The background of the slide features a photograph of the Oregon Health & Science University (OHSU) campus. In the foreground, a grey diagonal shape contains the title text. Behind it, a lush green hillside is visible, with a cable car system in operation. Two silver cable cars are suspended from a white tower structure. In the background, several multi-story buildings with glass and brick facades are visible under a clear blue sky.

# Screening and Treating Pediatric Anxiety Disorders in the Primary Care Setting

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July 16, 2024



# Learning Objectives

- Describe the symptoms and behaviors associated with pediatric anxiety disorders.
- Review how to assess for anxiety disorders in children and adolescents including commonly used screening instruments.
- Review evidence-based treatments for pediatric anxiety disorders.



# Screening for Anxiety in Children and Adolescents

## US Preventive Services Task Force Recommendation Statement

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### Summary of Recommendations

Population	Recommendation	Grade
Children and adolescents aged 8 to 18 years	The USPSTF recommends screening for anxiety in children and adolescents aged 8 to 18 years.	B
Children 7 years or younger	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for anxiety in children 7 years or younger.	I

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See the Practice Considerations section for additional information regarding the I statement. USPSTF indicates US Preventive Services Task Force.

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**POPULATION:** Children and adolescents 18 years or younger who do not have a diagnosed anxiety disorder or are not showing recognized signs or symptoms of anxiety.



# Non-Trauma or OCD Related Anxiety Disorders

Separation Anxiety Disorder

Selective Mutism

Specific Phobia

Social Anxiety Disorder

Panic Disorder with or without Agoraphobia

Generalized Anxiety Disorder



# Anxiety in Childhood

Median age of onset: 11

Girls > Boys

Comorbidity is common



# Manifestation of Anxiety at Different Ages

Preschool: Defiance, tantrums, crying

School-age: Somatic complaints, refusal

Adolescence: Avoidance



# Anxiety Disorders – Age of Onset

Selective mutism - < age 5

Separation anxiety/specific phobias – ~ age 7

School refusal – age 5-6 and 10-11

Generalized anxiety disorder - ~age 7

Social anxiety disorder - early adolescence

Panic disorder – 15 - 19



# Signs of Anxiety

Recurrent fears and worries

Irritability, crying, tantrums

Difficulty separating from parents

Difficulty falling asleep or nightmares

Difficulty relaxing

Scared about going to school

Uncomfortable in social situations





# Other Signs of Anxiety

Frequent trips to school nurse, PCP, or ER

Severe resistance or dysregulation

Abrupt discontinuation of an activity

Behavioral regression

Change in appetite, sleep, or activity level



# Rating Scales

Pediatric Anxiety Scale – Revised (Ages 2½ - 6½)

- 28 item

SCARED: Screen for Childhood Anxiety and Related Disorders (ages 9 – 18)

- 41 item
- 5 item

RCADS- Revised Children's Anxiety and Depression Scale (ages 7/8 - 18)

- 47 item
- 25 item



# Rating Scales – Preschool Anxiety Scale Revised

Subscale Scoring Items (sum of ratings)

OCD = 3 + 9 + 18 + 21 + 27

Social Anxiety = 2 + 5 + 11 + 15 + 19 + 23

Separation Anxiety = 6 + 12 + 16 + 22 + 25

Physical Injury Fears = 7 + 10 + 13 + 17 + 20 + 24 + 26

GAD = 1 + 4 + 8 + 14 + 28

Total Score Sum of Scores for Items = sum of 1 to 28

Question 29 is an open-ended, non-scored item relating to the child's experience of a traumatic event

## Preschool Anxiety Scale Revised (PASR)

Child's name:	Date:
Your name:	Your relationship to child:

**NOTE:** Below is a list of items that describe children. For each item please circle the response that best describes your child. Use the scale below from not at all true to very often true. Please answer all the items as well as you can, even if some do not seem to apply to your child.

	Not at all true 0	Seldom true 1	Sometimes true 2	Quite often true 3	Very often true 4
	Not at all	Seldom true	Some times	Quite often	Very often
1. Has difficulty stopping him/herself from worrying	0	1	2	3	4
2. Worries that s/he will do something to look stupid in front of other people	0	1	2	3	4
3. Is afraid of doctors and/or dentists	0	1	2	3	4
4. Is scared to ask an adult for help (e.g. a preschool or school teacher)	0	1	2	3	4
5. Would be upset at sleeping away from home	0	1	2	3	4
6. Is scared to heights (i.e. high places)	0	1	2	3	4
7. Is afraid of meeting or talking to unfamiliar people	0	1	2	3	4
8. Worries that something bad will happen to his/her parents	0	1	2	3	4
9. Is scared of thunderstorms	0	1	2	3	4
10. Is afraid of talking in front of the class/preschool group (e.g. show and tell)	0	1	2	3	4
11. Worries that something bad might happen to him/her (e.g. getting lost or kidnapped), so he/she won't be able to see you again	0	1	2	3	4
12. Is nervous of going swimming	0	1	2	3	4
13. Worries that s/he will do something embarrassing in front of other people	0	1	2	3	4
14. Is afraid of insect and/or spiders	0	1	2	3	4
15. Becomes distressed about your leaving him/her at preschool or with a babysitter	0	1	2	3	4

# Rating Scales –

## SCARED (Parent and Child Report)

8 and older

### SCORING AND INTERPRETATION

- Total Score  $\geq 25$  is considered positive

**SCORING:**

A total score of  $\geq 25$  may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.

A score of **7** for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.

A score of **9** for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.

A score of **5** for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.

A score of **8** for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.

A score of **3** for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:**

Below is a list of statements that describe how people feel. Read each statement carefully and decide if it is “Not True or Hardly Ever True” or “Somewhat True or Sometimes True” or “Very True or Often True” for your child. Then for each statement, fill in one circle that corresponds to the response that seems to describe your child for the last 3 months. Please respond to all statements as well as you can, even if some do not seem to concern your child.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
1. When my child feels frightened, it is hard for him/her to breathe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My child gets headaches when he/she is at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My child doesn't like to be with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My child gets scared if he/she sleeps away from home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My child worries about other people liking him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my child gets frightened, he/she feels like passing out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My child is nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My child follows me wherever I go.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. People tell me that my child looks nervous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My child feels nervous with people he/she doesn't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My child gets stomachaches at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When my child gets frightened, he/she feels like he/she is going crazy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My child worries about sleeping alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My child worries about being as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. When he/she gets frightened, he/she feels like things are not real.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My child has nightmares about something bad happening to his/her parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My child worries about going to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. When my child gets frightened, his/her heart beats fast.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. He/she gets shaky.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My child has nightmares about something bad happening to him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Rating Scales

## SCARED – 5 Item

### Anxiety (SCARED, 5-item) in Children/Youth

Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you for the last 3 months.

---

1. I get really frightened for no reason at all.  
 Not true or hardly ever true (0.0)  Somewhat true or sometimes true (1.0)  Very true or often true (2.0)
  2. I am afraid to be alone in the house.  
 Not true or hardly ever true (0.0)  Somewhat true or sometimes true (1.0)  Very true or often true (2.0)
  3. People tell me that I worry too much.  
 Not true or hardly ever true (0.0)  Somewhat true or sometimes true (1.0)  Very true or often true (2.0)
  4. I am scared to go to school.  
 Not true or hardly ever true (0.0)  Somewhat true or sometimes true (1.0)  Very true or often true (2.0)
  5. I am shy.  
 Not true or hardly ever true (0.0)  Somewhat true or sometimes true (1.0)  Very true or often true (2.0)
- 



# Rating Scales

Can also use:

- Pediatric Symptom Checklist
- Strengths and Difficulties Questionnaire

# Evidence-Based Treatment for Anxiety Disorders

Psychoeducation

Relaxation techniques

Cognitive behavioral therapy (CBT)

Social Effectiveness Training for Children (SET-C)

Supportive Parenting for Anxious Childhood  
Emotions (SPACE)

SSRIs/SNRI



# Externalize the Problem

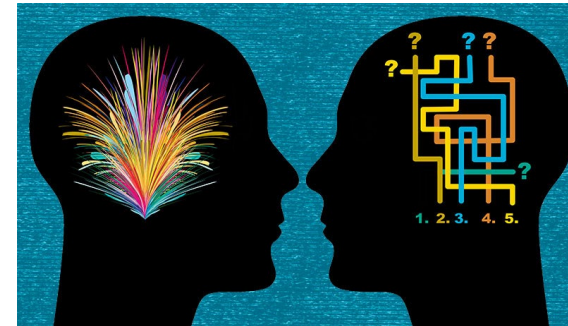
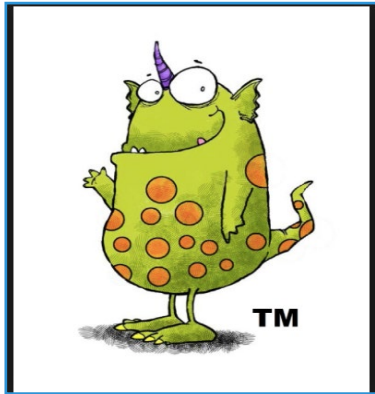
The power of language

Younger children

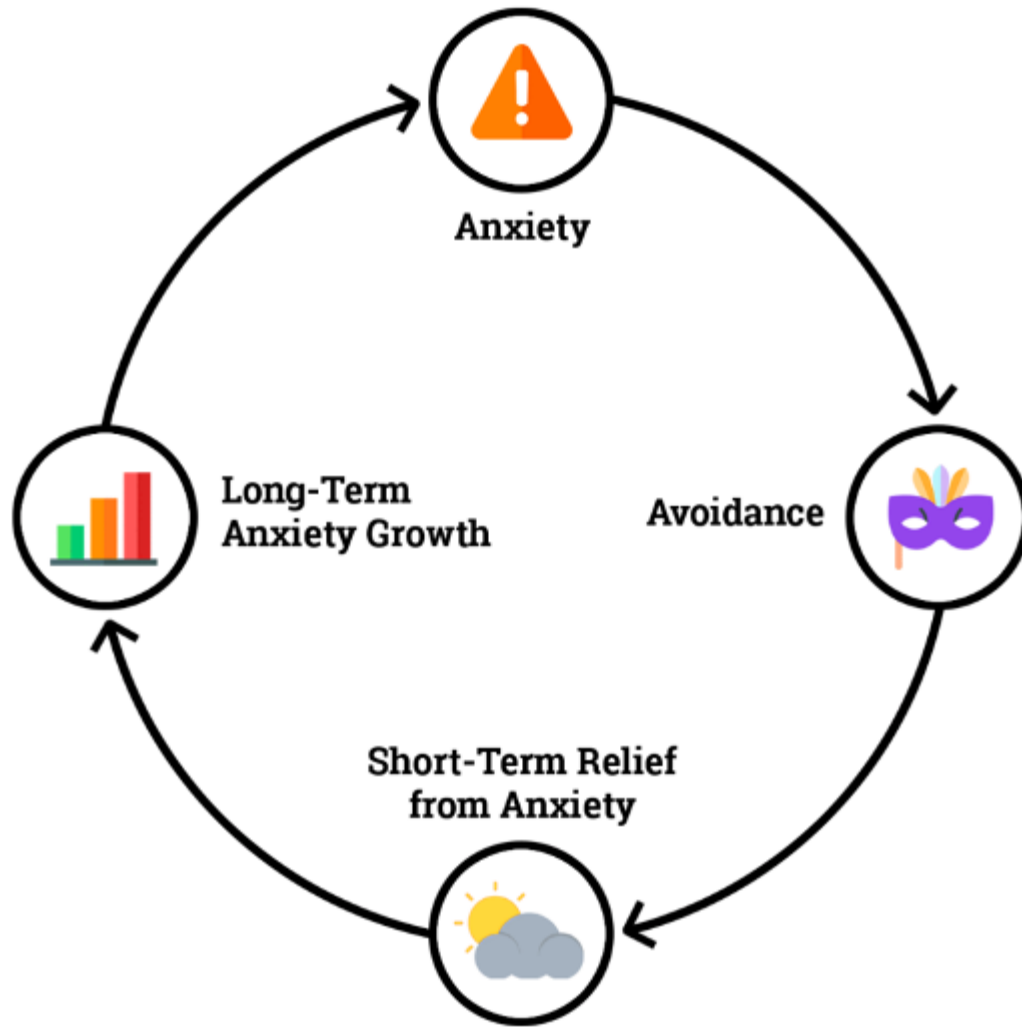
“The Dragon” or the “Worry Bully”

Older children and adolescents

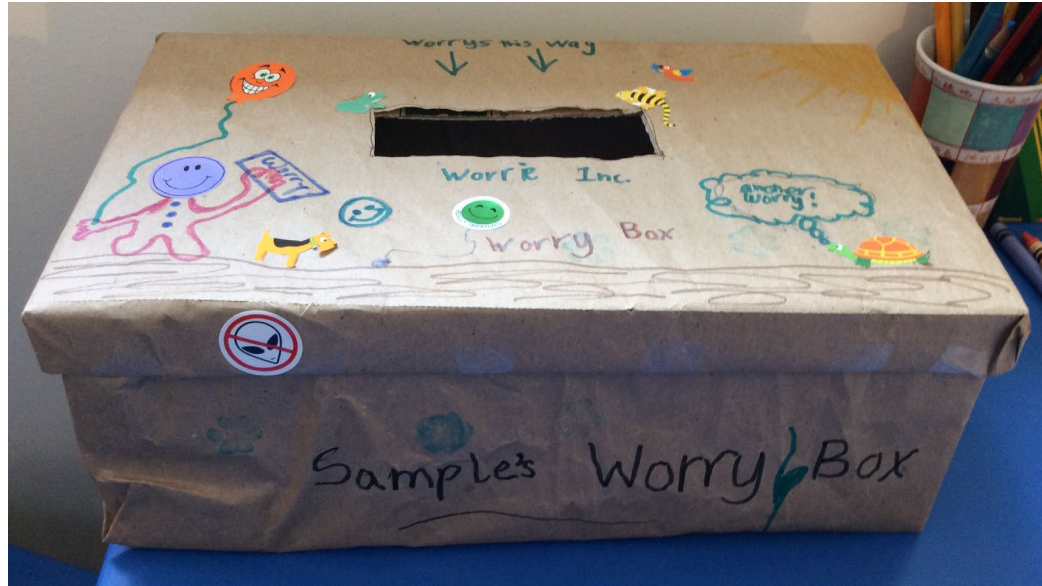
- Thinking brain and emotional brain







# Worry Box



# Worry Time

Set aside 15 minutes each day

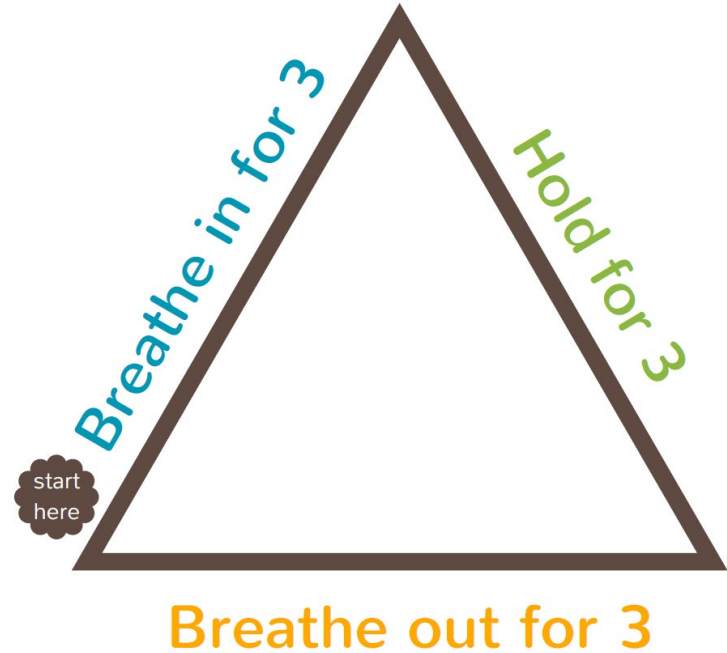
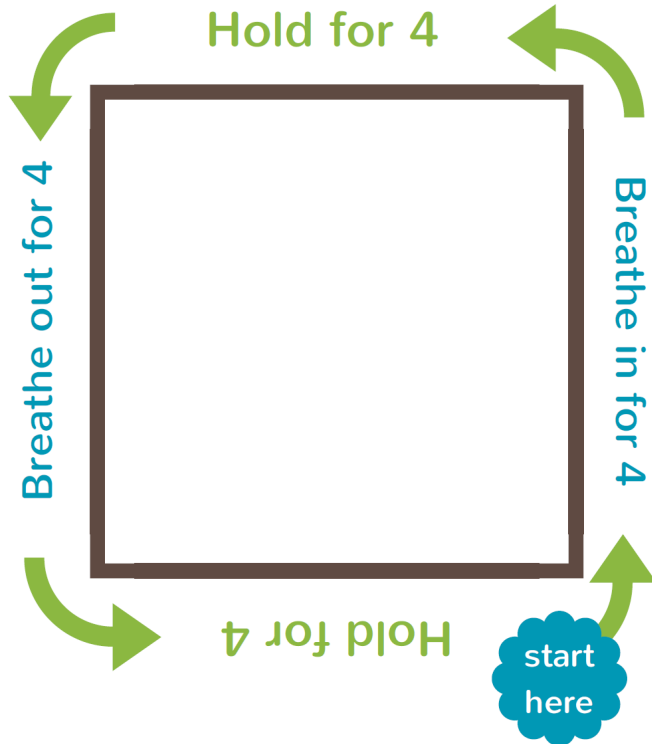
Protected time from siblings

Review worries

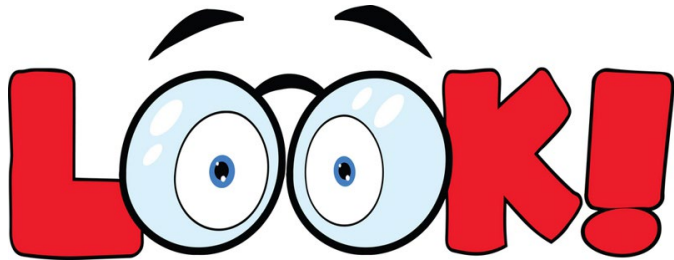
Leftover time is “Talk Time”



# Relaxation Techniques

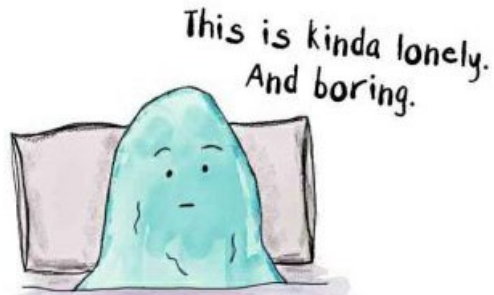


# 3 3 3 Rule



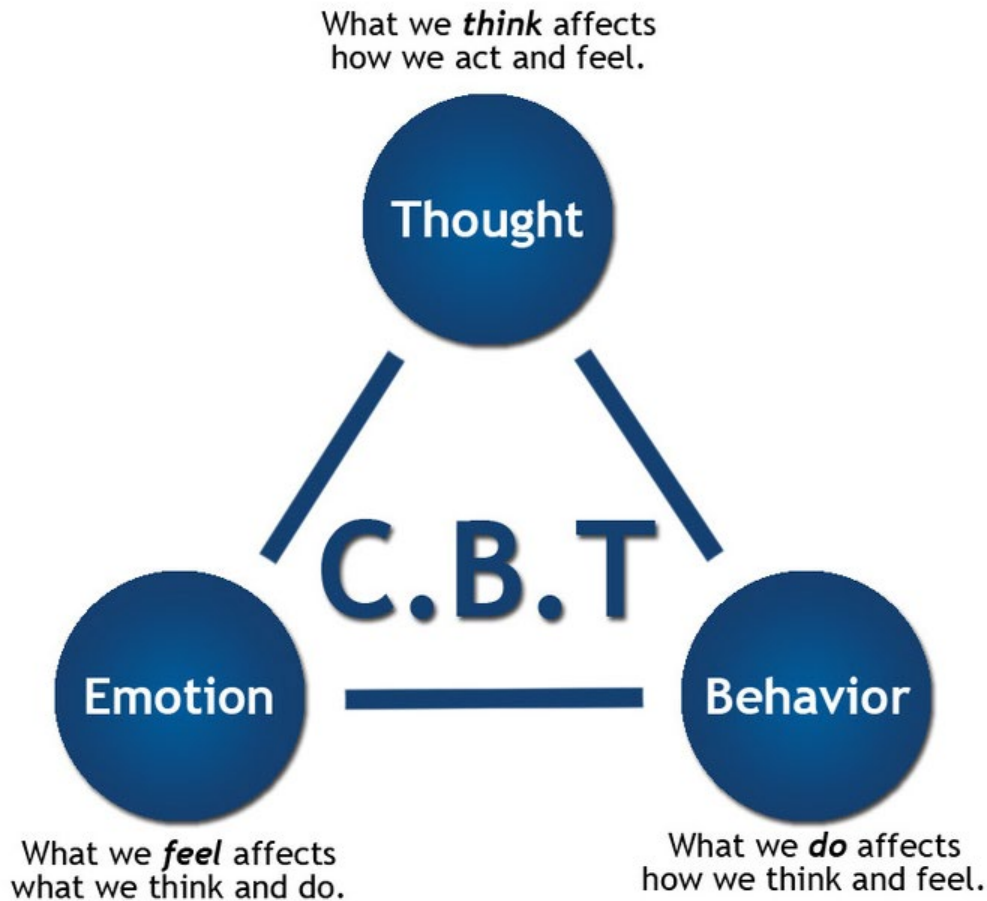
# Avoidance

If I avoid every scary thing  
I can just stay home and be safe.



But it's not a great life strategy.

# Cognitive Behavior Therapy



# Exposure and Response Prevention



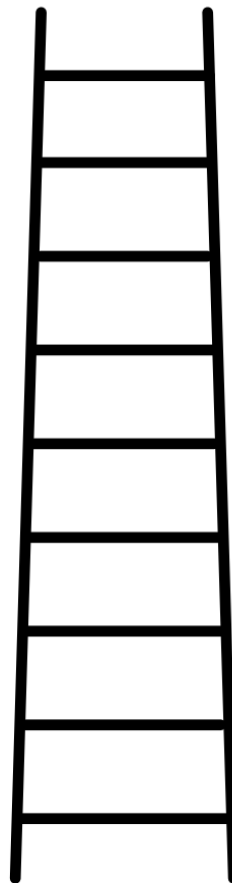


The fear that I am facing is \_\_\_\_\_

Big fear or worry = 10



Little fear or worry = 0



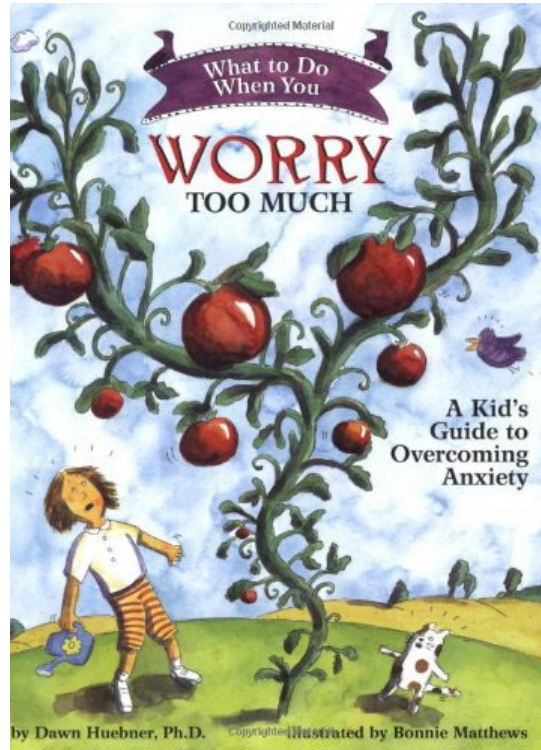
Situation

Anxiety 0-10

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



# Workbook that Parents can Use



# The Role of Accommodation



**THE WALL STREET JOURNAL.**

*By Andrea Petersen Dec. 8, 2017 12:59 pm ET*

Rescuing

Avoiding

Too Much Reassurance

Over-Protecting



# Treatments that **DON'T** Work

Supportive psychotherapy

Tricyclic antidepressants

Benzodiazepines

Journal of the American Academy of  
**CHILD & ADOLESCENT  
PSYCHIATRY**



IN THIS ISSUE

- Antidepressant Response in Anxious Youth
- School-Home Treatment for Attention-Deficit/Hyperactivity Disorder
- Subtyping Executive Function Behaviors
- Violence Exposure and Youth Gun Carrying

# The Impact of Antidepressant Dose and Class on Treatment Response in Pediatric Anxiety Disorders: A Meta-Analysis

Strawn JR et al. *J Am Acad Child Adolesc Psychiatry*  
2018;57(4):235-244

# The Impact of Antidepressant Dose and Class on Treatment Response in Pediatric Anxiety Disorders: A Meta-Analysis

## SSRIs

Fluoxetine

Fluvoxamine

Paroxetine

Sertraline

## SNRIs

Atomoxetine

Venlafaxine

Duloxetine



# The Impact of Antidepressant Dose and Class on Treatment Response in Pediatric Anxiety Disorders: A Meta-Analysis

## Conclusions

1. Antidepressant-related improvement occurs early in treatment
  - ~ 50% of improvement at week 12 occurred by week 4
2. Greater trajectory and magnitude of SSRI response versus SNRIs
  - At week 8, SNRIs showed only 40% of treatment response of SSRIs
  - Difference in trajectory apparent by 2<sup>nd</sup> week of treatment
3. Earlier improvement with high-dose SSRI versus low-dose SSRI



“In pediatric patients with generalized, separation and/or social anxiety disorders, antidepressant-related improvement occurs early in the course of treatment and SSRIs are associated with more rapid and greater improvement compared to SSNRIs”.



# Efficacy and Tolerability of Pharmacotherapy for Pediatric Anxiety Disorders: A Network Meta-Analysis

Dobson ET et al. J Clin Psychiatry 2019;80(1):17r12064

Data sources: Double-blind placebo-controlled pharmacotherapy trials in youth with anxiety disorders from 1996 – 2017

Results:           22 randomized controlled trials  
                      2,623 patients



# Efficacy and Tolerability of Pharmacotherapy for Pediatric Anxiety Disorders: A Network Meta-Analysis

Dobson ET et al. J Clin Psychiatry 2019;80(1):17r12064

SSRIs > SNRIs,  $\alpha$ -2 agonists, 5-HT<sub>1A</sub> agonists, and placebo

SSRIs, SNRIs,  $\alpha$ -2 agonists, 5-HT<sub>1A</sub> agonists > placebo

SSRIs most effective

Benzodiazepines least effective



# Efficacy and Tolerability of Pharmacotherapy for Pediatric Anxiety Disorders: A Network Meta-Analysis

Dobson ET et al. J Clin Psychiatry 2019;80(1):17r12064

## Safety and Tolerability

- SSRIs most tolerable
- TCAs least tolerable



# Managing Activation

Rule out general medical condition

Evaluate potential contributors

Decrease dose of SSRI

Consider change to another SSRI or SNRI

# Medications for Anxiety

Medication	Indication	Age	Comparable dose
Escitalopram (Lexapro)	GAD	7 - 17	5 mg
fluoxetine (Prozac)	OCD	7 - 17	10 mg
Sertraline (Zoloft)	OCD	6 – 13	25 mg
Fluvoxamine (Luvox)	OCD	8 – 17	35 mg
Duloxetine (Cymbalta)	GAD	7 - 17	?

From Elbe D, Black TR, McGrane IR, Choi S: *Clinical Handbook of Psychotropic Drugs for Children and Adolescents*, 5th edition c 2023 Hogrefe Publishing.

# Medications for Anxiety

Medication	Starting dose (child)	Starting dose (adol)	Increase by	Max dose
Escitalopram (Lexapro)	2.5 – 5 mg	5 – 10 mg	2.5 – 5 mg	20 mg
fluoxetine (Prozac)	5 mg	5 – 10 mg	5 – 10 mg	80 mg*
Sertraline (Zoloft)	6.75 mg BID	12.5 mg BID	12.5 – 25 mg QD	200 mg
Fluvoxamine (Luvox)	12.5 - 25 mg	50 mg	25 – 50 mg	200 /300 mg
Duloxetine (Cymbalta)	20 mg	20 – 30 mg	20 – 30 mg	120 mg

# Starting Medication

Start low and but don't necessarily go slow

Titrate every 2 – 4 weeks

Improvement generally within 2 – 4 weeks

> 8 weeks, consider dose change

# Not Approved for Youth





# Switching Strategies

SSRI (except fluoxetine) to

SSRI: Direct switch OR taper, stop, switch

SNRI: Taper, stop, switch OR cross-taper

# Switching Strategies

Fluoxetine to

SSRI: Stop, washout 4 – 7 days, switch

SNRI: Stop, washout, switch

# Switching Strategies

SNRI to

SSRI (not fluoxetine): Cross-taper

Fluoxetine: Taper, stop, switch OR cross-taper

# How Long to Continue?

6 - 12 months after remission

# What About...

## Alpha-agonists (clonidine or guanfacine)

- Some evidence

## Buspirone

- Not a lot of evidence

## Hydroxyzine

- Insufficient evidence/Not recommended

## Propranolol

- Insufficient evidence/Not recommended

> [Front Psychiatry](#). 2022 Jan 28;12:721875. doi: 10.3389/fpsy.2021.721875. eCollection 2021.

# Hydroxyzine Use in Preschool Children and Its Effect on Neurodevelopment: A Population-Based Longitudinal Study

Hans J Gober <sup>1 2</sup>, Kathy H Li <sup>3 4</sup>, Kevin Yan <sup>1</sup>, Anthony J Bailey <sup>5</sup>, Bruce C Carleton <sup>1 3 4 6</sup>



# Conclusions

Psychoeducation, relaxation instruction, CBT effective

SSRIs and an SNRI are effective treatments for anxiety

- SSRIs associated with greater and faster improvement

Activation is a common side effect associated with SSRIs

When treating anxiety, best to start low but don't go too slow

Journal of the American Academy of  
**CHILD & ADOLESCENT  
PSYCHIATRY**



Our Vision: An Antiracist Journal  
Internet Behaviors and Distress in COVID-19  
Clinical Practice Guideline: Assessment and Treatment of Anxiety Disorders  
White Matter Microstructure in Bipolar and DMDD Youth  
Lithium for Youth With Bipolar Disorder



**AACAP OFFICIAL ACTION**

# Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders

Heather J. Walter, MD, MPH, Oscar G. Bukstein, MD, MPH, A. Reese Abright, MD, Helene Keable, MD, Ujjwal Ramtekkar, MD, MPE, MBA, Jane Ripperger-Suhler, MD, Carol Rockhill, MD, PhD, MPH

Anxiety disorders are among the most common psychiatric disorders in children and adolescents. As reviewed in this guideline, both cognitive-behavioral therapy (CBT) and selective serotonin reuptake inhibitor (SSRI) medication have considerable empirical support as safe and effective short-term treatments for anxiety in children and adolescents. Serotonin norepinephrine reuptake inhibitor (SNRI) medication has some empirical support as an additional treatment option. In the context of a protracted severe shortage of child and adolescent-trained behavioral health specialists, research demonstrating convenient, efficient, cost-effective, and user-friendly delivery mechanisms for safe and effective treatments for child and adolescent anxiety disorders is an urgent priority. The comparative effectiveness of anxiety treatments, delineation of mediators and moderators of effective anxiety treatments, long-term effects of SSRI and SNRI use in children and adolescents, and additional evaluation of the degree of suicide risk associated with SSRIs and SNRIs remain other key research needs.

**Key Words:** clinical practice guideline, anxiety, child psychiatry, assessment, treatment

**J Am Acad Child Adolesc Psychiatry** 2020;59(10):1107–1124.  



# Books for Parents



## Helping Your Anxious Teen

Positive Parenting Strategies to Help Your Teen Beat Anxiety, Stress, and Worry

SHEILA ACHAR JOSEPHS, PhD



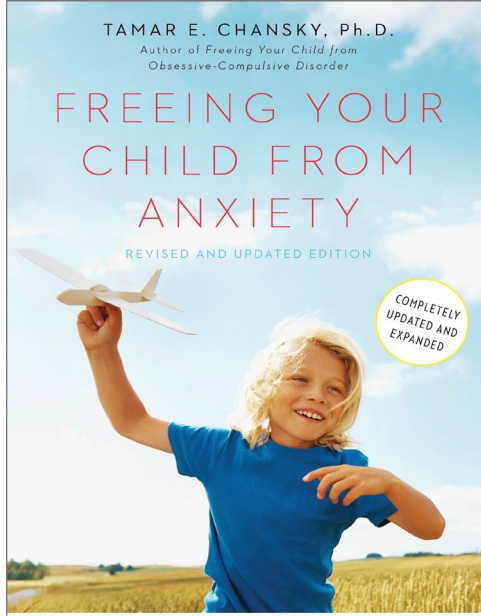
## Helping Your Anxious Child

— SECOND EDITION —

A Step-by-Step Guide for Parents

RONALD M. RAPEE, PH.D.  
ANN WIGNALL, D.PSYCH.  
SUSAN H. SPENCE, PH.D.  
VANESSA COBHAM, PH.D.  
HEIDI LYNEHAM, PH.D.

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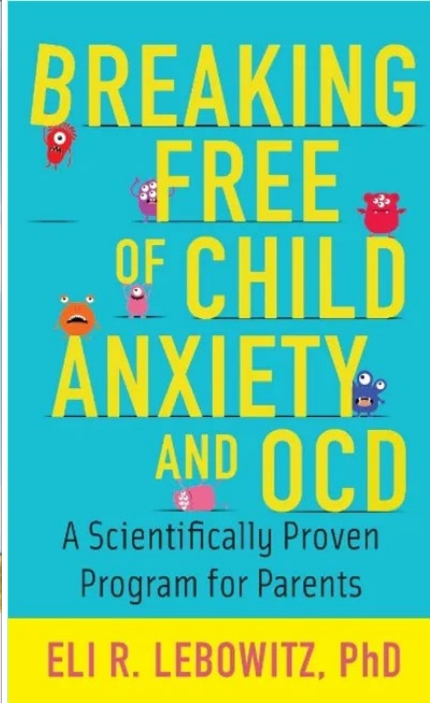
TAMAR E. CHANSKY, Ph.D.  
Author of *Freeing Your Child from Obsessive-Compulsive Disorder*

## FREEING YOUR CHILD FROM ANXIETY

REVISED AND UPDATED EDITION

COMPLETELY  
UPDATED AND  
EXPANDED

PRACTICAL STRATEGIES TO OVERCOME FEARS, WORRIES, AND PHOBIAS AND BE PREPARED FOR LIFE—FROM TODDLERS TO TEENS



## BREAKING FREE OF CHILD ANXIETY AND OCD

A Scientifically Proven Program for Parents

ELI R. LEBOWITZ, PhD

# Other Resources

Home Resources Self-Help About Us Get Involved

ANXIETY 101 FACING FEARS THINKING RIGHT HOW TO CHILL VIDEOS HEALTHY HABITS COMMON PROBLEMS

**ANXIETY... CAN TOTALLY SUCK!**

It can mess with you in SO many ways - like when making friends, with stuff at school, and even when you're trying to sleep. Too much anxiety takes the fun out of life. But, you are not alone! Lots of teens experience problems with anxiety. And, there is lots you can do to take charge of your anxiety for good.

LET'S BE HONEST  
...GET A NEW PERSPECTIVE  
AND GO TO THE PARTY!

[anxietycanada.com](http://anxietycanada.com)

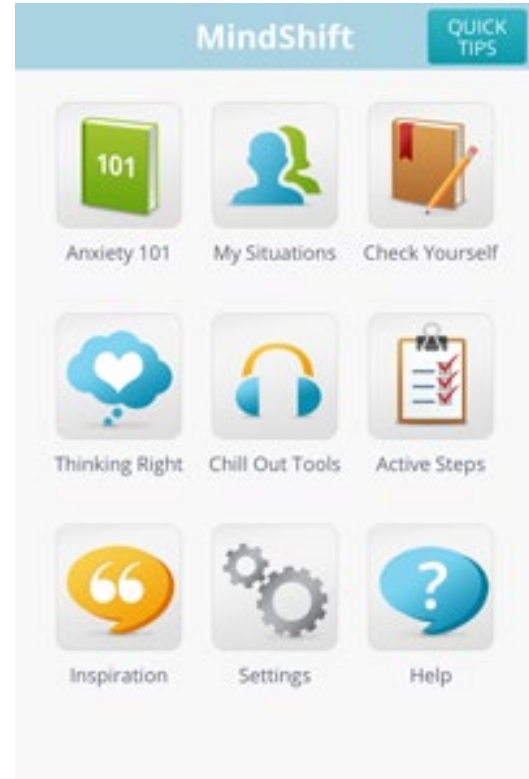
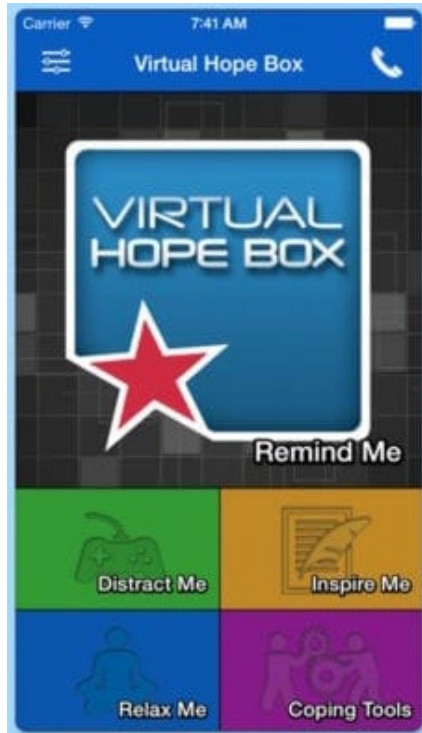
<https://childmind.org/topics/anxiety/>

<https://www.seattlechildrens.org/healthcare-professionals/access-services/partnership-access-line/fast/>

[https://www.aacap.org/aacap/Families and Youth/Resource Centers/Anxiety Disorder Resource Center/Home.aspx](https://www.aacap.org/aacap/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)

<https://www.spacetreatment.net/>

# Smartphone Apps



# OPAL-K

## Oregon Psychiatric Access Line about Kids

psychiatric phone consultation for medical practitioners  
who treat children and adolescents

9 am to 5 pm, Monday through Friday

**855-966-7255** (toll-free) or **503-346-1000** (Portland metro)

register online: [www.ohsu.edu/opalk](http://www.ohsu.edu/opalk)

fax: 503-346-1389

email: [opalk@ohsu.edu](mailto:opalk@ohsu.edu)

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CHILDREN'S  
HOSPITAL  
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Thank You