

# Pediatric Psychiatry in the Primary Care Setting ECHO<sup>®</sup>



## 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

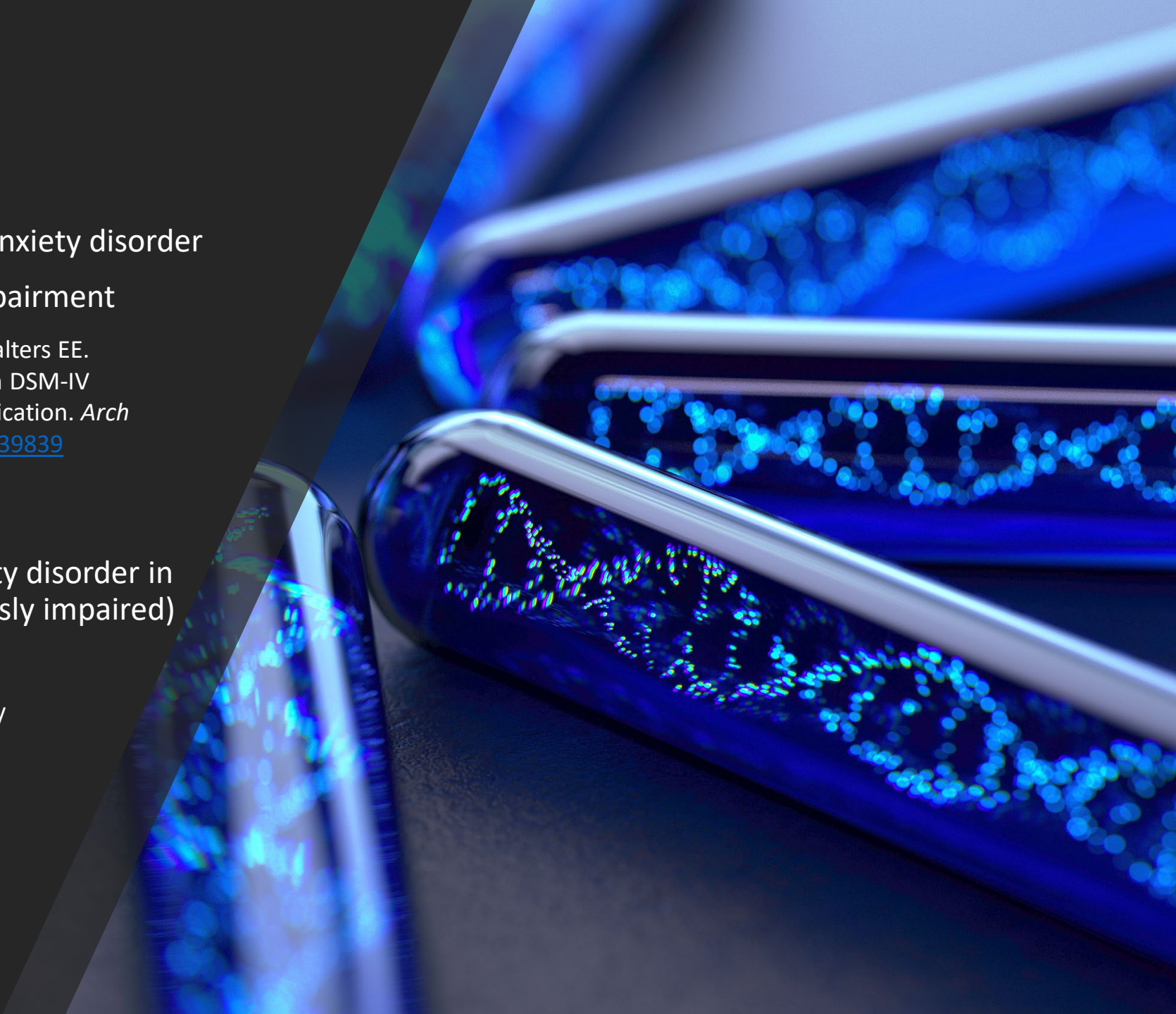
# Epidemiology

- 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](#)

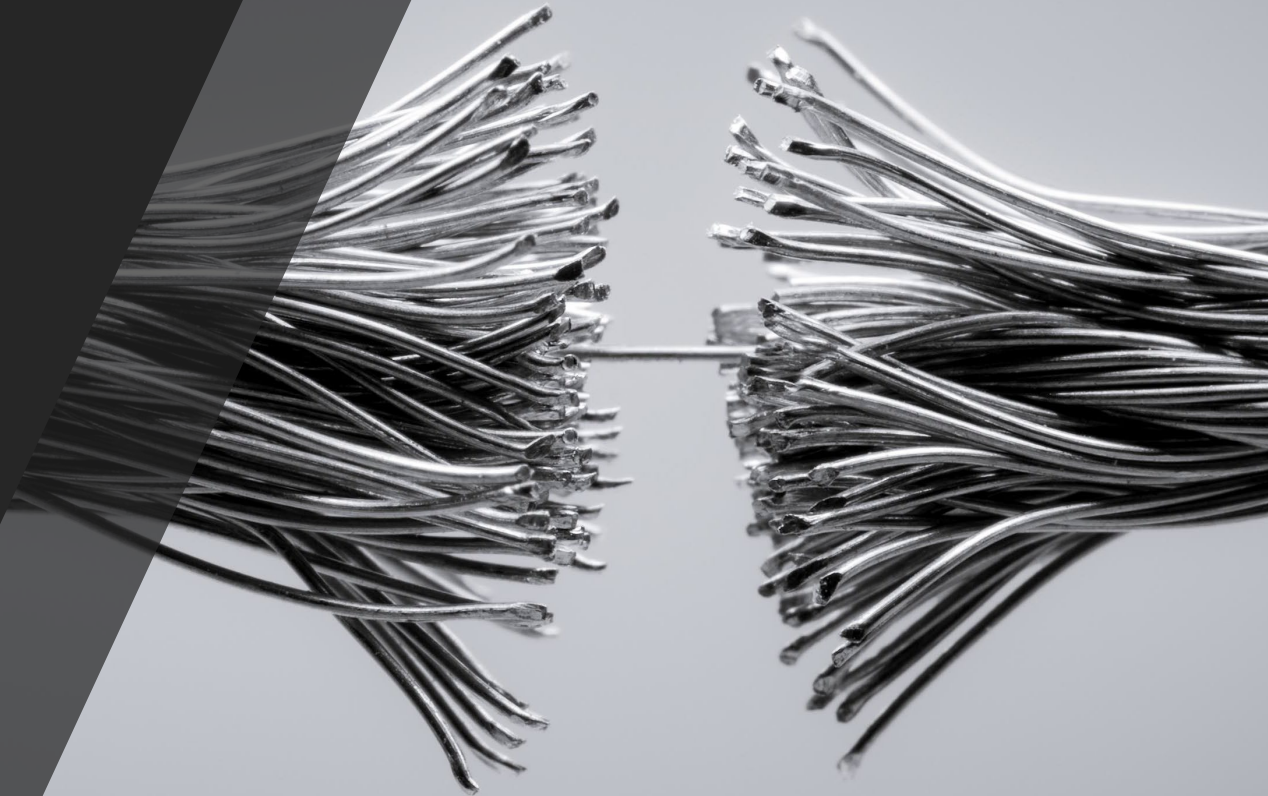
- 19.1 % of U.S. adults have had an anxiety disorder in the past year (22.8 % of which were seriously impaired)

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

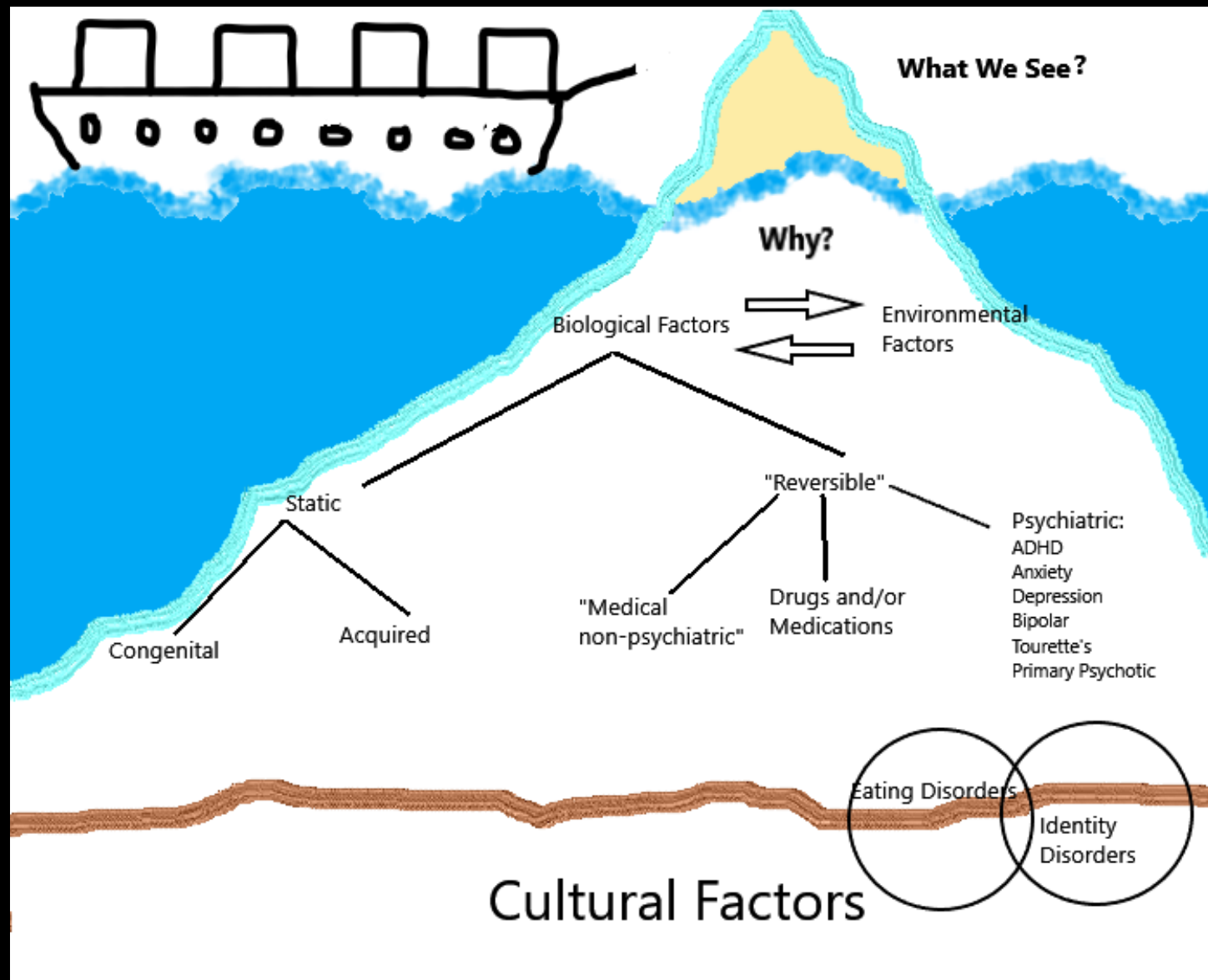
- The human brain is the most complex machine in the known universe
- Human behavior and emotions are always complex and evolving
- Oversimplification leads to inadequate treatment: e.g., a patient who has ADHD has failed 9 different medication trials (maybe something else is going on?)



# 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 Extrapyrarnidal 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



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