and achievement

**ADOLESCENTS:** Fear of fear (the ability to think abstractly about fears)

# What makes an Anxiety Disorder?

- Persistent fear or worry

Leads to....

- Marked distress or avoidance

Leads to....

- Functional impairment (in learning, playing, socializing, family functioning)

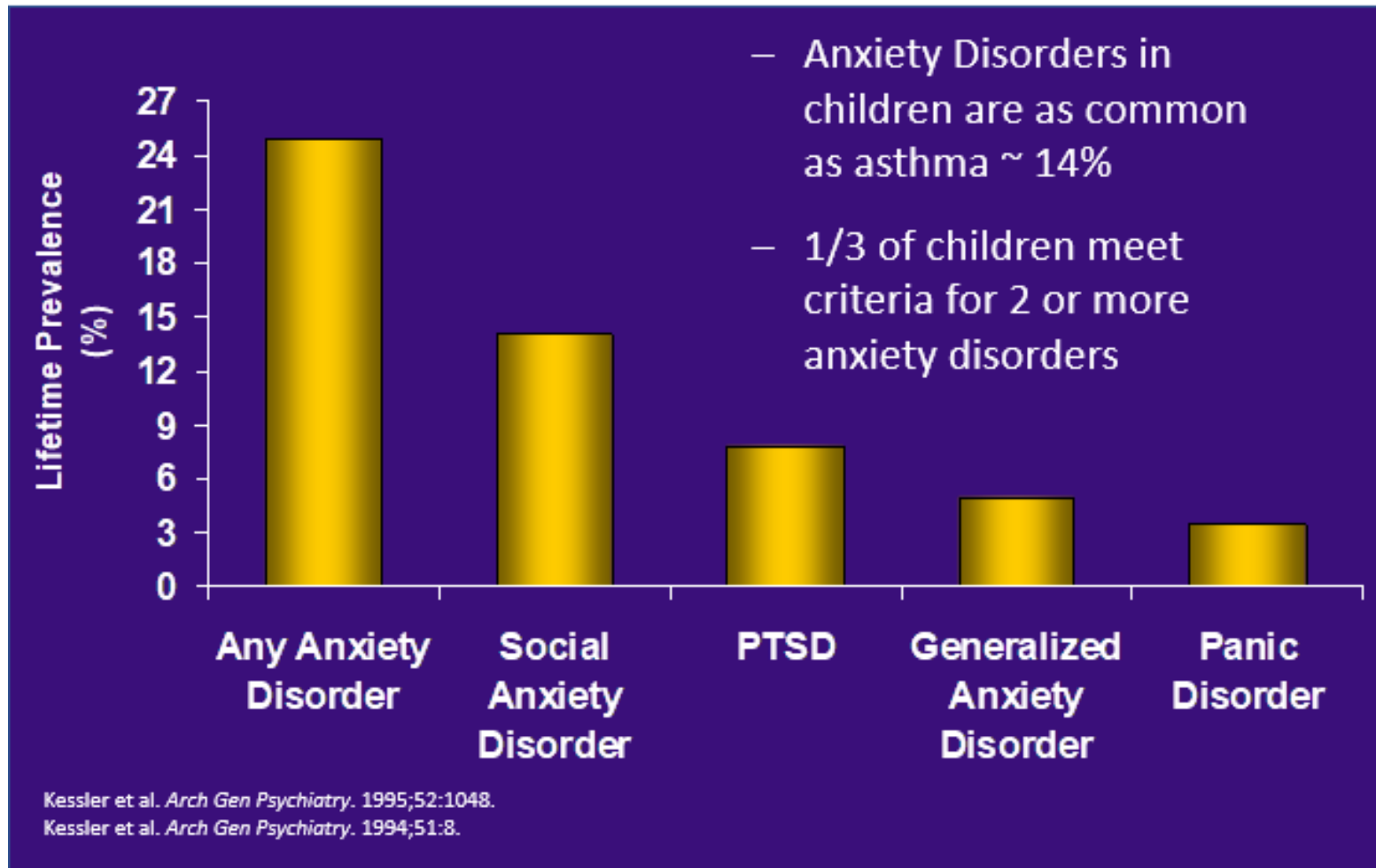
# Clinical Syndromes of Childhood

## Anxiety

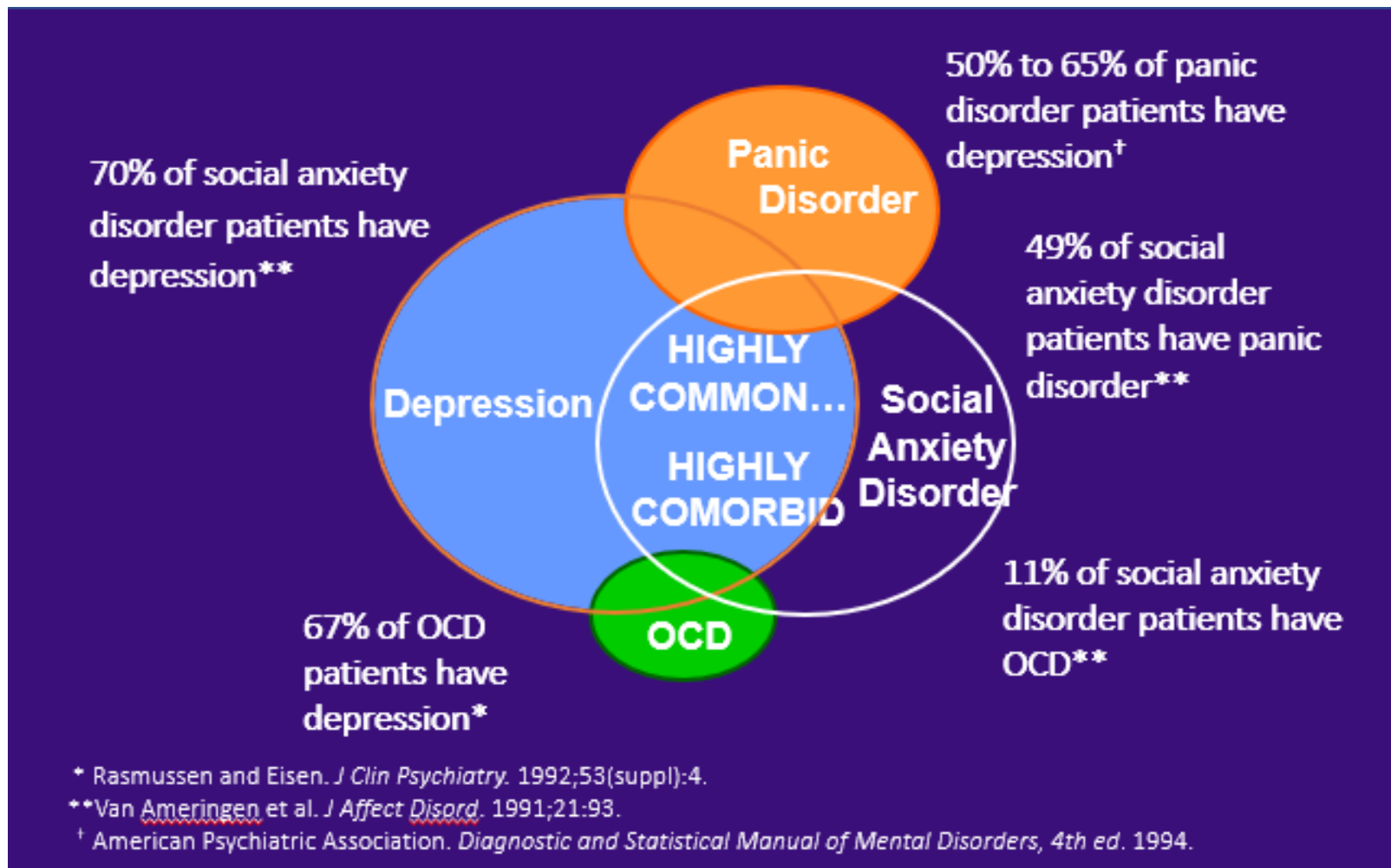
- Anxiety Disorders Group
  - Specific Phobias
  - Separation Anxiety Disorder
  - Social Phobia
    - Selective Mutism
  - Panic Disorder
  - Generalized Anxiety Disorder
- Obsessive Compulsive Disorder
- Posttraumatic Stress Disorder



# Prevalence of Anxiety Disorders



# Comorbidity of Depression and Anxiety Disorders



# Different Anxiety Disorders Present at Different Ages



**Childhood** —  
Separation Anxiety,  
Generalized Anxiety  
and Simple Phobias



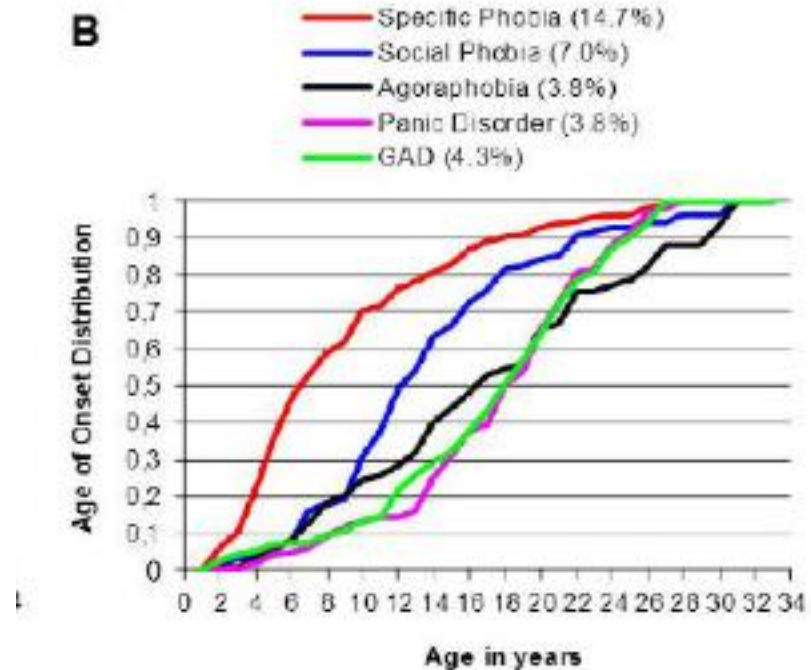
**Adolescence** —  
higher rates of  
panic and social  
phobia

# Pattern of Development

## Mean ages of onset

- Overlapping
- Specific phobia symptoms and some GAD (ages 5-6)
- Social anxiety and separation anxiety 1-2 years later
  - (Then OCD ~ age 10)
- Panic symptoms/disorder in early teens

Costello et al (2005) *Child Adolesc Psychiatric Clin N Am*



Age of onset distribution of specific anxiety disorders, and estimated cumulative incidence rates (in parentheses), at age 33

Wehry et al (2015) *Curr Psychiatry Rep*

Data adapted from Early Developmental Stages of Psychopathology (EDSP) Study

# Risk Factors for Anxiety

---

- Behavioral Inhibition
- Genetic Predisposition
- Environmental Stresses

# Clear Environmental Stresses for Children and Adolescents

- Parents
  - Parent child conflict
  - Marital conflict
  - Parental psychopathology
- School
  - Academic pressure
  - The threat of violence (Bullying)
  - Social stresses

# Anxiety Disorders - What Can Happen

- Worsened school adjustment, social skills, relationships financial outcome, long-term health functioning
- Increased risk of *developing* other anxiety disorders, depression and substance abuse (esp. alcohol)
- Increased risk of self-injurious behavior, suicidality

Wehry et al (2015) *Curr Psychiatry Rep*  
Wood et al (2019) *JAMA Psych*

# General Principles for Assessing Anxiety in Children and Adolescents

- Presentation (Symptom Recognition)
- Developmental Considerations
- Differential
  - Medical
  - Psychiatric
  - Substance-induced
- Sorting out which anxiety disorder



# Symptom Recognition: What To Look For

- Physical complaints – headaches, stomach aches, dramatic presentations of pain.
- Problems with falling asleep and middle of the night awakening, repeated visits to parents room
- Eating problems
- Avoidance of outside and interpersonal activities – school, parties, camp, sleepovers, safe strangers
- Excessive need for reassurance – new situations, bedtime, school, storms, bad things happening
- Inattention and poor performance at school
- Oppositional/defiance (when exposed to fearful stimuli)

# Physical Symptoms – Provoked and Spontaneous

Anxious children listen to their bodies

- Headache
- Stomachache – stomach and bowel problems
- Sick in the morning and can't fall asleep in the evening
- Frequent urge to urinate or defecate
- Shortness of breath
- Chest pain – tachycardia
- Sensitive gag reflex – fear of choking or vomiting
- Difficulty swallowing solid foods
- Dizziness, lightheaded
- Tension and tiredness – exhausted and irritable after a school day
- Derealization and depersonalization
- (Avoidance to prevent above physical symptoms)

# Physical Conditions and That May Mimic Anxiety Symptoms

- Consider differential diagnosis of other physical conditions that may mimic anxiety symptoms
  - Hyperthyroidism
  - Migraine
  - Asthma
  - Seizure disorders
  - Lead intoxication
  - Less Common:
    - Hypoglycemia
    - Pheochromocytoma
    - CNS disorder (delirium or brain tumor)
    - Cardiac arrhythmias

# Psychiatric Disorders That May Mimic Anxiety Symptoms

- ADHD (restlessness, inattention)
- Psychotic disorders (restlessness and/or social withdrawal)
- PDD, esp Asperger's (social awkwardness and withdrawal, social skills deficits, communication deficits, repetitive behaviors, adherence to routines)
- LD (generate persistent worries about school performance)
- Depression (poor concentration, sleep difficulty, somatic complaints)

# Substance Induced Anxiety Symptoms

- Substance Use
  - Cocaine, methamphetamine, Caffeinism (including from “Energy” beverages)
  - withdrawal syndromes
- Prescription Drug Side Effects
  - Antiasthmatics, sympathomimetics, steroids, SSRIs, antipsychotics (akathisia), haloperidol, pimozide, atypical antipsychotics
- Nonprescription Drug Side Effects
  - Diet pills, antihistamines, and cold medications

# Differentiating Pediatric-onset OCD

- Presentation differences vs adults:
  - Children more likely to have poor insight
  - Obsessions involving ‘fear of harm’ and separation
  - Compulsions without obsessions
  - Rituals involving family members
    - Reassurance seeking / checking (esp children)
  - More common sexual and religious symptoms
    - Adolescents > children and adults
- OCD with tics:
  - Symmetry writing/re-writing compulsions, aggressive/sexual-based obsessions
  - “Tourettic OCD”

Pediatric OCD: Phenomenology and Course (*Geller, D. Psych Clin N Am; 2006; 29 (2); 353-370*)

Adapted from Coffey BJ 2019 Pediatric OCD; Child and Adolescent Psychopharmacology Slides

# Using Anxiety Screening Tools and Rating Scales

## Pediatric Symptom Checklist (PSC)

- General screener for internalizing and externalizing symptoms

## Screen for Child Related Anxiety Disorders (SCARED)

- Helps sort out different anxiety disorders: generalized anxiety, social anxiety, separation anxiety, specific phobias, panic disorder (self-report)

## Yale Brown Obsessive Compulsive Scales (YBOCS)

- Helps with the identification of OCD and monitoring of treatment

# Additional Resources

- **[www.schoolpsychiatry.org](http://www.schoolpsychiatry.org)**
  - This web site was developed by Jeff Bostic, MD., child psychiatrist at Harvard. There are many links to both proprietary and public-domain broad-based and domain-specific mental health rating scales.
- **[www.parentsmedguide.org](http://www.parentsmedguide.org)**
  - This web site is a collaborative effort by the American Academy of child and Adolescent Psychiatry and the American Psychiatric Association. Practical information and advice is posted regarding pediatric depression and anxiety for parents, patients and clinicians.
- **[www.dbpeds.org](http://www.dbpeds.org)**
  - This is the web address for the American Academy of Pediatrics Section on Developmental and Behavioral Pediatrics (SODBP) site. Non-AAP members may also access the content on this site. There is extensive material on developmental, behavioral and emotional screening with hand-outs for parents, links to public domain screening tools and other websites with mental health content. There also are the articles on proper coding for screening services published in the SODBP newsletter.



# Thank you!



# ProjectTEACH

TRAINING AND EDUCATION FOR THE ADVANCEMENT OF CHILDREN'S HEALTH

[www.projectTEACHny.org](http://www.projectTEACHny.org)