Anxiety

Definition / Supporting Information

There are different forms of anxiety:

- Generalised anxiety disorder
  - Excessive anxiety and worry, usually about school performance, events, or activities
  - Symptoms are generalised and persistent
- Separation anxiety disorder
  - Developmentally inappropriate and excessive fear or anxiety concerning separation from those the individual is attached to
- Specific phobias
  - Marked fear or anxiety about a specific object or situation
- Social anxiety disorder
  - Marked fear or anxiety about social situations in which the individual is exposed to scrutiny by others
  - For children this must occur in peer settings and not only during interactions with adults
- Panic disorder
  - Recurrent attacks of severe anxiety
- Selective mutism
  - Consistent failure to speak in specific situations in which there is an expectation for speaking (eg, school, despite speaking in other situations)

Other related disorders include:

- Obsessive compulsive disorder (OCD)
- Post-traumatic stress disorder (PTSD)

Keywords / also known as: agitation, nervousness, worry, uneasiness

Essential History

Ask about:

- Family history of mental illness, including:
  - Anxiety, depression, suicide, and self-harm
- Educational concerns
  - School achievement (eg, change from previous attainment)
  - Poor attendance record

- Relationships with peers / isolation from peers
  - Also relationships within the family; siblings, parents
  - Precipitating and maintaining factors
    - Bullying, fall out with friends, marital discord / breakdown
    - Suspicion of abuse
  - What makes the symptoms better / worse
    - Avoiding the situation, music, exercise, alcohol, drugs, smoking, talking to someone
- Strengths of the child / young person
  - Easygoing nature / character, awareness of difficulties, degree of insight, supportive family / peers, willing to address issues
- Situations in which symptoms arise
  - Crowds, public places, travelling alone / away from home, at home, at school, in particular classes or activities
- List of symptoms, including:
  - **Autonomic**
    - Palpitations, sweating, shaking, and dry mouth
    - Chest (eg, difficulty breathing, feeling of choking, perceived inability to swallow, chest pain)
    - Gastrointestinal (eg, nausea, vomiting, diarrhea, irritable bowels)
  - **Mental state symptoms**
    - Dizziness
    - Derealisation (a belief that things around them aren't real)
    - Depersonalisation (a belief that one's own thoughts / feelings don't belong to them)
    - Fear of losing control
    - Fear of dying
  - **General**
    - Hot flushes or cold chills
    - Numbness or tingling
    - Bedwetting
- Causes of significant distress and avoidance of situational cause
  - Symptoms restricted to or predominate in feared situations and resolve when patient leaves that situation
- Early history concerns
  - Sensitivity required when discussing these topics with both parents and children present
    - Separation anxiety
    - Problems with pregnancy / birth
    - Wanted pregnancy / assisted fertilisation
    - Postnatal depression in mother

        - Developmental concerns
- Socialisation concerns
    - Any history suggestive of autism spectrum disorder (ASD)
- Overactivity, impulsivity and / or inattention concerns
    - Attention-deficit hyperactivity disorder (ADHD)
- Recent bereavement, trauma or other losses
- Any physical health concerns and / or medications prescribed
    - Compliance with prescribed medications
    - Hospital or GP attendance
- Sleep
    - Difficultly falling asleep and / or staying asleep
    - Sleep hygiene
        - Avoid use of electronic devices for at least an hour before sleep
        - Try a small snack eg, bananas, handful of nuts (avoiding high calorie / sugar foods)
        - Listen to relaxing music / meditation
- Changes in appetite, concentration, mood, feelings about self (self-esteem), and weight
- Check drug history
    - Explore any illicit drug use
- If anxiety isn't the primary presenting feature but is suspected during consultation, a possible line of enquiry could be:
    - "Sometimes I see children with (insert presenting symptom eg, tummyache) and they can also be worried about something that is happening to them (eg, worries about friendships or schoolwork, or a family member or pet might be poorly). Do you ever / sometimes feel like this or is there anything you are worried about?"

'Red Flag' Symptoms and Signs

Ask about:

- Risk history
    - Thoughts of harm to self and others
    - Impact of symptoms on self-care
        - Loss of interest in bathing, changing clothes, seeing friends
    - Susceptibility to exploitation
    - Social isolation leading to increased time on Internet, leading to increasing risk of child sexual exploitation (CSE)
    - Child whose anxiety is preventing them from attending school or socialising
        - Either due to loss of interest or of a perceived threat
    - Changes in sleep and appetite

  - Significant sleep disturbance
  - Prolonged school non-attendance
  - Prolonged disruption to eating

Look for:

- Especially high risk (to self) if dangerous method of harm to self is described
  - Hanging
  - Use of vehicles
  - Jumping from heights
  - Use of weapons
  - Avoidance of being found
  - Feeling hopeless
- Final acts (eg, note written, affairs in order)
- Clear plans made
  - Refer urgently to specialist practitioners (eg, child adolescent mental health services, CAMHS) if any of these plans are disclosed

Differential Diagnosis / Conditions

- Learning problems or disabilities
- Depression
  - Coexists in half or more of anxious children
  - Symptoms
    - Marked sleep disturbance
    - Disturbed appetite
    - Low mood
    - Tearfulness without direct anxiety provocation
    - Anhedonia (inability to enjoy things the child once enjoyed)
- ADHD
- Bereavement
  - Losses other than death of family members are traumatic and may trigger grief responses
    - Separation or divorce of parents
    - Relocation
    - Change of school
    - Deployment of a parent in military service
    - Breakup with a girlfriend or boyfriend
    - Remarriage of a parent
    - New cohabitee
    - Parent in prison

- ASD
  - Also marked by problems with:
    - Social interactions (eg, poor eye contact, preference for solitary activities)
    - Use of language or language quality
    - Limited range of interest / s (eg, persistent and intense interest in a particular activity or subject)
    - Rigid expectations for routine or parent promises
    - Anxiousness or anger if expectations are not met
- Psychosis
  - Symptoms associated with psychosis, such as hallucinations or delusions, may occur in children with PTSD
  - Conversely, children having auditory or visual hallucinations may appear anxious or fearful
- Physical illness
  - Medical issues can mimic or provoke anxiety symptoms
    - Thyroid disease
    - Hypoglycaemia
    - Asthma exacerbations
    - Cardiac conditions
    - Side-effects of medications (eg, beta-agonists, antiepileptics)
    - Endocrine tumours (phaeochromocytoma)
- Drug or alcohol misuse or withdrawal is a consideration for teens
- Suspicion of abuse (eg, physical, sexual, emotional or neglect can present with anxiety)
- Selective mutism
  - Consider if a child who has had normal language development suddenly stops talking in certain situations (eg, most often in school and to adults outside the home)
  - Can be confused with children making a language transition (eg, a child raised speaking Spanish who is suddenly placed in an English-speaking class)

Investigations

To be undertaken by non-specialist practitioners (eg, General Practitioner (GP) / Paediatric Team(s)):

- Height, weight, pulse (tachycardia), blood pressure
  - May be hypertensive, but watch for “white coat syndrome”
- Blood tests (eg, if clinical concern re: underlying organic cause to anxiety)
  - Full blood count and thyroid function test

- Liaise with other agencies (eg, school)

To be undertaken by specialist practitioners (eg, CAMHS Practitioner Team):

- Complete outcome measures
  - Strengths and difficulties questionnaire (see Strengths and Difficulties Questionnaires)
- Liaison with other agencies
  - School and social care

Treatment Approach

To be undertaken by non-specialist practitioners (eg, General Practitioner (GP) and / or Paediatric Team(s)):

- Provide psychoeducation
  - Explain to the family that anxiety is a normal, common human emotion that most people experience
    - This may sometimes need to be addressed if it is affecting someone's ability to function
  - Acknowledge that variations in temperament or style make some people more or less anxious with new situations or perceived threats
  - Inform patients that anxiety has nothing to do with bravery or accomplishment
  - Point out that one can very much enjoy activities and be good at things, but still experience anxiety in front of others or in high-stakes circumstances
- Encourage healthy habits
  - Exercise
  - Outdoor play
  - Balanced and consistent diet
  - Sleep (critically important to mental health)
  - Special time with parents or carers
  - Frequent acknowledgment of the child's strengths
  - Open communication with a trusted adult about worries
  - Shielding young children from disturbing media
  - Mindfulness exercises can also be helpful

To be undertaken by specialist practitioners (eg, CAMHS Team); some aspects maybe undertaken by GP with special interest (GPSI's) or Paediatricians:

- Identify specific situations that trigger anxiety
- Help individuals learn how to reduce anxious feelings and gradually become tolerant of triggers

- Tailor approaches to the specific triggering situation
  - Carefully support increasing exposure to the trigger
  - Practise cognitive, somatic, and social coping strategies
- Engage child and family in care
  - Process may require multiple primary care visits
  - Reinforce strengths within the child and family
    - Good relationships with at least one parent or important adult
    - Good peer support
    - Concerned or caring family
    - Help-seeking
    - Connection to positive organisations (eg, Connexions, online groups like Young Minds)
  - Identify any barriers (eg, stigma, family conflict, resistance to treatment)
  - Use “common factors” techniques to build a therapeutic alliance with the child and family
    - It is normal for people with anxiety to initially resist treatment
    - Most people cope with anxiety through avoidance
- Reduce stress
  - Consider the child’s social environment
    - Family social history including history of abuse or domestic violence
    - Parental depression, anxiety or other mental health problems
    - Results of family assessment tools
    - Reports from childcare staff or school, including attendance history and concerns regarding social interaction or bullying
- Raise the following questions:
  - Is an external problem causing the child to be anxious?
    - Take steps to address the problem
  - Is the child exposed to frightening electronic media?
    - May result from unsupervised access to television or Internet content
    - May occur during shared family activities when family members underestimate or fail to recognise the child is frightened
    - Limit these exposures; provide reassuring explanations if they occur
  - Is the child’s worry about a parent or guardian’s welfare legitimate because of a serious illness, domestic violence, or parent impairment caused by substance misuse?
    - Address environmental issues
    - Enlist the help of school personnel or social services as appropriate
  - Is the parent anxious or depressed or impaired because of substance abuse? Has the parent experienced trauma or loss?
    - Advise parents to minimise their own displays of fear or worry when the child is present. Be aware that parents may also need support

        - Consider referral to adult mental health services or the patient's GP
        - If there are concerns about substance misuse, it may also be important to refer to social services and relevant support services (eg, local substance misuse teams)
- Offer initial psychosocial intervention(s) to address symptoms of anxiety
    - Apply to children with mild or emerging anxiety symptoms and those with symptoms that cause impairment, but not at the level of a disorder (ie, where symptoms have a significant impact on functioning)
    - A carefully administered psychosocial treatment plan may be a reasonable first step until severity and natural history of the anxiety are better understood
    - Interventions can be used as initial primary care management and while readying children for referral or awaiting access to specialty care
        - Advice on exercise, healthy diet, avoidance of alcohol and / or drugs to self-prescribe, mindfulness exercises
- Guide parents in managing the child's fears
    - Help parents identify their child's fear(s) and reach consensus on the goal and means of reducing symptoms
    - Teach the child and parent cognitive behavioural strategies to improve coping skills
        - Deep breathing
        - Muscle relaxation
        - Positive self-talk
        - Thought stopping: consciously issue the command "stop" when experiencing repeated negative thoughts. Then replace the thought with something more positive and realistic
        - Thinking of a safe place
    - Child and family may benefit from relevant reading material or a web-based course
        - Suggested materials include Moodjuice website
- Gradually increase exposure to feared objects or experiences
    - Goal is mastery rather than avoidance
    - Parent might start out with providing the child with a brief exposure to the feared object or activity, and gradually lengthen the exposure
    - Help the child imagine, discuss, look at pictures about the feared object or activity
    - Teach child to tolerate a short exposure with support from the parent
    - Proceed to tolerate a longer exposure in a group or with the parent or coach
    - Tolerate the feared activity alone (when appropriate) but with a chance to get help
    - During these trials, parents need to remain calm and confident

  - Be aware that significant support may be required during this process, depending on the severity of the anxiety
- Manage school phobia
  - For some children, it is necessary to return the child promptly to the anxiety-producing situation
  - Rule out bullying, trauma, learning difficulties, and medical conditions
  - Partner with school personnel to manage the child's return to school and insist that the child attend school, while providing positive feedback and calm support
  - If absence becomes prolonged or parents are reluctant to support the child's return, referral to a mental health specialist will be necessary if GPSI / community paediatrician is working with the child
- If anxiety is secondary to environmental stress, support the parents' efforts to protect the child, buffer stress, and help the child master anxiety
  - Help the child to rename the fear (ie, "annoying worry") and assist the child to become the "boss" of the worry
  - Reward brave behavior
- Attend to overall parenting style
  - Children can become anxious if parents are inconsistent about rules and expectations
  - Determine whether there are catastrophic consequences for failure
  - Explore the child's sense of responsibility for the family's stresses
- Medication
  - Can be helpful in suppressing panic and OCD symptoms or treating time-limited and severe stressors
  - In the absence of psychosocial treatments, symptoms may recur as the medications are discontinued
  - Interpreting results of a medication trial can be problematic as the severity of anxiety problems is often cyclic
  - Families may seek care as symptoms are peaking; if medication is started at this point, it may be unclear if the condition improved on its own or responded to medication
  - Examples include: (note off-label indications; not recommended by NICE but are used often by child psychiatrists and some paediatricans)
    - Beta-blockers (propranolol initially 200–500 micrograms/kg twice daily; usual dose 10–20 mg twice daily (maximum per dose 2 mg/kg))
    - Selective serotonin reuptake inhibitors (SSRIs)
      - Sertraline start dose 25 mg once daily, ideally under the supervision of a child psychiatrist
    - In acute situations (eg, attendance at emergency department, short-term use of benzodiazepines (diazepam start dose 1 mg twice daily for child > 5 years; 0.5 mg twice daily for child < 5 years)

- Always use lowest dose possible
- If dose escalation needed do this gradually
- Monitor closely for side-effects
- Monitor any interactions with other medications
- If done by a GPSI or community pediatrician, supervision / advice can always be accessed via local CAMHS team

When to Refer

Refer urgently to specialist practitioners (eg, CAMHS) if:

- Any 'red flag' signs or symptoms

Refer to specialist practitioners (eg, CAMHS) if:

- Child does not respond to initial interventions
- The following clinical circumstances exist:
  - Child has severe functional impairments at school, at home, or with peers
    - If anxiety threatens to interfere with academic progress or other developmentally important goals
  - Multiple symptoms of anxiety occur in many domains of life
    - Fearful of new situations, reluctant to do things in public, trouble separating, worries a lot
    - NB: if these difficulties have a significant impact on the child's day to day functioning
  - The child or parent is very distressed by the symptom(s)
  - There are co-occurring problems
    - Low mood, interrupted sleep / appetite; self-harm; struggling in school
  - The combination of shyness, anxiety, and behavior problems is particularly risky
  - The anxiety was preceded by serious trauma or symptoms suggesting PTSD
    - Be mindful of circumstances which may also warrant referral to social services
  - The child seems to have panic disorder or OCD, both of which require specialised treatment.

'Safety Netting' Advice

- Advise parents / carers if they are at all worried about their child's safety or the safety of other children to always seek professional advice either via GP, or in an emergency via the emergency department and / or social care.
- Clear risk assessment, formulation and management plans should be done at the earliest opportunity and reviewed as needed, minimum every three months.

Patient / Carer Information

Please note: whilst these resources have been developed to a high standard they may not be specific to children.

- Young Minds (Website)
- How to help your anxious child (Web page), the NHS website
- Mental health and growing up factsheets (Webpage), Royal College of Psychiatrists
- HeadMeds (Website), YoungMinds
- Choice and Medication (Website), Mistura Enterprise Ltd
- Anxiety UK (Website)
- Moodjuice (Website), the NHS website
- Anti-bullying alliance (Website)

Resources

National Clinical Guidance

Social anxiety disorder: recognition, assessment and treatment (Web page), NICE clinical guideline CG159, National Institute for Health and Care Excellence

Management of ADHD in children and young people (PDF), SIGN guideline 112, Scottish Intercollegiate Guidelines Network

Depression in children and young people: identification and management (Web page), NICE clinical guideline CG28, National Institute for Health and Care Excellence

Suggested Resources

Please note: these resources include links to external websites. These resources may not have national accreditation and therefore PCO UK cannot guarantee the accuracy of the content.

Buspirone for anxiety disorders (Web page), Medicines for Children

Sertraline for OCD (obsessive compulsive disorder) and depression (Web page), Medicines for Children

How to help with troubling behaviours (Web page), Hands-On Scotland

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