Depression and Anxiety in Pediatric Primary Care

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Goals and Objectives

• **Part I**: Identification of Depression and Anxiety

• **Part II**: Depression & Anxiety Interventions in Primary Care
  - Non-pharmacologic treatment
  - Pharmacologic treatment
  - Understanding how to initiate care

• **Part III**: Pulling it All Together
  - Evaluating risks/benefits for pharmacologic vs. non-pharmacologic interventions
  - Providing rational interventions
Objectives

• Understand the **incidence/prevalence** of depression and anxiety in childhood/adolescence.

• Understand common **risk factors** for the development of depression and anxiety.

• Understand **comorbidities** of depression and anxiety.

• Understand how to systematically **identify** children and adolescents with depression and anxiety in your pediatric office.

• Initiate **treatment** for children/adolescents with depression and/or anxiety.
Depression

"I'm fine."

Feeling Fine Nothing to Everyone
Depression: Incidence/Prevalence

- In 2015, 30% of H.S. students reported feeling sad or hopeless in the previous 12 months (CDC, 2016)

- 20% of teens will become clinically depressed prior to adulthood

- 5-10% of teens have sub-syndromal symptoms

- 2% of children and 4-8% of teens are depressed at any one time (AACAP, 2007)

- Female to male ratio is 1:1 for children and 2:1 for adolescents

- Point prevalence for adolescents with depression being seen in primary care is up to 28% (GLAD-PC:II, 2007)
Depression: Risk Factors

- Family history of depression, mood disorders
- Personal history of depression
- Other psychiatric disorders (anxiety, externalizing disorders)
- Substance use
- Trauma
- Psychosocial adversity
- Chief complaint of emotional problem
- Medical/Chronic Illness

(AACAP, 2007)
Depression: Duration and Recurrence

• A teen depressive episode usually lasts 8+ months
• 20-60% recurrence 1-2 years after remission
• 70% recurrence after 5 years
• Recurrence can persist throughout life

(AACAP, 2007)
Depression: Co-morbidity

- Depressed teens have higher rates of:
  - Risky sexual behavior
  - Physical illness and complaints
- Depressed teens have lower rates of:
  - Satisfaction in relationships
  - Attending higher education
- Up to **50%** have 2 or more co-morbid psychiatric diagnoses (anxiety, dysthymia, substance use disorders, ADHD, disruptive disorders) (AACAP, 2007)
Suicide

• **Untreated** depression is the **number one** cause of suicide

• Over **90%** of children and teens who complete suicide have a **mental health diagnosis** (Mental Health: A Report of the Surgeon General)

• In 2015, H.S. students (CDC, 2016)
  • reported seriously contemplating suicide
    • **18%**
  • attempted at least once (in the preceding 12 months)
    • **9%**

• Suicide is the **#2** cause of death in the U.S. in those 10-24 years-old (NCHS)
Depression: A Range of Disorders

• Major Depressive Disorder

• Persistent Depressive Disorder (Previously: Dysthymia)

• Other Specified Depressive Disorder

• Adjustment Disorder

• Disruptive Mood Dysregulation Disorder

• Bipolar Disorder
Depression: Assessment with SIG-E-CAPS

- Depressed and/or irritable mood
- PLUS....
  - Sleep disorder
  - Interest deficit (anhedonia)
  - Guilt (worthlessness, hopelessness, regret)
  - Energy deficit
  - Concentration deficit
  - Appetite changes
  - Psychomotor agitation or retardation
  - Suicidality
DSM 5 Criteria: Major Depressive Disorder

1. Sad, down, negative mood, empty feeling, hopelessness, irritability in children

2. Anhedonia, decreased interest or loss of pleasure

3. Changes in sleep

4. Changes in appetite

- *Irritable*, easily frustrated, argumentative. Focused on negative events, interprets events as negative, discounts positives. “I don’t care” attitude

- Not enjoying or quitting activities; Subjective report or observed by others

- May sleep/eat more or less.
DSM 5 Criteria: Major Depressive Disorder

- 5. Decreased concentration, decisiveness
- 6. Psychomotor agitation or retardation, observable by others

- Easily swayed by others, changes mind, may question if developed ADHD, amotivation
- Complaints of feeling agitated, noted pacing/increased negative energy, or “couch potato”, amotivation
DSM 5 Criteria: Major Depressive Disorder

- 7. Complaints of fatigue or decreased energy
- 8. Feelings of worthlessness or excessive/inappropriate guilt
- 9. Death wish, suicidal ideation
- Regardless of increased or decreased sleep
- Negative about self, low self esteem, may feel responsible for events out of their control, discount positives and focus on negatives
- May think family would be better off without them for fleeting moments or chronically think life isn’t worth it, want to hurt self but no plan, or have a plan, and/or intent
Depression: Developmental Issues

**Pre-pubertal Children**
- Increased somatic complaints
- Psychomotor agitation
- Mood-congruent hallucinations
- School refusal
- Phobias, separation anxiety, increased worry

**Adolescents**
- Irritability
- Apathy: “I don’t care” attitude
- Low self esteem
- Aggression / antisocial behavior
- Substance abuse
- Can give a reliable and detailed history

(GLAD-PC, 2007)
Other Specified Depressive Disorder

- Depression but less than 5 symptoms
- Diagnosis = “Other Specified Depressive Disorder”
DSM 5 Criteria: Persistent Depressive Disorder

- Depressed mood or irritability
- 2+ other symptoms of depression
- Present for at least one year
- Never been without the symptoms for more than 2 months
DSM 5 Criteria: Adjustment Disorders

- The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of stressor(s).
  - With depressed mood
  - With anxiety
  - With mixed anxiety and depressed mood
  - With disturbance of conduct
  - With mixed disturbance of emotions and conduct
- Out of proportion AND impacts functioning
- Does not persist for more than 6 months after stressor resolves.
- Not another mental disorder
- Not normal bereavement
Bipolar Disorder

• Expansive *mood*, tantrums that we could not replicate in terms of *energy* and duration. Behaviors not specific to home.

• Appear and feel energetic and overly confident, feel special, risk taker

• Talk rapidly, loudly, racing thoughts

• Increased goal-directed activity. Work / activities completed creatively, but disorganized

• Sexually preoccupied, uninhibited

• Decreased need for sleep

• A Change!!!!
DSM 5 Criteria: Bipolar Disorder

- DSM 5 criteria:
  - Elevated mood + 3
  - Irritable mood + 4
  - Mania: 1 week
  - Hypomania: 4 days

- Distractibility
- Irresponsible behaviors, Inhibition is decreased
- Grandiosity (increased pleasurable activities)

- Flight of ideas
- Agitation or increased goal directed Activity
- Sleep
- Talkative (increased)
DSM 5 Criteria: Disruptive Mood Dysregulation Disorder (DMDD)

- Severe, recurrent **temper outbursts**. Out of proportion.
- Inconsistent with developmental level
- **3+ times/week**
- Mood in between outbursts is persistently **irritable** or angry almost every day AND observed by others.
- Symptoms last for **12+ months** with no more than 3 months without symptoms.
- Symptoms occur between ages 6-10.
- CANNOT be co-morbid with ODD or bipolar disorder.
- If it occurs exclusively during depressive episode then it is depression.
Differential Diagnosis

- **Bipolar Disorder**
- **Drug and Alcohol Abuse**: Depressive symptoms occur in context of use
- **ADHD**: May occur co-morbidly with depression. Note specifics of low self esteem, concentration, amotivation
- **Adjustment Disorder**: If meets criteria for depression, diagnose it
- **Persistent depressive disorder**: May occur co-morbidly with depression (rare diagnosis)
Additional Differential Diagnosis to Consider...

**Thyroid**: check growth and development, family history, low threshold

**Anemia** (complaints of fatigue, irritability, diet concerns): check CBC

**CMP**: general work-up

**Obstructive Sleep Apnea**: Noted abnormal snoring

**Adverse medication reaction**: prescribed and non-prescribed
Responsibilities of Primary Care Provider

- Identify and screen those at risk
- Evaluation for depression, basic differential diagnosis, co-morbid disorders
- Use behavioral screens
- Perform risk assessment, complete a safety plan
- Perform psycho-educational, supportive counseling
- Refer as needed
- Establish responsibilities/roles of the provider, patient, family
- Schedule follow-up appointment and goals
Depression Assessment: Behavioral Scales

• Screening tools are not diagnostic

• Provide *talking points*

• Can be used to follow response to intervention
PHQ-9

- Wide spread testing in primary care
- **Self-report** forms
- Exclusive for **depression**
- **5 minutes** to complete, seconds to score
- Public availability
- Accepted as a **gold standard** for adolescents
- Significant score is **11** or greater (15 increases specificity)
  - Always note questions about lethality!
<table>
<thead>
<tr>
<th></th>
<th>(0) Not At All</th>
<th>(1) Several Days</th>
<th>(2) More Than Half the Days</th>
<th>(3) Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Feeling down, depressed, irritable, or hopeless?</td>
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<tr>
<td>2.</td>
<td>Little interest or pleasure in doing things?</td>
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<td>3.</td>
<td>Trouble falling asleep, staying asleep, or sleeping too much?</td>
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<td>4.</td>
<td>Poor appetite, weight loss, or overeating?</td>
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<tr>
<td>5.</td>
<td>Feeling tired, or having little energy?</td>
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<tr>
<td>6.</td>
<td>Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?</td>
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<td>7.</td>
<td>Trouble concentrating on things like school work, reading, or watching TV?</td>
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</tbody>
</table>
| 8. | Moving or speaking so slowly that other people could have noticed?  
Or the opposite – being so fidgety or restless that you were moving around a lot more than usual? |
| 9. | Thoughts that you would be better off dead, or of hurting yourself in some way? |

In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes?  
[ ] Yes  [ ] No

If you are experiencing any of the problems on this form, how **difficult** have these problems made it for you to do your work, take care of things at home or get along with other people?  
[ ] Not difficult at all  [ ] Somewhat difficult  [ ] Very difficult  [ ] Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?  
[ ] Yes  [ ] No

Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt?  
[ ] Yes  [ ] No

**Note:** You have had thoughts that you would be better off dead or of hurting yourself in some way.
Mark

- 15 year old honors student brought by parents to your office because of increased irritability. Since a break-up 8 months ago, he has been withdrawing to his bedroom to play Microsoft Kinect every night, even refusing to go out with friends. He is angry around family. He still appears to enjoy himself when he is out at social events, but doesn’t want to sign up for baseball, stating that he doesn’t think he can “handle the coach.”
Mark

• 15 year old honors student brought by parents to your office because of increased irritability. Since a break-up 8 months ago, he has been withdrawing to his bedroom to play Microsoft Kinect every night, even refusing to go out with friends. He is angry around family. He still appears to enjoy himself when he is out at social events, but doesn’t want to sign up for baseball, stating that he doesn’t think he can “handle the coach.”
Assessment of Lethality

• Normalize:
  • Many times children who are feeling down or depressed describe having thoughts that they don’t want to be alive. Have you ever felt that way?

• Ask directly and in multiple ways:
  • Are you having thoughts that life isn’t worth living?
  • Are you having thoughts to do something to end your life?
  • Do you have a specific plan in mind?
  • Have you ever done something to try to hurt yourself?

• Ask about protective factors:
  • What keeps you going?
  • What has stopped you from acting on these thoughts?
  • Are they hopeful?
  • Do they have supports?
Safety Plan

• What can the child do that helps them calm down/feel better? **Identify coping skills/tools for distraction**
• Identify **adult(s)** who are available and whom the adolescent will contact
• Establish reasons to contact those adults
• Give **emergency numbers**
• Determine that the identified adults will use the emergency numbers
• Establish a **regular check in-time** with the adults and health professional
• **Remember, if there are safety concerns that the child/adolescent shares with you, this breaks the limits of confidentiality**
Treatment:
Non-Pharm Interventions

• **Psychoeducation!**
  • Depression is a change in mood that contributes to negativity, impaired functioning, low self-worth, amotivation, etc.

• **Relaxation skills**
  • Including diaphragmatic breathing, progressive muscle relaxation, imagery, exercise, activities that are relaxing to patient

• **Activation**
• **Problem-solving**
• **Enhancing supports**
CBT

- Cognitive Behavior Therapy
  - Thoughts and behaviors affect feelings and automatic thoughts (mindreading, forecasting, catastrophizing)
  - Skills must be learned and practiced
I'VE GOT SKILLZ
Treatment: Medications

• **SSRIs:**
  • Fluoxetine (Prozac)
  • Sertraline (Zoloft)
  • Citalopram (Celexa)
  • Escitalopram (Lexapro)

• **When to start meds:**
  • Symptoms are impairing functioning
  • Unable to make progress in therapy due to severity of symptoms and/or minimal improvement with therapy and/or worsening despite therapy
  • Degree of distress/severity of symptoms

• **Making the choice:**
  • Prozac and Zoloft have been the most studied in this population
  • Family members’ response to SSRIs? Suggests a place to start...
  • Prozac has a long half life
  • Prozac less likely to cause sedation compared to Zoloft, Celexa and Lexapro
Treatment: Duration

• **Titrate** medications as needed until efficacy and/or maximize dose

• **Maintenance**
  • Symptoms in remission AND 9-12 months of stability.
  • Continue therapy, mastering skills

• **Taper**
  • Relatively stress-free time, “cruise control”
  • SLOWLY
## Titration Schedules

<table>
<thead>
<tr>
<th>Medication</th>
<th>Therapeutic range</th>
<th>Starting dose</th>
<th>Titration increments</th>
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<tbody>
<tr>
<td>fluoxetine</td>
<td>20-60 mg</td>
<td>10 mg daily x6 days then increase to 20 mg daily</td>
<td>10 mg</td>
</tr>
<tr>
<td>sertraline</td>
<td>50-200 mg</td>
<td>25 mg daily x6 days then increase to 50 mg daily</td>
<td>25 mg (12.5 mg)</td>
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<tr>
<td>citalopram</td>
<td>10-40 mg</td>
<td>10 mg daily</td>
<td>10 mg</td>
</tr>
<tr>
<td>escitalopram</td>
<td>5-20 mg</td>
<td>5 mg daily</td>
<td>5 mg</td>
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<tr>
<td>SSRI</td>
<td>20 mg</td>
<td>40 mg</td>
<td>60 mg</td>
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<tr>
<td>Fluoxetine</td>
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<tr>
<td>Paroxetine</td>
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<td></td>
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<tr>
<td>Sertraline</td>
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<tr>
<td>Citalopram</td>
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<tr>
<td>Escitalopram</td>
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<tr>
<td>Venlafaxine*</td>
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<tr>
<td>Desvenlafaxine</td>
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<tr>
<td>Duloxetine</td>
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*Venlafaxine is a SNRI, but its dose equivalency is included here for comparison.
SSRI Side Effects

• GI: nausea, abdominal pain, diarrhea
• Headaches
• Light-headedness/dizziness
• Increasing anxiety
• Sedation/insomnia
• Sexual dysfunction
• Irritability/activation
• Potential risk for suicidal thinking
• Precipitation of mania
• **TADS**: Treatment of Adolescents with Depression Study.
  
  • N=439 children 12-17 years. 12 weeks of Prozac (10-40mg), CBT, combo or placebo.
  
  • **Week 12**: combo (73%) > meds alone (62%) > CBT alone (48%) > placebo (35%). Suicidal thinking decreased in all groups, greatest decrease in the combo group.
  
  • **Week 18**: combo (85%) > meds alone (69%) = CBT alone (65%)
  
  • **Week 36**: Combo (86%) = meds alone (81%) = CBT alone (81%)

• **Take home**: For moderate to severe depression, meds or meds+CBT accelerates response. Adding CBT increases safety by decreasing SI and attempts.
Black Box Warning

• Issued by FDA in 2004 after review of RCTs available.
• Retrospectively looked at occurrence of suicidal thoughts in depressed teenagers:
  • Not on medication: 2%
  • on medication 4%.
  • This included suicide attempts but no completed suicides.
• Paxil has not been recommended since 2003.

• NIMH partially funded follow-up study in 2007 to review efficacy/risk of SSRIs.
  • Meta-analysis of 27 trials of pediatric MDD (15), OCD (6) and anxiety disorders (6).
• While there was increased risk difference of suicidal ideation/suicide attempt across all trials and indications for drug vs placebo, risk differences within each indication were not statistically significant.
• **MDD**: 2% vs 3% (NNH 112); **OCD**: 0.3% vs 1% (NNH 200); **Anxiety**: 0.2% vs 1%(NNH 143)
• NO completed suicides
• **Conclusion of paper**: benefits of antidepressants appear to be much greater than risks from SI.
Oliver

- 15 year old male who describes feeling easily annoyed by others and generally irritable most days. Because of his irritability, he has been isolating more and not spending as much time with friends. He denies feeling depressed. No changes in sleep, appetite or energy level. Denies suicidality.
What else do you want to know?

- How long has he had symptoms?
- Any substance use?
- But he denies depression....
What is the diagnosis?

- Major Depressive Disorder
- Persistent Depressive Disorder
- Other Specified Depressive Disorder
- Adjustment Disorder
- Disruptive Mood Dysregulation Disorder
- Bipolar Disorder
Oliver

- 15 year old male who describes feeling easily **annoyed** by others and generally **irritable** most days. Because of his irritability, he has been **isolating** more and not spending as much time with friends. He denies feeling depressed. No changes in sleep, appetite or energy level. Denies suicidality.
Anxiety Disorders
Oh, god... these tights are too tight. I think I'm gonna die!!

ANXIETY GIRL!

able to jump to the worst conclusion in a single bound!
Objectives

• Understand the incidence/prevalence of depression and anxiety in childhood/adolescence.

• Understand common risk factors for the development of depression and anxiety.

• Understand comorbidities of depression and anxiety.

• Understand how to systematically identify children and adolescents with depression and anxiety in your pediatric office.

• Initiate treatment for children/adolescents with depression and/or anxiety.
Anxiety: Incidence/Prevalence

• Fear and worry is **common** in children
  • Need to distinguish what is developmentally appropriate

• One of the most common behavioral disorders

• Affects **6-20%** of children  (AACAP, 2007)
Anxiety: Co-morbidity

• High rates of co-morbid conditions (more than one anxiety disorder, depression, substance use, ADHD)
• Physical illness/complaints
• Educational underachievement
• Low self-esteem
• Poor independent problem solving
Anxiety: Risk Factors

• Genetics
• Environment
• Trauma
• Chronic Illness
DSM 5 Anxiety Disorders

- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
  - Animal, natural environment, blood-injection-injury, situational, other
- Panic Disorder
  - Vs. panic attack specifier
- Other Specified Anxiety Disorder
- Also consider: Somatoform Disorder, OCD
Anxiety: Developmental Issues

• Preschool = predominantly separation

• School age = worries decrease for separation and focus on performance

• Adolescents = worries of peer acceptance
DSM 5 Criteria: Generalized Anxiety Disorder

**Diagnostic Criteria**

- Essential feature is excessive worry (apprehensive expectation, fear of the future) more days than not **for at least 6 months**
- Worries are difficult to control

**Clinical Pearls**

- These kids can worry about the fact that they worry.
- If they’ve had it their whole life they might not see it as a problem, even though their entire family alters their life to help
DSM 5 Criteria: Generalized Anxiety Disorder

**Diagnostic Criteria**
- In children, must have one of the following:
  - c/o restlessness
  - easily fatigued
  - **difficulty concentrating**
  - irritability
  - muscle tension
  - sleep disturbance

**Clinical Pearls**
- Be alert for this diagnosis when a child and/or family is concerned about ADHD but the teacher reports only minimal inattentive sx$s$.
- Teachers often love these kids.
GAD: Assessment

• **Most common** anxiety disorder diagnosis

• **Screening questions**
  • Would you describe yourself as a worrier?
  • Ask the kid or parents about bedtime.
  • “What if” questions
  • Give examples of common worries—the weather, robbers, grades, terrorism, health concerns.
  • Ask teens if they worry about their future
DSM 5 Criteria: Social Anxiety Disorder

**Diagnostic Criteria**

- Anxiety caused by exposure to a feared social situation
  - Exposed to scrutiny
  - Must include peer settings
  - Fear of embarrassment/rejection by peers
- Attempt to avoid social situations or endure at great distress
  - Children may cry, tantrum, freeze, or shrink from the exposure
- Symptoms present for at least 6 months

**Clinical Pearls**

- May take a bad grade or skip school in order to avoid situation.
- Doesn’t mean that they are not social... they must have some age appropriate friendships.
- Will overuse texting/internet for communication
SAD: Assessment

• Would you describe yourself as shy?
• When you are around your peers, do you worry about saying the wrong thing? Getting embarrassed?
• Will you raise your hand in class?
• Will you order food at a restaurant?
DSM 5 Criteria: Separation Anxiety Disorder

• 3+ of the following symptoms are present:
  • Distress with separation or anticipated separation
  • Worry about losing caregiver or harm coming to them
    • Illness, injury, disasters, death
  • Worry of untoward event causing separation
    • lost, kidnapped, illness
  • Physical complaints w/ separation or anticipated separation
    • Headaches, stomachaches. Sunday nights.
  • Persistent reluctance to leave home because of fear of separation
  • Persistent reluctance to sleep away from home or sleep without having caregiver near
  • Repeated nightmares of separation
DSM 5 Criteria: Separation Anxiety Disorder

- Onset from preschool until 18 years of age
- Duration at least 4 weeks
- Developmentally inappropriate worry related to separation from home or to whom one is attached
Separation Anxiety Disorder: Assessment

• Questions more so for parents but sometimes children have good insight.
• Ask about difficulties separating in general. Start with younger years—preschool, school age.
• Ask how they did in preschool/kindergarten separating from parents.
• Where do they sleep? Do they sleep alone?
• Will they go on overnights/sleepovers?
• History of separation anxiety increases risk of other anxiety disorders.
DSM 5 Criteria: Panic Disorder

- Recurrent, *unexpected* panic attacks
  - **Panic attack**: an abrupt surge of intense fear that reaches peak within minutes
  - 4+ symptoms
- Attacks followed by 1+ months:
  - Persistent concern/worry about more panic or their consequences
  - Significant, maladaptive change in behaviors

<table>
<thead>
<tr>
<th>Chills or flushed</th>
<th>Dizzy, unsteady, light-headed</th>
<th>Derealization depersonalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweating</td>
<td>Chest pain</td>
<td>Choking</td>
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<tr>
<td>Shaking</td>
<td>GI distress</td>
<td>Fear of dying</td>
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<tr>
<td>SOB, suffocating</td>
<td></td>
<td>Fear of losing control/”going crazy”</td>
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<td></td>
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<td>Paresthesias</td>
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</table>
Panic Disorder: Assessment

- Have you ever had a panic attack?
  - Describe it.
- Have you ever had anxiety so extreme that you noticed symptoms in your body?
- How long did it last?
- Are there precipitants?
- Are you avoiding certain things out of fear of having another panic attack?
- Panic disorder vs. panic attack specifier.
Other Specified Anxiety Disorder

• Disorder of prominent anxiety or phobic avoidance but does not meet criteria for a specific anxiety disorder
Anxiety: Differential Diagnosis

- Cardiac Palpitations
- Hyperthyroidism
- Seizure Disorder
- Hypoglycemic Episodes
- Caffeine Abuse
- Medication effect (prescribed and non-prescribed)
- Substance Abuse
Anxiety: Behavioral Scale SCAReD

• SCAReD: Screen for Childhood Anxiety Related Disorders
• Tested in 7-17 years
• Measures general, separation, social anxiety as well as school avoidance and somatic complaints/panic.
• Researched and found to be effective in primary care
• Child and parent form
• Takes only a few minutes to score
• Free!
<table>
<thead>
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<th></th>
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<th>2</th>
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</thead>
<tbody>
<tr>
<td>1. When I feel frightened, it is hard to breathe</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>2. I get headaches when I am at school.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SH</td>
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<tr>
<td>3. I don’t like to be with people I don’t know well.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
<tr>
<td>4. I get scared if I sleep away from home.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
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<tr>
<td>5. I worry about other people liking me.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
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<tr>
<td>6. When I get frightened, I feel like passing out.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
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<tr>
<td>7. I am nervous.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>8. I follow my mother or father wherever they go.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td>9. People tell me that I look nervous.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>10. I feel nervous with people I don’t know well.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
<tr>
<td>11. I get stomachaches at school.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SH</td>
</tr>
<tr>
<td>12. When I get frightened, I feel like I am going crazy.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>13. I worry about sleeping alone.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td>14. I worry about being as good as other kids.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>15. When I get frightened, I feel like things are not real.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>16. I have nightmares about something bad happening to my parents.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td>17. I worry about going to school.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SH</td>
</tr>
<tr>
<td>18. When I get frightened, my heart beats fast.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>19. I get shaky.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>20. I have nightmares about something bad happening to me.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td></td>
<td>0 Not True or Hardly Ever True</td>
<td>1 Somewhat True or Sometimes True</td>
<td>2 Very True or Often True</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td></td>
</tr>
<tr>
<td>21. I worry about things working out for me.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>22. When I get frightened, I sweat a lot.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>23. I am a worrier.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>24. I get really frightened for no reason at all.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>25. I am afraid to be alone in the house.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td>26. It is hard for me to talk with people I don’t know well.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
<tr>
<td>27. When I get frightened, I feel like I am choking.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>28. People tell me that I worry too much.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>29. I don’t like to be away from my family.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td>30. I am afraid of having anxiety (or panic) attacks.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>31. I worry that something bad might happen to my parents.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SP</td>
</tr>
<tr>
<td>32. I feel shy with people I don’t know well.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
<tr>
<td>33. I worry about what is going to happen in the future.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>34. When I get frightened, I feel like throwing up.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>35. I worry about how well I do things.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>36. I am scared to go to school.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SH</td>
</tr>
<tr>
<td>37. I worry about things that have already happened.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>GD</td>
</tr>
<tr>
<td>38. When I get frightened, I feel dizzy.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>PN</td>
</tr>
<tr>
<td>39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport).</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
<tr>
<td>40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don’t know well.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
<tr>
<td>41. I am shy.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>SC</td>
</tr>
</tbody>
</table>
SCARed Scoring

SCORING:
A total score of $\geq 25$ may indicate the presence of an Anxiety Disorder. Scores higher than 30 are more specific. TOTAL =
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. PN =
A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate Generalized Anxiety Disorder. GD =
A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate Separation Anxiety SOC. SP =
A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate Social Anxiety Disorder. SC =
A score of 3 for items 2, 11, 17, 36 may indicate Significant School Avoidance. SH =
Caroline

- 16 year old female who states she worries about “everything” including her grades, where she will go to college, if she will have a good job…. She is a soccer player and worries about her performance and letting her coach and teammates down. After school, she comes home exhausted and takes a nap. She has difficulty sleeping at night. Parents report that she is sensitive and upset by seemingly small issues.
What else do you need to know to make the diagnosis?
What is the diagnosis?

- Generalized Anxiety Disorder
- Social Anxiety Disorder
- Separation Anxiety Disorder
- Panic Disorder
- Other Specified Anxiety Disorder
Caroline

- 16 year old female who states she **worries about “everything”** including her grades, where she will go to college, if she will have a good job.... She is a soccer player and **worries about her performance** and letting her coach and teammates down. After school, she comes home **exhausted** and takes a nap. She has **difficulty sleeping at night**. Parents report that she is sensitive and upset by seemingly small issues.
Anxiety: Assessment

• Everyone I know is afraid of something. What are you afraid of?
• Some common fears that I hear about are....
• Do your fears feel out of control?
• How do you stop them?
• Who do you talk to about your fears?
• Do your fears stop you from doing things you would like to do?
Anxiety: Treatment

• Always begin with psychoeducation

• Therapy: CBT as well as exposures and relaxation (distraction, breathing techniques) are the first line treatment

• SSRIs are the first line of medication management.
  • Same rationale for starting as well as stopping meds as in treatment for depression
  • Course of treatment also similar

• Combination treatment more effective than either treatment alone
Will

• 15 year old male who has a few close friends at school. Since starting high school, he has becoming increasingly anxious. He doesn’t like to talk in class, and he prefers to avoid parties where there will be a lot of people. He doesn’t like to go to social gatherings if he doesn’t know everyone there ahead of time. He quit the basketball team because he felt like everyone was laughing at him and talking behind his back. His mother notes that he is a likable kid and did well socially until high school.
What is the diagnosis?

• Generalized Anxiety Disorder

• Social Anxiety Disorder

• Separation Anxiety Disorder

• Panic Disorder

• Other Specified Anxiety Disorder
What next?
Will

• 15 year old male who has a few close friends at school. Since starting high school, he has becoming increasingly anxious. He *doesn’t like to talk in class*, and he prefers to *avoid parties* where there will be a lot of people. He doesn’t like to go to social gatherings if he doesn’t know everyone there ahead of time. He *quit the basketball team* because he felt like everyone was laughing at him and talking behind his back. His mother notes that he is a likable kid and did well socially until high school.
Thank you!

• Special thanks to Dr. Victoria Winkeller and Sheree Shafer, DNP for their help with this presentation.

• Thanks to all the clinicians & staff who work to improve the lives of youth and families struggling with mental health concerns.
Bibliography


Bibliography

- The use of medication in treating childhood and adolescent depression: Information for the patients and families. Available on line at ParentsMedGuide.org


