Early intervention crucial in anxiety disorders in children

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Early intervention crucial in anxiety disorders in children

**How do children with anxiety disorders present?**

Anxiety disorders are among the most common mental health disorders of childhood. The impact of anxiety can be wide reaching, with social relationships, education, family life and health all potentially disrupted.

Three quarters of anxiety disorders have their origins in childhood, with presentation often chronic in nature. Children with an anxiety disorder are 3.5 times more likely to experience depression or anxiety in adulthood, highlighting the importance of early diagnosis and appropriate treatment. Primary care can play a key role in the recognition and early treatment of these disorders.

Across all global studies of mental illness in children and adolescents, the pooled prevalence of any anxiety disorder is 6.5% (95% CI: 4.7–9.1). However, making a diagnosis can often prove difficult. Fear and anxiety have important developmental roles and are of major evolutionary significance; therefore it is important for clinicians to distinguish between normal anxiety and anxiety disorders. In the latter, symptoms may impair function and/or cause marked avoidance behaviour and significant distress.

**What are the management approaches?**

Furthermore, presentation in children is complicated by the high comorbidity with depression, and symptoms can present as somatic in nature. For example, one third of children presenting with medically unexplained symptoms also experience anxiety or depression.

**How should diagnosis be confirmed?**

Three quarters of anxiety disorders have their origins in childhood.

There are a number of different anxiety disorders that affect children and young people and despite their high prevalence, there is a relative lack of guidance for GPs on their diagnosis and treatment. Although NICE provides guidance for common mental health problems, and some specific anxiety disorders in children, (e.g. social anxiety disorder, see Useful information box, p20), guidance for many of the anxiety disorders presenting in children and young people is lacking. Despite this paucity of specific guidance, it should be noted that many of the general principles of treatment set out can be applied to all anxiety disorders.

**Presentation**

Some cases of anxiety will be relatively straightforward to detect, while others are well masked. Children, young people and parents do not always recognise symptoms as anxiety, and may be reluctant to identify symptoms as such.

The presenting symptoms of anxiety may vary according to the child's developmental stage. Younger children, who are less able to verbalise their anxiety, may show symptoms of regression of physical abilities.
Can be anticipatory or actual separation regarding separation from home or attachment figure. Developmentally inappropriate and excessive anxiety. Separation anxiety disorder.

Common anxiety disorders in children

Table 1

<table>
<thead>
<tr>
<th>Common anxiety disorders in children</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Separation anxiety disorder</strong></td>
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<tr>
<td>Developmentally inappropriate and excessive anxiety regarding separation from home or attachment figure. Can be anticipatory or actual separation</td>
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<tr>
<td><strong>Specific phobia</strong></td>
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<tr>
<td>Excessive and disproportionate fear in anticipation or presence of a specific object or situation</td>
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<tr>
<td><strong>Social anxiety disorder</strong></td>
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<tr>
<td>Excessive fear of performance in social situations involving unfamiliar people or possible scrutiny</td>
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<tr>
<td><strong>Generalised anxiety disorder</strong></td>
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<tr>
<td>Excessive and persistent anxiety and worry about a variety of situations and topics, where worry occurs more often than not</td>
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<tr>
<td><strong>Panic disorder</strong></td>
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<tr>
<td>Spontaneous and unexpected panic attacks, accompanied by continued worry about another attack and maladaptive behaviour following an attack</td>
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</tbody>
</table>

Time and functional impairment. Common anxiety disorders in children are listed in Table 1, below.

**ASSESSMENT**

NICE quality standards recommend the need for an accurate assessment of which specific anxiety disorder the individual is experiencing, its severity, and the impact on functioning.

'Early detection and treatment of childhood anxiety disorders can prevent significant impairment'

GPs are an important first point of contact in identifying those with anxiety disorders.

However, given the range of anxiety disorders and the patchy guidance, it can be difficult to assess accurately which disorder is present. NICE guidance for assessment of social anxiety disorder may be helpfully extrapolated to the assessment of other anxiety disorders: e.g. giving the child the opportunity to provide information on their own, and conducting a risk assessment.

Causal and maintaining factors should be assessed; GPs should be alert to a past history of anxiety, presence of somatic symptoms, any historic or recent traumatic events (including bullying), parental mental health problems which may indicate increased risk of an anxiety disorder.

NICE recommends referral to a specialist if needed.

The severity and impact of the suspected anxiety disorder can be assessed by asking questions such as:

- How long have you noticed these concerns/worries?
- How do you feel when the anxiety occurs?
- Is the anxiety changing?
- How does the anxiety affect your daily life?
- How does it make you feel?
- How does it impact on your family and friends?
- How does it affect your school work or work performance?
- Do you notice any changes in your/make you feel?
- Do you notice any changes in your/make you feel?
- Do you/does your child ever feel that you/he/she can't do things or try/try to get out of them?

(As recommended for social anxiety disorder by NICE)

Do these anxieties/worries stop you or hinder your ability to participate in daily activities or your ability to perform daily activities?

How easy is it for you or your child to be distracted from anxiety/worries?
expanding, with 100% coverage for England expected by 2018.

Both of these initiatives may see changes to the provision of treatment for anxiety disorders with more community therapeutic provision made available.

If the anxiety disorder relates to a health condition (e.g. social anxiety stemming from looking different because of a medical condition or intervention) or interferes with medical treatment (e.g. needle phobia), it may be worth looking into local paediatric psychology or psychological medicine services. These are often linked to a children’s hospital or district general hospital and can provide specialist support for anxiety in the context of physical health. The Paediatric Psychology Network UK is useful to find out what services are available locally.

**EVIDENCE-BASED TREATMENT**

Early detection and treatment of childhood anxiety disorders can prevent significant impairment. Existing studies support a number of psychotherapeutic and pharmacological interventions. Family interventions to reduce reinforcement of anxiety and avoidance behaviour are also important.

**Psychological therapy**

In younger children, intervention focuses on behavioural components and family psychoeducation, whereas in older children, cognitive work provides an additional complementary strategy. CBT is the most widely researched and evidence-based treatment for anxiety disorders in children and young people. Randomised controlled trials of CBT have shown benefit for generalised anxiety disorder, social anxiety disorder and panic disorder.

Young people with mild-moderate functional impairment benefit from psychological therapy such as CBT or psychoeducation. Examples of low-intensity interventions based on CBT or psychoeducation that may be offered in mild-moderate cases include bibliotherapy and e-therapy. Bibliotherapy (such as parent-led workbooks) have shown promising results, with recovery increased when combined with therapist support. E-therapy research to date has also been encouraging, with some studies showing that 68-75% of children and young people were free of their primary diagnosis at follow-up. See Cresswell and colleagues for a full review of the evidence base.

For young people with moderate to severe anxiety, CBT is the most widely researched and evidence-based treatment for anxiety disorders in children and young people. Randomised controlled trials of CBT have shown benefit for generalised anxiety disorder, social anxiety disorder and panic disorder.

**Case study**

Joanne is a 13-year-old girl who needs to have allergy testing following a number of progressively worsening reactions. She is terrified of needles and is worried that it will be really painful and something terrible will happen. Joanne has refused to have her blood taken on three separate occasions.

The GP started by working with the practice nurse to try to support Joanne, by using breathing techniques and letting Joanne have as much control over the situation as possible. For some children this would be enough to help them get through the blood test.

Joanne’s GP diagnoses her with a specific phobia and refers her for psychological support. Over six sessions, Joanne works with the psychologist to talk about why she feels hot and short of breath when it is time to have the blood test. The psychologist talks through how anxiety makes the body react, and explains that although it feels frightening it is actually normal.

Joanne learns ways to control how her body starts to feel, and practises these techniques in less stressful situations (e.g. when she is talking about blood tests or looking at pictures of needles). She then watches videos of children having blood tests with the psychologist, and they talk through her fear that something terrible will happen and how the children in the videos react. Joanne uses her coping strategies and begins to feel more confident that she can control the impact of her fear on how she feels.

Joanne, the psychologist and the nurse plan how the blood test will go. Joanne practises sitting in the chair and at the next visit she employs her coping strategies and despite being scared, is able to go through with the blood test.
**Anxiety disorders are among the most common mental health disorders of childhood.** Three quarters of anxiety disorders have their origins in childhood, with presentation often chronic in nature. Children with an anxiety disorder are 3.5 times more likely to experience depression or anxiety in adulthood, highlighting the importance of early diagnosis and appropriate treatment.

Making a diagnosis can often prove difficult. Fear and anxiety have important developmental roles and are of major evolutionary significance; therefore it is important for clinicians to distinguish between normal anxiety and anxiety disorders. In the latter, symptoms may impair function and/or cause marked avoidance behaviour and significant distress.

Younger children, who are less able to verbalise their anxiety, may show symptoms of regression of physical abilities (e.g. toileting, requiring carrying); increased attachment seeking behaviours (e.g. becoming more clingy); or increased physical symptoms (e.g. stomach aches, headaches).

### NICE quality standards recommend the need for an accurate assessment of which specific anxiety disorder the individual is experiencing, its severity, and the impact on functioning. NICE guidance for assessment of social anxiety disorder may be helpfully extrapolated to the assessment of other anxiety disorders: e.g. giving the child the opportunity to provide information on their own, and conducting a risk assessment.

Where the child is experiencing significant distress or functional impairment (e.g. missing school, not taking part in age-appropriate activity), then specialist input is likely to be needed. Currently, the child and adolescent mental health team or local equivalent would be the most appropriate place to refer to.

### In younger children, intervention focuses on behavioural components and family psychoeducation, whereas in older children, cognitive work provides an additional complementary strategy. Randomised controlled trials of CBT have shown benefit for generalised anxiety disorder, social anxiety disorder and panic disorder.

Medication should not be used as a first-line treatment and is usually only started in secondary care. SSRIs are first-line therapy for pharmacological management of anxiety disorders in young people. Medication has been shown in trials to be more effective than placebo in reducing symptom severity across anxiety disorders. Treatment for anxiety disorders in children and young people may not fully eradicate symptoms, but the goal would be to improve functional impairment and reduce distress. The strongest evidence supports use of SSRIs and CBT. Combination treatment with SSRIs and CBT has been found to be more effective than either treatment alone.

### Key points

**Anxiety disorders are among the most common mental health disorders of childhood.**

- Three quarters of anxiety disorders have their origins in childhood.
- Children with an anxiety disorder are 3.5 times more likely to experience depression or anxiety in adulthood.
- **Making a diagnosis can often prove difficult.**
- **Younger children, who are less able to verbalise their anxiety, may show symptoms of regression of physical abilities (e.g. toileting, requiring carrying); increased attachment seeking behaviours (e.g. becoming more clingy); or increased physical symptoms (e.g. stomach aches, headaches).**

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**Severe impairment, multimodal treatment using medication and psychological therapy may be more appropriate.**

**Psychological therapy is more likely to require face to face support from an appropriately trained professional.**

**Medication can be initiated before psychological therapy to reduce symptoms to allow therapy to commence; it can also be initiated following the commencement of therapy if symptom relief is not satisfactory.**

CBT includes many core components which form part of the treatment of a range of anxiety disorders. Many of the interventions involve graded exposure to the anxiety-provoking stimuli, while using pre-processed coping strategies, until anxiety is extinguished at each level, see box 1, p. 19.

**Pharmacological therapy**

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- **Clinical guidelines**
  - Common mental health problems CG123 (2011)
  - Social anxiety disorder CG159 (2013)
  - www.nice.org.uk
  - MindEd www.minded.org.uk
- **NHS choices**

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To learn more about a range of mental health conditions, visit our [Useful information box](#) or [MindEd](http://www.minded.org.uk) website.