**Pediatric Anxiety**

**Functional Assessment:** Childhood anxieties are very common and to some extent a normal part of childhood. First assess whether the symptoms are contributing to problems at home, school or with peers. If no impairment, reassurance and monitoring may be appropriate.

**TYPES OF DISORDERS:**
- Separation
- Social
- Generalized
- Panic / Somatic
- Obsessive
- Post-Traumatic

**RED FLAGS:**
- Parental illness, excessive clinginess
- Avoiding school, parties, social opportunities. Low self-esteem
- Excessive worry, sleep problems, headaches or stomachaches
- Sudden anxiety “attacks” with physical symptoms (i.e., racing heart)
- Perfectionism, reassurance seeking, ritualistic/repeated behaviors
- Anxiety is specific to a time of day or place. Trauma history.

**ASSESSMENT:**
- **SCARED** - Screens for separation, social, generalized, panic, somatic and school avoidance. Parent and Child complete individual forms. Fairly quick and easy to score.
- **CY-BOCS** (Obsessive Compulsive Scale) self-report can be used to screen for a range of symptoms in OCD.
- **TRAUMA:** Traumatic Experiences Questionnaire (TEQ)

**MEDICATIONS**
1. **SSRIs** - Fluoxetine and sertraline are best studied, but citalopram, escitalopram or fluvoxamine are likely effective.
   - **Fluoxetine**: Start 10 mg daily and increase weekly as tolerated, up to 40 mg daily.
   - **Sertraline**: Start 25 mg daily and increase weekly as tolerated, up to 150 mg daily.
2. **Alternate SSRI** - Switch to different SSRI if no benefit from first
3. **SNRI** - Venlafaxine or mirtazapine (the latter is very sedating, dose at night)
4. **AUGMENTATION** - Can be used as mono therapy if serotonergic medications are not tolerated, or as add-on therapy for partial response to one of the above meds.
   - Buspirone
   - Gabapentin or Pregabalin - The latter is better studied but $$$.
   - Hydroxyzine
   - Benzodiazepines - Clonazepam is preferred in most cases. Best used short term.
   
   **Note that “as needed” medications for anxiety are generally discouraged**

**THERAPIES**
- Referral to a Cognitive Behavioral Therapist (CBT) when access, time and finances allow.
- There are NUMEROUS home or online-based programs that families can use at home. Some may benefit from relaxation or anxiety-focused phone applications. Parents of anxious children may also benefit from reading one of many available books on the subject. Check out our website at www.uacap.org to review some of these resources.