key points

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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. 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.