

Anxiety Disorders

Worry and fearfulness are common and quite normal. Being afraid in threatening situations is a good thing. It increases awareness, and gives you the energy to get out of harms way – the so-called fight or flight response.

Almost all people experience anxiety at one time or another. In fact, low levels of anxiety can actually help you do better on tests by motivating you to study. Most people experience anxiety as normal worries or fears that are related to temporary events, like public speaking.

Anxiety disorders differ from these common feelings because the symptoms are more severe. At any given time, about 6% of children in the general population have an anxiety disorder that is bad enough to require treatment. Children and adolescents can experience different kinds of anxiety disorders and have more than one at the same time. Anxiety disorders are often found in people with depression. Some of the anxiety disorders that begin in childhood can persist throughout life if no treatment is given. If the anxiety becomes bad enough to interfere with the school and social activities usual for their age and stage of development, then professional advice should be sought.

Types of Anxiety Disorders

Generalized Anxiety Disorder (GAD) refers to a tendency to have multiple worries and fears. The symptoms include muscle tension, restlessness, becoming tired easily, difficulty with concentration, and trouble sleeping. Children and teens with this condition are usually perfectionists and have a need to seek approval from others. They worry a lot about what other people think of them.

Social Phobia is more likely to occur in teenagers rather than young children. It centres on social situations such as going to school, or fear about having to speak in class. Often the symptoms occur only when taking part in social or recreational activities. They don't occur at school or work. The symptoms of the condition are sweating, blushing, feeling that the heart is beating too hard or too fast, shortness of breath, or muscle tension. People with this disorder typically try to control their symptoms by avoiding the situations they fear. Young people with social phobia are often overly sensitive to criticism, have trouble being assertive, and suffer from low self-esteem, are easily embarrassed, and can be very shy and self-conscious.

Obsessive-Compulsive Disorder (OCD) usually begins in early childhood or adolescence and is characterized by frequent, uncontrollable thoughts (obsessions) and the performance of routines or rituals (compulsions) used to try to eliminate them. Those with the disorder often repeat behaviors to avoid some imagined consequence. One example is excessive handwashing used by people who are frightened of getting diseases by being in contact with germs. The obsessions and compulsions cause a young person a great deal of anxiety. They take up so much time that they interfere with daily living.

Post-traumatic Stress Disorder (PTSD) is a fairly rare condition in children which involves a set of anxiety symptoms that are started by either a single or repeated episodes of serious trauma. The symptoms include jumpiness, muscle tension, being overly aware of their surroundings, nightmares and other sleep

disturbances, and the experience of flashbacks or vivid memories of the event(s). PTSD usually resolves after approximately 6 months, but in some cases it may persist for years.

Selective mutism is a condition in which children do not speak in certain situations while speaking in others. Children with selective mutism can be viewed as having a specific phobia – that is, a fear of speaking that shows itself only in situations that make them feel anxious. Some children may “outgrow” the condition but many do not. Without intervention, certain children may have symptoms that persist throughout their schooling. Early intervention is the best way to help. When symptoms appear, the child should be seen by the family doctor for referral to a specialist.

Specific phobias, for instance, a fear of spiders, are much more frequent in the general population and are much less disabling than other types of anxiety problems.

Separation Anxiety is usually diagnosed only in children under the age of 18. It is characterized by excessive worry about separation from their major attachment figure, who they fear will be harmed. They are afraid of being kidnapped or getting lost. The fear may lead the child to refuse to go to school or be unable to go to sleep without an adult sitting with her/him. The child may experience nightmares. They may also develop repeated physical ills such as stomachaches, or nausea or vomiting. Separation anxiety often occurs in young children, but if it lasts for more than four weeks in a row and there are a lot of school or social problems resulting from the symptoms, there may be cause for concern. It is much more uncommon for the symptoms to start in adolescence and consulting with a family doctor or other health professional might be warranted.

Homesickness is an example of a normal reaction to separation. When children and teens are away from home for the first time, perhaps to a friend’s sleepover or to summer camp (either as a camper or as a counsellor), there can be some excitement mixed with anxiety. If being away from home and family is a new experience, many (if not most) will experience homesickness.

Homesickness is defined as “distress and functional impairment caused by an actual or anticipated separation from home and attachment objects” (i.e., parents and sometimes pets). Its major characteristic is worrying about home.

Homesickness starts with an actual or expected separation from home. It is so common that it is not considered a disorder, unless it causes severe symptoms. It does, however, cause distress that could discourage further venturing away from home.

However, separation from home and family is part of growing up. Children need to learn skills to help them through it so they develop a healthy sense of adventure instead of becoming fearful. Helping children and teens get used to separation is one way of setting them on a path to independence.

Causes

Anxiety disorders have multiple, complex origins. Children and adolescents are particularly prone to anxiety disorders if they have a parent with depression or anxiety. This is partly because there may be a genetic component to these disorders. The beliefs and behaviours that contribute to and sustain depression and anxiety are also modeled and reinforced by the parent. For instance, children who fear going to school may be allowed to use feigned illnesses as an excuse to stay home. Children and adolescents who fear social situations may not be given the reassurance they need because their dysfunctional behaviours and beliefs may be shared by an anxious parent.

Treatment

Both selective serotonin reuptake inhibitors (SSRIs) and cognitive behavioural therapy (CBT) have been shown to be effective in the treatment of anxiety disorders. However, CBT is considered to be the treatment of choice in children over the age of 6, and for adolescents. If the child or adolescent does not respond completely to CBT, then medications can be added. Obsessive-compulsive disorder has been found to respond to drug therapy.

Sources

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The Research

In this section, you will learn what works and what doesn't work in the treatment of Anxiety Problems in children and adolescents, according to the very best research available.

Click on the links below to read our "plain language" summaries of the latest research studies on the topic.

Treating anxiety disorders in children and adolescents: Evidence supports cognitive behavioural therapy as an alternative to drugs

[VIEW](#) | [DOWNLOAD](#)

A "whole family" approach to combatting child anxiety

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Which drugs work best for children with obsessive compulsive disorder?

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Research shows behavioural and cognitive behavioural therapy work just as well as medication to treat obsessive compulsive disorder

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Research shows children with reading problems more likely to suffer depression and anxiety

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Teens with poor reading skills at high risk of mental health problems

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Cognitive behavioural therapy (CBT) shows promise in treating young children with obsessive compulsive disorder

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Resources

The following books and resources were developed by the Family Resource Centre at McMaster Children's Hospital based on recommendations from parents and the experiences of staff.

The selection of a book or resource is not an endorsement of all the information or suggestions contained in that resource.

Many of the resources are general in nature, and may not apply to your situation. Your health care professional is the best source of information about your child's health and concerns.

ANXIETY

Books



[Download and print](#)

[Helping Your Child With Selective Mutism: Steps to Overcome a Fear Of Speaking](#) by Angela E. McHolm, Charles Cunningham and Melanie Vanier, New Harbinger Publications, ©2005 ISBN: 157224416X

Websites

- <http://www.angelamholm.com/>