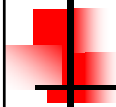


# Anxiety Disorders: What School Professionals Need to Know




John T. Walkup, MD  
 Division of Child and Adolescent Psychiatry  
 Weill Cornell Medical College  
 New York, NY



## Disclosure: John T. Walkup, MD




	Consultant	Advisory Board	Speaker's Bureau	Research Contract	Royalties
Pfizer				X (2007) Drug and PBO	
Abbott				X (2005) Drug	
Lilly				X (2003) Drug and PBO	
Hartwell Foundation				X (current)	
Tourette Syndrome Assoc.			X (current)	X (current)	
Oxford Press Guilford Press					X (current)





# Anxiety

---

- Definitions and descriptions of anxiety
- Prevalence of anxiety
- Anxiety across the life span
- Interventions
  - Home
  - School

 **NewYork-Presbyterian**  
The University Hospital of Columbia and Cornell


 Weill Cornell Medical College





# Anxiety

---

- Predictable and proportionate to life events – resolves with appropriate coping plan
- Syndromic Anxiety
  - Stereotyped symptoms
  - “Life of its own”
  - Disproportionate
  - Window of on set
  - Coping is ineffective to reduce the vulnerability

 **NewYork-Presbyterian**  
The University Hospital of Columbia and Cornell


 Weill Cornell Medical College





## Anxiety Disorders

---

- Specific Phobia
- OCD
- **Separation Anxiety Disorder**
- **Generalized Anxiety Disorder**
- **Social Anxiety Disorder**
- Acute Stress Disorder
- Post-traumatic stress disorder
- Panic Disorder

 **NewYork-Presbyterian**  
The University Hospital of Columbia and Cornell


 Weill Cornell Medical College





## Characteristics Common to All Anxiety Disorders

---

- Hypervigilant
- Reactive to novel stimuli
- Threat bias
  
- Avoidance coping
- Catastrophic reactions
- Parental accommodation
- Midline physical symptoms - later

 **NewYork-Presbyterian**  
The University Hospital of Columbia and Cornell

 Weill Cornell Medical College



## Anxiety is not a great term

---

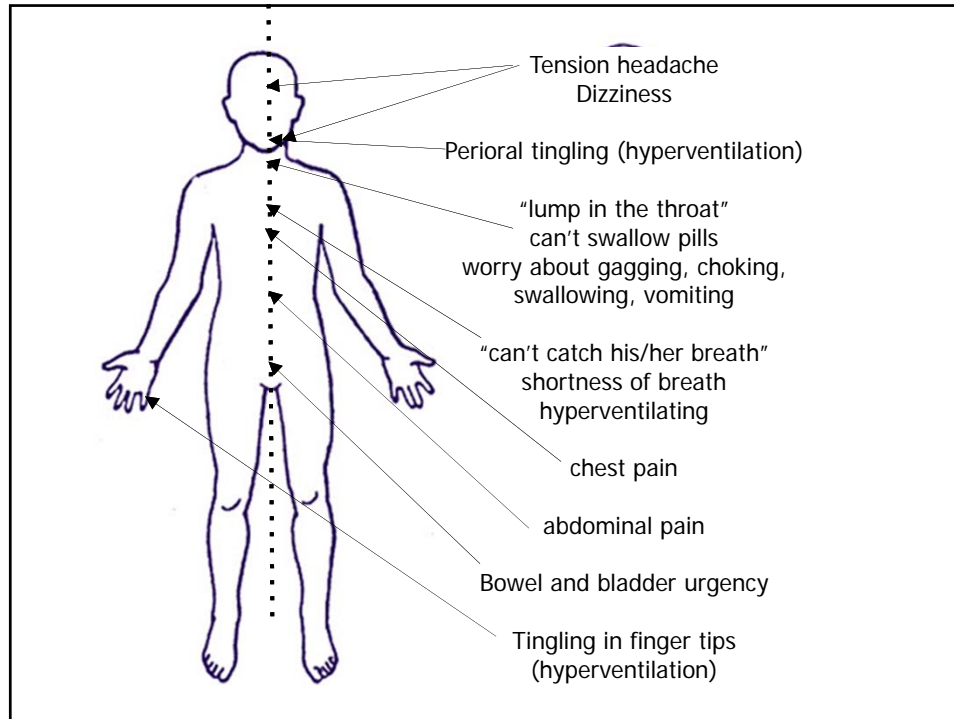
- Home sickness (separation)
- “Worry worts” (generalized)
- Self-conscious or shyness (social anx)
- Excessive interpersonal sensitivity
- Fear
- Apprehension
- Dread
- Worry
- Stressed out( the inverse of anxiety)



## Other symptoms

---

- **Midline physical complaints – headaches, stomach aches, dramatic presentations of pain.**
- Problems with falling asleep and middle of the night awakening,
- Eating problems – over and under
- Excessive need for reassurance –bedtime, school, storms, bad things happening
- Inattention and poor performance at school
- Explosive outbursts
- Avoidance of outside and interpersonal activities – school, parties, camp, sleepovers, safe strangers
- Not necessarily pervasive



## Other symptoms

- Midline physical complaints – headaches, stomach aches, dramatic presentations of pain.
- Problems with falling asleep and middle of the night awakening,
- Eating problems – over and under
- Excessive need for reassurance –bedtime, school, storms, bad things happening
- Inattention and poor performance at school
- Explosive outbursts
- Avoidance of outside and interpersonal activities – school, parties, camp, sleepovers, safe strangers
- Not necessarily pervasive



## Ages of Onset Risk

---

- ASDs – 0-3 years or later for mild ~1%
- ADHD - 4-7 ~5-7%
- **Anxiety – 6-12 years ~8-12%**
- Depression – 13-16 years ~6-8%
- Bipolar and psychosis - >16 years ~1%
- **Panic Disorder 16-25 years ~1%**
- Disruptive behavior – almost anytime



## Specific Phobia

---

- Animals, insects etc.
- Environmental - thunder, water, heights
- Blood, injection or other suspected painful event
- Situational - tunnels, bridges, elevators
- 70% have another anxiety disorder



## Separation Anxiety Disorder

---

- Excessive concern regarding separation from home or from attachment figures
  - Bad things happening to parent and or child
  - Cannot be alone
  - Avoidance S, M, L, XL, XXL
  - Difficulty falling asleep or sleeping with loved ones
  - Physical aches and pains
  - Accommodation by adults S, M, L, XL, XXL
- Impairment or distress.



## Generalized Anxiety Disorder

---

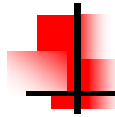
- Excessive worry and apprehensiveness
  - Restless, keyed-up or on edge.
  - Fatigued at end of school day
  - Concentration problems “choking on tests”
  - Sleep problems (falling asleep)
  - Tense and irritable
- Unable to control the worry
- Impairment or distress



## Social Anxiety Disorder

---

- Fear of social or performance situations
  - Specific
  - Generalized



## Selective Mutism

---

- Ability to speak
- Not speaking in social situations
- Not part of another disorder
  
- To speakers?





## Acute Stress Disorder

---

- True stressful event – life threatening
- Re-experiencing the event
- Avoidance and numbing
- Increased arousal
- Negative thoughts, feelings and moods
- Time limited



## Post-traumatic Stress Disorder

---

- True stressful event – life threatening
- Re-experiencing the event
- Avoidance and numbing
- Increased arousal
- Negative thoughts, feelings and moods
- Risks for enduring symptoms
  - Pre-existing or genetic risk for mental disorder
  - Proximity
  - Post-traumatic environment
  - Stuck in unhelpful narrative about trauma



## The Trauma Narrative

---

- Failure to progress through the stages of trauma
- Victim – validation of trauma
- Survivor – trauma is never forgotten but it is in the “rearview mirror”
- Heroic living – trauma is a source of energy for giving and living freely



## Panic Disorder

---

- Attacks of anxiety (Physical Symptoms)
  - ↑ Heart rate, pounding heart, palpitations
  - ↑ Hyperventilation, shortness of breath
  - Choking sensation
  - Chest discomfort or pain
  - Abdominal pain
  - Some psychological symptoms
- Worry about the next one
- Avoidance behavior related to the attacks
- Agoraphobia....

## Obsessive Compulsive Disorder

- Prominent obsessions or compulsions
  - Dirt, germs, or other contamination
  - Ordering and arranging
  - Checking
  - Repetitive acts
- Impairing or time consuming

## PANDAS

- Suspected cases
  - Throat culture
  - If positive – treat
    - Consider treating for extended period – 20 days vs. 10 (Murphy, personal communication)
  - Single titers are *meaningless*
  - Probably no role in non-research settings for other immunologically-based treatments



## Epidemiology

---

- Very common up to 8-12% of kids
- Under diagnosed
- Under treated
- Need to look for it
- Probably the most common childhood disorder and **the** prepubertal mood disorder



## Course of Anxiety

---

- Onset in childhood -“Prepubertal affective illness”
- Adolescence - symptoms + accumulated disability
  - Intense symptoms “burn out” ..... sometimes
  - Generalized anxiety
  - Poor adaptation and coping – easily flooded and overwhelmed by typical life and developmental expectations
  - **Some morph to depression**
  - School drop out (fade away)
- Young adulthood – symptoms + failure in major roles
  - Work inhibition
  - Fail to leave home or stay in college
  - Evolution into panic disorder
  - Evolution to recurrent depression and risk for bipolar disorder
  - Substance abuse

## Anxiety and Treatment

- Evidence base for children established in 2009
- Combination treatment most effective - 80% response rate
  - Site differences are notable
  - SSRIs and CBT are both effective – 55-60%
  - Placebo response rate is less than 25%
- Outcomes more clearly positive than for teen depression

## Bottom Line

- Antidepressants work extremely well
  - SSRIs medication of choice – Duloxetine is FDA approved
  - Atypical antidepressant should be considered second line, but considered
  - Limited data for long term use of benzodiazepines
  - No reason to expect that buspirone or bupropion should be effective
  - To do a good job will have to prescribe 'off label'
- Cognitive Behavioral Therapy also extremely effective when done by an experienced professional
- Outstanding med management and CBT principles are wonderfully complementary



## The Problem with Avoidance

---

- Avoidance leads to a temporary reduction in anxiety but anxiety returns leading to worsening avoidance and anxiety – negative reinforcement
- Parental accommodation of anxiety makes it worse too
- Reassurance without action is not helpful
- Avoidance limits the development of other coping and adaptation skills.



## The Stakes are High

---

- Three trajectories
  - Anxiety early that doesn't persist
  - Persistent anxiety into adulthood
  - Anxiety morphs into depression and depression is associated with other adult mood disorders

Pine DS, Cohen P, Gurley D, Brook J, Ma Y. The risk for early-adulthood anxiety and depressive disorders in adolescents with anxiety and depressive disorders. Arch Gen Psychiatry. 1998 Jan;55(1):56-64. PubMed PMID: 9435761

## The Stakes are High

- Very early onset of symptoms – the prepubertal affective disorder
- Early coping and adaptation is stunted (and maybe physical growth too!)
- Hard to learn in later in life what was supposed to be learned in childhood
- The treatments are effective so why not identify and treat early!


## Cognitive Behavioral Therapy

- The Anxiety Triad
  - Thoughts, feelings, behavior
- Can impact all three by starting with any one
  - Thoughts – anxious bias to neutral event
  - Feeling – discomfort and distress
  - Behavior – avoidance
- If you change the behavior the feelings and thoughts will follow.

## Types of Reinforcement


	Positive Reinforcement	Negative Reinforcement
Internally Reinforcing	Provides gratification	Relieves distress
Externally Reinforcing	Attention and support	Avoidance

## Mild Anxiety



	Positive Reinforcement	Negative Reinforcement
Internally Reinforcing		
Externally Reinforcing		





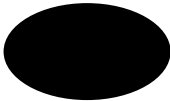
## Moderate to Severe Anxiety

	Positive Reinforcement	Negative Reinforcement
Internally Reinforcing		
Externally Reinforcing		

## Mild anxiety with too much attention to anxious symptoms

	Positive Reinforcement	Negative Reinforcement
Internally Reinforcing		
Externally Reinforcing		

Mild anxiety too much attention to anxiety and facilitating child's avoidance behavior

	Positive Reinforcement	Negative Reinforcement
Internally Reinforcing		
Externally Reinforcing		

## Key Motivational Principles and Phrases

- "Just do it"
- Be a hero, brave
- Take the challenge, tough it out
- Overcome adversity
- Get anxiety and fear out of your life
- "Grit"
- Home and school are empowerment zones not fear training environments



## Summary

---

- Identifying anxiety is key!
- Medication and psychological approaches are effective for anxiety
  - Can start with psychological approaches but medication should not be considered “last resort”
- With evidence based treatments available, we need to enhance public awareness and advocacy
- Home and school are ‘no fear zones”