

Pediatric Psychiatry in the Primary Care Setting ECHO®



Anxiety in Children and Adolescents

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Learning Objectives:

- It's Common
- It's Complicated
- What we do about it depends upon what we think is going on

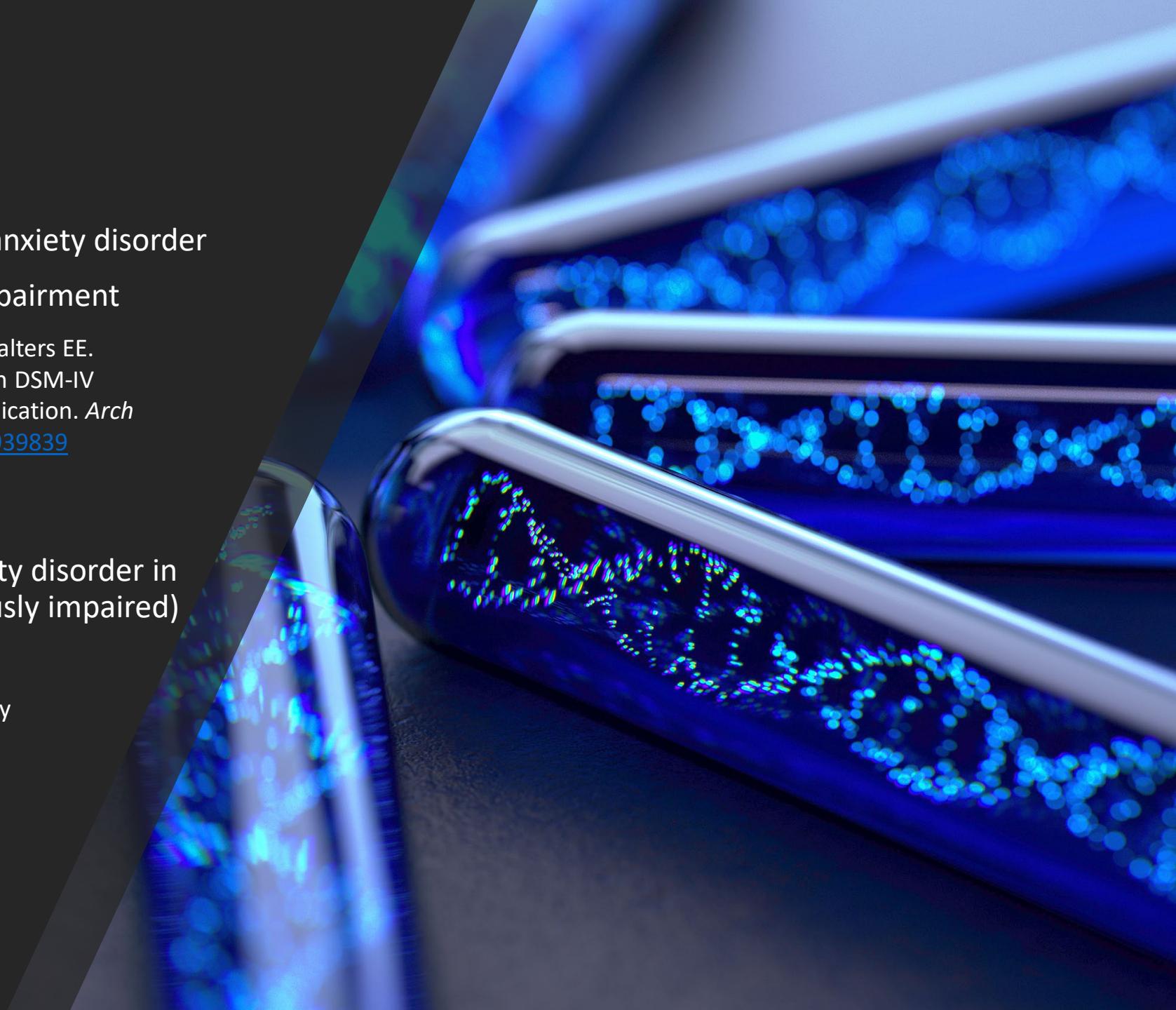
Epidemiology

- 31.9% of teens in the U.S. have had an anxiety disorder
- Of that group, 8.3% have had severe impairment

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27. [PMID: 15939839](#)

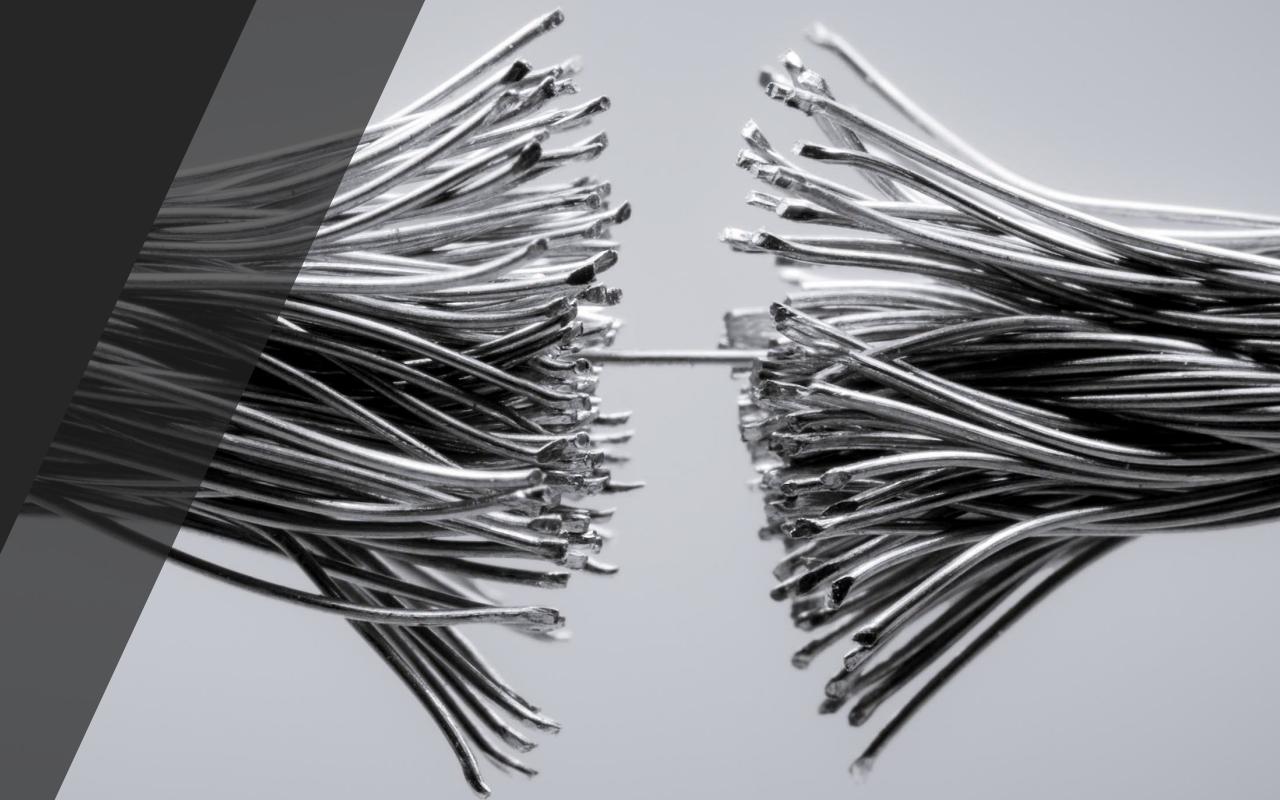
- 19.1 % of U.S. adults have had an anxiety disorder in the past year (22.8 % of which were seriously impaired)

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27. [PMID: 15939839](#)



Trauma

- The numbers are more concerning when we factor in PTSD
- 5% of U.S. teenagers have had PTSD
- In the past year, 3.6% of U.S. Adults have had PTSD (over 1/3 of which were seriously impaired)



Anxiety is More than DSM-5 defined diagnoses

- The Fight or Flight response is hard-wired into all animal life
- Physiological or “normal” anxiety blurs into pathological in many situations
- Anxiety may come out more “Fight” than “Flight or Freeze”



Embrace the Complexity

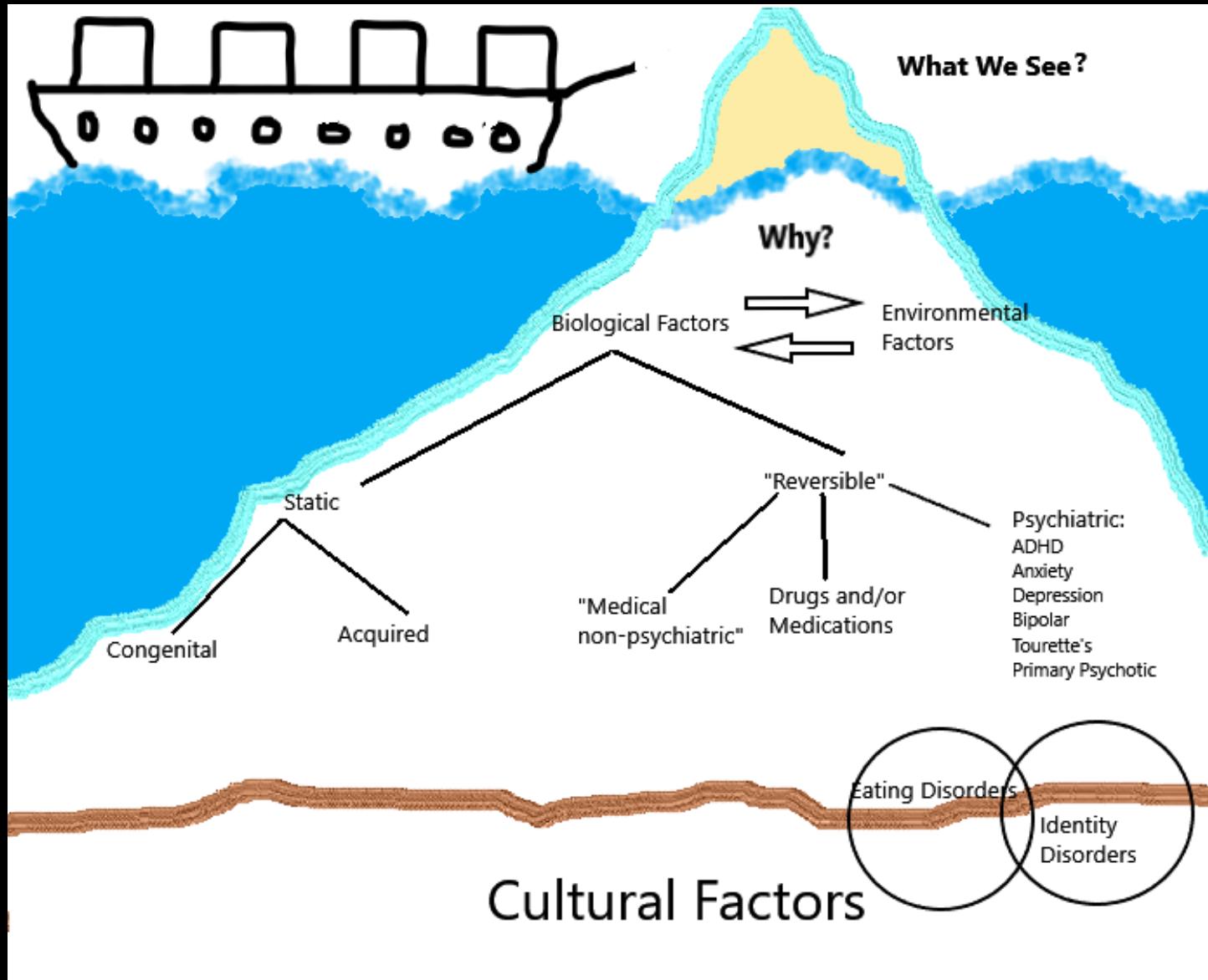
- The human brain is the most complex machine in the known universe
- Human behavior and emotions are always complex and evolving
- Oversimplification leads to inadequate treatment: e.g., a patient who has ADHD has failed 9 different medication trials (maybe something else is going on?)



Start with the big picture

- Symptoms need to be understood in context
- Biopsychosociocultural
(not a word but it should be!)
perspective





Identify Major Factors

- Create a hypothesis which should be adjusted as needed as new information becomes available and/or the situation changes over time.
- Direct the treatment towards those underlying factors



Options to consider

- Therapy and intensive programming
 - Pro: no side effects, various types of therapy can be very helpful for anxiety, trauma, and abandonment issues.
 - Con: patient, or patient and family need to be receptive enough to benefit; the gains take time to occur when they do happen; the availability of the resources
- Medications



Medication Options

- ADHD medication
 - Pro: may make a quick and substantial difference in attention, activity level and impulse control if ADHD is an issue
 - Con: may worsen underlying anxiety and mood lability; does not target main issues we feel are driving this issue; deflects the focus away from emotional turmoil and towards behaviors which may be the surface of those emotional conflicts.
- Anxiety medication
 - Pro: may reduce the intensity of the underlying anxiety and allow the patient to be more available for the therapy types of interventions
 - Con: may worsen underlying mood; as with any medication, may be seen by the patient as 'proof' they are defective; have a variety of potential side effects; will not fix aspects of the anxiety in this case and may deflect focus away from the therapy work that must be done.

Antidepressants

- Why?
 - SSRI's generally well tolerated and all potentially beneficial for a variety of anxiety issues (Panic disorder, GAD, OCD, PTSD)
 - SNRI's often second or third line can be effective if SSRI not effective or tolerated
 - Tricyclic Antidepressants are very good anxiety medications
 - Mirtazapine aka Remeron can be sedating but good for sleep.
- Why not?
 - SSRI's can worsen mood and while well tolerated in general, can cause other side effects
 - SNRI's as with SSRI's and all antidepressants can worsen moods, and SNRI's are prone to obnoxious withdrawal effects
 - TCA's are not as frequently used in recent years due to side effects and need for blood work
 - Mirtazapine is not typically first line and there is less experience with it in children

Alpha-2 agonists

- Why?
 - Mildly helpful for anxiety, ADHD, motor or vocal tics, agitation, and impulsivity
 - Can be combined with stimulants effectively
 - Guanfacine aka Tenex also available in long-acting formulation Guanfacine ER aka Intuniv
 - Clonidine aka Catapres also available in long-acting formulation Kapvay and patch.
- Why not?
 - Mild to moderately beneficial
 - Blood pressure medications which at typical dosing are unlikely to significantly impact a youngster's BP or Pulse.
 - Can be sedating (especially short acting clonidine—though this is used frequently as a treatment of initial insomnia).

Atypical Antipsychotics

- Why?
 - Powerful tools to address underlying mood lability, psychosis, and aggression
 - Irritability associated with Autism
 - Can be quickly calming (particularly Seroquel aka Quetiapine, Risperidone, Zyprexa aka Olanzapine)
- Why not?
 - Risk of metabolic syndrome, elevated prolactin levels, tardive dyskinesia
 - Overutilized as risks of using often outweigh benefits especially with less potentially toxic alternatives available to address anxiety or insomnia
 - “like using a firehose to put out birthday candles”

Antihistamines

- Why?
 - Benadryl or Hydroxyzine aka Vistaril can be mildly helpful and are well tolerated on an as needed basis
 - Can help prevent development of Extrapyramidal Side effects when used concurrently with Antipsychotic medication
- Why not?
 - Limited usefulness as a regularly scheduled medication for anxiety
 - “like bringing a garden hose to a forest fire”

Others

- Propranolol—Beta Blockers can be helpful for stage fright and may reduce some of the more peripheral symptoms of anxiety but don't use with Asthma or Diabetic patients
- Buspirone—theoretically helpful for generalized anxiety (not panic symptoms) and well tolerated but takes weeks and weeks to begin to see benefits.
- Benzodiazepines---very helpful, too helpful at times, for acute anxiety. May see increased tolerance and dependence over time. “short term solution for long term problem” often a bad idea. (I rarely prescribe to non-adults)
- Gabapentin—very unclear benefits for mood or anxiety

Access patient care consultations with behavioral health providers:

The Access Line: 1-833-672-4711

The website: www.BHpartnersforME.org
or direct contact with our partners.

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