Urgent Presentations of Anxiety, and Responses in Pediatric Primary Care

December 4, 2024

Maryland Behavioral Health Integration in Pediatric Primary Care (MD BHIPP)

Mark A. Riddle, M.D., Johns Hopkins School of Medicine

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

1-855-MD-BHIPP (632-4477)

www.mdbhipp.org

Follow us on Facebook, LinkedIn, and Twitter! @MDBHIPP

Disclosures or Conflicts of Interest: NONE

Sources of Income:

Faculty at Johns Hopkins School of Medicine

Maryland BHIPP Clinical Consultant

Book royalties from American Academy of Pediatrics

Honoraria as Chair of Scientific Counsel for the NVLD Project

Honoraria as member of NIH DSMC for Best Pharmaceuticals for Children Act (BPCA)

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Off-Label Prescribing

- Some Off-Label Prescribing May be Discussed

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Learning Objectives

Be able to:

- Identify urgent issues in various anxiety disorder presentations
- Describe relevant immediate interventions and subsequent treatments to patients and their caregivers
- Provide relevant follow-up for patients with impairing anxiety symptoms until specialty treatment is available

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Topics

- **Brief Overview of Anxiety**
- Safety for Disruptive Behavior, Aggression, & Eloping Behavior
- Diagnostic Criteria, Initial & Follow-Up Interventions For All Disorders
- Specific Criteria, Initial & Follow-Up Interventions For Each Disorder
- Brief Comments about Therapies
- Brief Comments about Medications

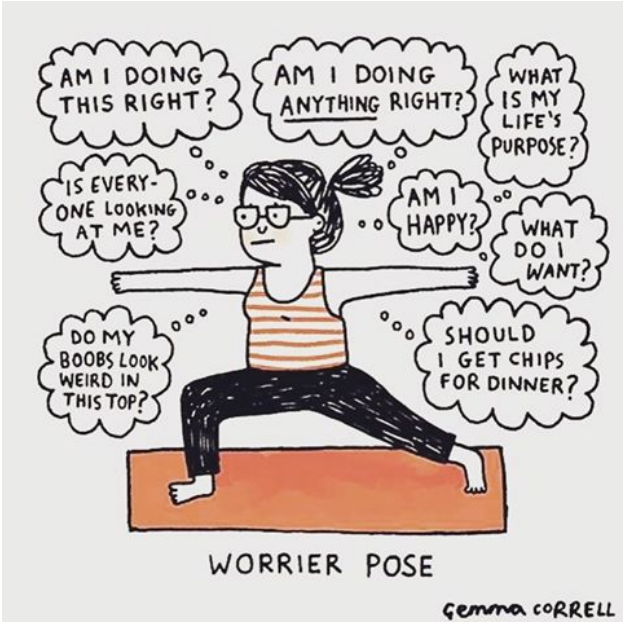
BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Core Symptoms of Anxiety

Worry	Fear	Somatic

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Distraction: External vs. Internal



ADHD
external

Anxiety
internal

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Anxiety Disorders in Children—Developmentally Presented

Separation anxiety (fear of loss of guardian)

Specific phobias (fear of dogs, heights)

Social anxiety (fear of social situation)

Generalized anxiety (worry/apprehensive expectation)

Panic attacks or disorder (abrupt surge of intense fear of discomfort & physical symptoms)

(*OCD*)

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Screen for Child Anxiety Related Disorders (SCARED)

CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Boris Birmaher, M.D., Suneeta Khetarpal, M.D., Marlane Cully, M.Ed., David Brent, M.D., and Sandra McKenzie, Ph.D.,
Western Psychiatric Institute and Clinic, University of Pittsburgh *(October, 1995). E-mail:* birmaherb@upmc.edu

See: Birmaher, B., Brent, D. A., Chiappetta, L., Bridge, J., Monga, S., & Baugher, M. (1999). Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): a replication study. *Journal of the American Academy of Child and Adolescent Psychiatry, 38*(10), 1230–6.

Name: _____ Date: _____

Directions:
Below is a list of sentences that describe how people feel. Read each phrase and decide if it is "Not True or Hardly Ever True" or "Somewhat True or Sometimes True" or "Very True or Often True" for you. Then, for each sentence, fill in one circle that corresponds to the response that seems to describe you *for the last 3 months*.

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True	
1. When I feel frightened, it is hard to breathe	○	○	○	PN
2. I get headaches when I am at school.	○	○	○	SH
3. I don't like to be with people I don't know well.	○	○	○	SC
4. I get scared if I sleep away from home.	○	○	○	SP
5. I worry about other people liking me.	○	○	○	GD
6. When I get frightened, I feel like passing out.	○	○	○	PN
7. I am nervous.	○	○	○	GD
8. I follow my mother or father wherever they go.	○	○	○	SP
9. People tell me that I look nervous.	○	○	○	PN
10. I feel nervous with people I don't know well.	○	○	○	SC
11. I get stomachaches at school.	○	○	○	SH
12. When I get frightened, I feel like I am going crazy.	○	○	○	PN
13. I worry about sleeping alone.	○	○	○	SP
14. I worry about being as good as other kids.	○	○	○	GD
15. When I get frightened, I feel like things are not real.	○	○	○	PN
16. I have nightmares about something bad happening to my parents.	○	○	○	SP
17. I worry about going to school.	○	○	○	SH
18. When I get frightened, my heart beats fast.	○	○	○	PN
19. I get shaky.	○	○	○	PN
20. I have nightmares about something bad happening to me.	○	○	○	SP

SCARED

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

SCARED

Description

- Screens for symptoms of anxiety
- Assesses panic/somatic, generalized anxiety, social anxiety, separation anxiety, and school refusal
- Self-report and caregiver report versions

Age range

- 8-year-olds and older

Administration

- 41 items
- 5 minutes

Access information

- Available for free download via https://www.aacap.org/App_Themes/AACAP/docs/member_resources/toolbox_for_clinical_practice_and_outcomes/symptoms/ScaredChild.pdf

Preschool Anxiety Scale

- Used for kids 2.5 – 6.5 years old
- Parent-only version
- 34 Likert scale questions for each form
- Info on 5 distinct anxiety disorders

Spence, 2013; https://www.scaswebsite.com/wp-content/uploads/2021/07/scas-preschool-scale.pdf

PRESCHOOL ANXIETY SCALE
(Parent Report)

Your Name: _____ **Date:** _____

Your Child's Name: _____

Below is a list of items that describe children. For each item please circle the response that best describes your child. Please circle the **4** if the item is **very often true, 3** if the item is **quite often true, 2** if the item is **sometimes true, 1** if the item is **seldom true** or if it is **not true at all** circle the **0**. Please answer all the items as well as you can, even if some do not seem to apply to your child.

		Not True at All	Seldom True	Sometimes True	Quite Often True	Very Often True
1	Has difficulty stopping him/herself from worrying	0	1	2	3	4
2	Worries that he/she will do something to look stupid in front of other people	0	1	2	3	4
3	Keeps checking that he/she has done things right (e.g., that he/she closed a door, turned off a tap)	0	1	2	3	4
4	Is tense, restless or irritable due to worrying	0	1	2	3	4
5	Is scared to ask an adult for help (e.g., a preschool or school teacher)	0	1	2	3	4
6	Is reluctant to go to sleep without you or to sleep away from home	0	1	2	3	4
7	Is scared of heights (high places)	0	1	2	3	4
8	Has trouble sleeping due to worrying	0	1	2	3	4
9	Washes his/her hands over and over many times each day	0	1	2	3	4
10	Is afraid of crowded or closed-in places	0	1	2	3	4
11	Is afraid of meeting or talking to unfamiliar people	0	1	2	3	4
12	Worries that something bad will happen to his/her parents	0	1	2	3	4
13	Is scared of thunder storms	0	1	2	3	4
14	Spends a large part of each day worrying about various things	0	1	2	3	4
15	Is afraid of talking in front of the class (preschool group) e.g., show and tell	0	1	2	3	4
16	Worries that something bad might happen to him/her (e.g., getting lost or kidnapped), so he/she won't be able to see you again	0	1	2	3	4
17	Is nervous of going swimming	0	1	2	3	4

Topics

- Brief Overview of Anxiety
- **Safety for Disruptive Behavior, Aggression, & Eloping Behavior**
- Diagnostic Criteria, Initial & Follow-Up Interventions For All Disorders
- Specific Criteria, Initial & Follow-Up Interventions For Each Disorder
- Brief Comments about Therapies
- Brief Comments about Medications

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Extreme Presentations and Safety Concerns

- In addition to core anxiety symptoms of fear, worry, somatic and avoidance, others may emerge:
- **Disruptive behavior** at home and/or school
- **Aggression** toward peers, teachers, parents or others
- **Elopement** (extreme avoidance) from home or school
- These presentations, which don't "look like" anxiety, but can be generated by extreme anxiety and frustration, can be the most concerning because of the safety issues related to self and others

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Safety and Function Assessment--#1

- Potential harm to self? Ask about feelings of worthlessness; life not worth living; or desire to harm self, or recent attempt to harm self?
- Potential to harm others? Ask about anger or aggression? Aimed at who? Has there been attempted aggression toward anyone?
- Has the patient been traumatized? Has the trauma been revealed?
- Has school attendance or performance been impacted?
- Has function at home been impacted?
- Have friendships been impacted?

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Safety and Function Assessment--#2

- Consider other diagnoses that may be contributing, such as ADHD or depression
- Consider intensive outpatient, day treatment or inpatient psychiatric treatment
- Consider call to BHIPP for quick consult and potential resources
- Consider sending to hospital ED

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Topics

- Brief Overview of Anxiety
- Safety for Disruptive Behavior, Aggression, & Eloping Behavior
- **Diagnostic Criteria, Initial & Follow-Up Interventions For All Disorders**
- Specific Criteria, Initial & Follow-Up Interventions For Each Disorder
- Brief Comments about Therapies
- Brief Comments about Medications

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

8 Anxiety Disorders

- Panic Attack and/or Disorder: *first b/o high urgency*
- Agoraphobia: *preceded by panic attacks in 50% of clinical samples*
- Illness Anxiety Disorder: *often presents to primary care*
- ----------
- Separation Anxiety Disorder
- Specific Phobias
- Selective Mutism
- Social Anxiety Disorder
- Generalized Anxiety Disorder

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Navigating the Following Slides

- We are going to cover a lot of material regarding 8 anxiety disorders
- The expectation is NOT that you will remember all of this (I teach this stuff and I can't remember it all!)
- The expectation is that you will develop a process for sorting the anxiety disorders, as follows:
- Identify core symptoms and provide psychoeducation
- Provide appropriate and manageable initial interventions
- Provide appropriate and manageable follow-up

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Diagnostic Criteria Common Across the Disorders (specifics will follow)

- Very distressing and/or causes impairment and/or changed behavior
- Symptoms present for several, usually 6, months
- Not explained by another disorder
- NOTE: a child may have more than one diagnosis, eg, separation anxiety and specific phobia

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Primary Care Initial Interventions for All 8 Disorders

- Reassure that anxiety disorders are common and can be treated
- Express your commitment to working with patient and specialist who will provide specific treatment
- Provide psychoeducation using BHIPP Tip Sheet: https://mdbhipp.org/wp-content/uploads/2024/11/quick-tips-for-providers.pdf
- While waiting for MH specialist, describe simple approaches to reducing anxiety, such as “breathing breaks” (“Take 5 Breathing”) and, if feeling alone, letting someone know asap
- Have patient practice Take 5 Breathing
- If the anxiety is impacting school participation or performance, have parents let school know

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Relaxation Strategy

- Changing physical/physiological reactions can help children feel less anxious or stressed
- Common relaxation strategies:
  - Deep, slow breathing or Belly breathing
  - Progressive muscle relaxation
  - Picturing a peaceful scene

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Follow-up After Initial Urgent Visit For All Disorders

- Call BHIPP for referral resources for appropriate therapist and, if needed, child psychiatrist
- Check in about use of Take 5 Breathing; and have patient practice, in office, if needed
- Is the patient avoiding anything, such as school, or site of the first panic attack? If yes, let therapist know. If no therapist, intervene only if the avoidance is disrupting patient's life. Otherwise, wait for therapist.
- Check in with therapist as soon as on board.
- If school avoidance, check in with school counselor about strategy for transitioning the patient back to school. But, if therapist on board, defer to therapist to work with school.
- Is medication needed? Consider SSRI.
- While waiting weeks for SSRI to work, consider buspirone or hydroxyzine (details in later slide).
- Avoid the quick-fix of a benzo, if possible. If needed, provide a few doses (2-3) of lorazepam (Ativan) 1 mg. Start with 0.5 mg. No refills.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Topics

- Brief Overview of Anxiety
- Safety for Disruptive Behavior, Aggression, & Eloping Behavior
- Diagnostic Criteria, Initial & Follow-Up Interventions For All Disorders
- **Specific Criteria, Initial & Follow-Up Interventions For Each Disorder**
- Brief Comments about Therapies
- Brief Comments about Medications

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#1. Panic Attack and Disorder Definitions

- *Attack*: An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms (see next slide) occur.
- *Disorder*: Recurrent , unexpected panic (or anxiety) attacks that are distressing and cause persistent worry or change one's behavior.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Panic Attack Symptoms (Need 4)

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed, or faint
- Chills or heat sensations
- Paresthesias (numbness or tingling sensations)
- Derealization (feeling of unreality) or depersonalization (being detached from one-self)
- Fear of losing control or “going crazy”
- Dear of dying

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Urgencies: Specialists who may be consulted regarding panic symptoms

Hospital Emergency Department or Urgent Care Clinic or:

Cardiologist	palpitations, chest pain or discomfort
Pulmonologist	shortness of breath, hyperventilation, smothering sensations
Neurologist	tingling and numbness, trembling, imbalance
Psychiatrist	any of the above, plus anxious worries about another attack

But, **Primary Care Providers** frequently on front end of panic attack/disorder presentation in adolescents

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Panic Attack-Specific Initial Interventions

- Review BHIPP Quick Tips for Providers on Educating Families about Panic Attacks: https://mdbhipp.org/wp-content/uploads/2024/11/quick-tips-for-providers-panic-attacks-final2.pdf

Quick Tips for Providers: *Educating Families about Panic Attacks*

Many children and adolescents experience panic attacks. This experience can be quite frightening for the child and parent alike. It is important to listen to the child and family's concerns and help them understand what a panic attack is.

Explaining Panic Attacks to Parents and Caregivers

A panic attack may include one or more of the following symptoms:

- Sweating
- Shakiness
- Dizziness /Nausea
- Racing Heart
- Choking Sensation
- Difficulty Breathing

These physical symptoms are also accompanied by intense fear. Panic attacks are common and a normal bodily response to danger but can be a problem when they occur when no danger is present.

Parents/caregivers may worry about their child having future panic attacks. Assure the parent that these episodes can be managed and treatment options are available; such as cognitive behavioral therapy and medication.

Panic Attack-Specific Initial Interventions (Continued)

- After physical exam, reassure that there is no physical ailment that is causing these attacks
- Have parents let school know and request permission for patient to go to nurse's office if there is another panic attack

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Panic Attack Follow-up After Initial Urgent Appointment

- Is medication needed? Consider SSRI.
- While waiting weeks for SSRI to work, consider buspirone or hydroxyzine (details in later slide).
- To treat initial panic attacks, avoid the quick-fix of a benzo, if possible.
- If needed, provide a few doses (2-3) of lorazepam (Ativan) 1 mg. Start with 0.5 mg. No refills.
- As other medications help, the lorazepam will no longer be needed.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#2. Agoraphobia

- Marked fear or anxiety about 2 (or more) of 5 situations: #1 *public transportation*, #2 *open spaces*, #3 *enclosed spaces*, #4 *standing in line or in a crowd*, #5 *being outside of home alone*
- The individual fears or avoids these situations because of thoughts that escape might be difficult or *help might not be available in the event of developing panic-like symptoms* or other embarrassing symptoms
- The agoraphobic situations almost always provoke fear or anxiety.
- The agoraphobic situations are actively avoided or require presence of a companion
- The fear or anxiety is out of proportion to the actual danger posed
- NOTE: *Preceded by panic attack or disorder in 50% of clinical cases*

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Agoraphobia-Specific Initial Interventions

- Reassure that agoraphobia is common in those with panic attacks and can be treated with appropriate therapy
- If agoraphobia is interfering with school participation or performance, have caregivers let school know that specialty treatment is being pursued

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Agoraphobia Follow-up After Initial Urgent Appointment

- None

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#3. Illness Anxiety Disorder

- Preoccupation with having or acquiring a serious illness (although the patient doesn't usually have the actual illness).
- Somatic symptoms are not present or, if present, are only mild in intensity. If another medical condition is present or there is a high risk for developing a medical condition (eg, strong family history), the preoccupation is clearly excessive or disproportionate.
- There is a high level of anxiety about health, and the individual is easily alarmed about personal health status.
- The individual performs excessive health-related behaviors (checks for signs of illness; visits doctor frequently) or exhibits maladaptive avoidance (avoids doctor appointments).

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Illness Anxiety-Specific Initial Interventions

- After completing the (negative) medical work-up, reassure the patient that the actual disease is not present, but anxiety about it needs to be taken seriously, and can be successfully treated

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Illness Anxiety Follow-up After Initial Urgent Appointment

- None

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#4. Separation Anxiety Disorder

- Developmentally inappropriate and excessive fear or anxiety concerning separation from those whom the child is attached, as evidenced by at least 3 of the following 8:

1. Recurrent excessive *distress* when anticipating or experiencing separation from home or major attachment figures
2. Persistent or excessive *worry* about losing major attachment figures or about possible harm to them, eg illness, death
3. Persistent or excessive *worry* about experiencing an untoward event: getting lost, being kidnapped, having accident

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Separation Anxiety Symptoms (Continued)

4. Persistent reluctance or refusal *to go out, away from home*, to school, or elsewhere for *fear* of separation
5. Persistent and excessive *fear* of or reluctance about *being alone* or *without major attachment figures*
6. Persistent reluctance/refusal to sleep away from home or to go to sleep without being near major attachment figure
7. Repeated *nightmares* involving the theme of separation.
8. Repeated *complaints of physical symptoms* (eg, headaches, stomach aches) when separation occurs or is anticipated

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Separation Anxiety-Specific Initial Interventions

- While waiting for MH specialist, describe simple responses when separation anxiety escalates, such as letting someone know asap, night light, transitional object
- Let nursery or preschool know that you are working with the family and referring for therapy

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Separation Anxiety F/U After Initial Urgent Appointment

- None

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#5. Specific Phobias

- Marked fear or anxiety about a specific object or situation (darkness, heights, animals, injections, seeing blood). In children, the fear or anxiety may be expressed by crying, tantrums, freezing, or clinging.
- The phobic object or situation:
  - almost always provokes immediate fear or anxiety.
  - is actively avoided or endured with intense fear or anxiety.
- The fear or anxiety is out of proportion to the actual danger posed by the specific object situation.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Specific Phobia-Specific Initial Interventions

- While waiting for MH specialist, describe simple responses when specific phobia anxiety escalates; such as a night light, or avoiding walking near a neighbor that has a large, scary dog
- Let nursery or preschool know that you are working with the family and referring for therapy

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Specific Phobia F/U After Initial Urgent Appointment

- None

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#6. Selective Mutism

NOTE: Selective Mutism is ***rare*** and onset is usually *before age 5*.

Consistent failure to speak in specific social situations in which there is expectation for speaking (eg, school) despite speaking in other situations, such as home.

- The disturbance interferes with educational or occupational achievement or with social communication.
- The duration of the disturbance is at least 1 month (not limited to the first month of school).
- The failure to speak is not attributable to a lack of knowledge of, or comfort with, the spoken language required in the social situation.
- The disturbance is not better explained by a communication disorder (eg, fluency) or ASD or a psychotic disorder.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Selective Mutism-Specific Initial Interventions

- Because selective mutism is relatively rare, finding a therapist with experience with selective mutism may be more difficult that with other anxiety disorders
- Thus, it will be important to work closely with BHIPP and the family to find an appropriate therapist
- Recommend that the family and school refrain from pressuring the child to talk
- Let nursery or preschool know that you are working with the family and referring for therapy

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Selective Mutism F/U After Initial Urgent Appointment

- Continue to reinforce importance of not pressuring the child to speak

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#7. Social Anxiety Disorder

- Marked, out of proportion, fear or anxiety about one or more social situations in which the individual is exposed to possible scrutiny by others. Examples include social interactions, being observed, or performing in front of others. *In children* the anxiety must appear in peer settings, and not just with adults.
- The individual fears that s/he will act in a way or show anxiety symptoms that will be negatively evaluated, i.e., will be humiliating or embarrassing; will lead to rejection or offend peers.
- The social situations almost always provoke fear or anxiety (in children, this maybe expressed by crying, tantrums, freezing, clinging, shrinking or failing to speak in social situations).
- The social situations are avoided or endured with intense fear and anxiety.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Social Anxiety-Specific Initial Interventions

- Reassure that social anxiety is common (eg, 50% of adults have specific anxiety about giving a speech) and can be successfully treated
- Recommend that the family and school refrain from pressuring the child to be social; the therapist will use various strategies to make that happen.

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Social Anxiety F/U After Initial Urgent Appointment

- Continue to reinforce importance of not pressuring the child to speak

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

#8. Generalized Anxiety Disorder

1. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance.
2. It is difficult for the child to control the worry.
3. The anxiety and worry are associated with *1 of 6 symptoms below in children* and *3 or more in adolescents.*

- --restlessness or feeling keyed up or on edge.
- --being easily fatigued.
- --difficulty concentrating or mind going blank.
- --irritability.
- --muscle tension.
- *--sleep disturbance (DFA or staying asleep or unsatisfying sleep).*

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Generalized Anxiety-Specific Initial Interventions

- Since generalized anxiety often escalates at bedtime and can make it difficult to fall asleep, work with caregiver and patient on *sleep hygiene* and reinforce approaches that help patient fall asleep

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Generalized Anxiety F/U After Initial Urgent Appointment

- Check in about sleep hygiene, with patient and caregiver

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Topics

- Brief Overview of Anxiety
- Safety for Disruptive Behavior, Aggression, & Eloping Behavior
- Diagnostic Criteria, Initial & Follow-Up Interventions For All Disorders
- Specific Criteria, Initial & Follow-Up Interventions For Each Disorder
- **Brief Comments about Therapies**
- Brief Comments about Medications

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

CBT Components

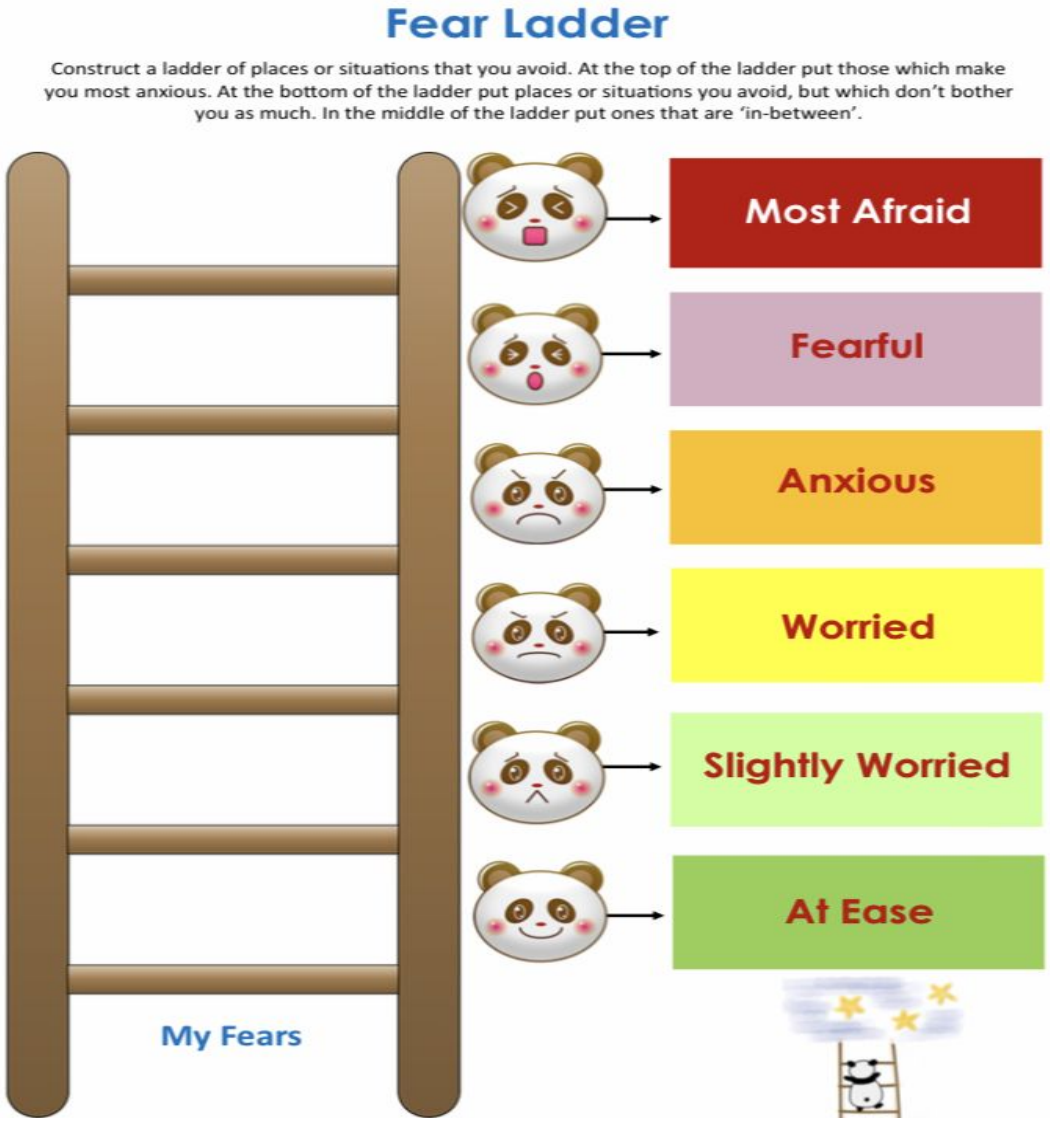
- Psychoeducation about anxiety
- Symptom hierarchy development
- Relaxation training
- Cognitive strategies
- Exposures or “behavioral experiments”
- Homework assignments

Chorpita & Weisz, 2009

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

CBT Components – Hierarchy and Exposures

- Generate list of anxiety-provoking situations
- Get fear thermometer ratings
- Create a hierarchy based on ratings
- Set up exposures
- Practice, Practice, Practice facing fears!



Example Fear Hierarchy – Specific Phobia of Needles

10 – Getting an injection (vaccine) by strangers

9 – Getting an IV

8 – Getting blood draw

8 – Look at needle before getting blood draw

7 – Getting injections

7 – Someone else holding needle next to skin (no puncture)

5 – Have someone hold needle close to skin (1-2 inches)

4 – Getting the tourniquet

3 – Hold vaccine needle

3 – Look at needle (before getting it)

2 – Looking at vaccine needle while someone else holds it (not getting it)

2 – Me holding needle against my skin (no puncture)

1 – Me holding needle

0 – Watch someone else get an injection/blood draw (youtube)

0 – Look at cartoon needles

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Topics

- Brief Overview of Anxiety
- Safety for Disruptive Behavior, Aggression, & Eloping Behavior
- Diagnostic Criteria, Initial & Follow-Up Interventions For All Disorders
- Specific Criteria, Initial & Follow-Up Interventions For Each Disorder
- Brief Comments about Therapies
- **Brief Comments about Medications**

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

SSRI'S

Generic	Brand Name
Fluoxetine (OCD 6+)	**Prozac**
Escitalopram (GAD 7+)	**Lexapro**
Sertraline (OCD 7+)	**Zoloft**
Fluvoxamine (sigma1)	Rarely used in USA
Citalopram	*Less safe than Lexapro*
Paroxetine	*Nonlinear kinetics*

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

SSRI Differences

Escitalopram (Lexapro)

- *Minimal isoenzyme interactions*
- *Generic scored 10 & 20 mg tablets (only one script needed for dose range)*
- *Best for sleep*

Sertraline (Zoloft)

- *Moderate inhibitor of CYP450 2D6, 2B6 (usually not a problem)*
- *Wider dosing range (12.5 for low start; max is 200 mg/day)*

Fluoxetine (Prozac)

- *Very long half-life (best for compliance issues; no withdrawal effects)*
- Strong inhibitor of CYP450 2D6

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Other Anxiolytics for Children or Adolescents

- SNRI Duloxetine (Cymbalta): GAD FDA approval: start 30 mg/day; then 60
- Buspirone (Buspar)
  - 5HT1A partial agonist (impacts just 1 of 13 serotonin receptors)
  - may help till SSRI works; 7.5 or 10 mg dose up to 3x/day
- Antihistamines (as needed)
  - Hydroxyzine (10 or 20 mg), diphenhydramine, doxylamine
  - sedating
  - next day “hang over” effects
  - anticholinergic effects
- Benzodiazepines (NOT RECOMMENDED)
  - addictive

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Closing Statement: For Positive Outcomes

- Emphasize & support child's strengths
- Emphasize functional outcomes
- Continue treatment as long as needed
- Treat comorbid disorders
- Be positive because treatments work and most children have good outcomes

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care

Thank You!

Maryland Behavioral Health Integration in Pediatric Primary Care (BHIPP)

855-MD-BHIPP (632-4477)
www.mdbhipp.org

mdbhipp@gmail.com

BHIPP
Maryland Behavioral Health Integration in Pediatric Primary Care