



## 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 (ie. 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 mirtazepine (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](http://www.uacap.org) to review some of these resources.