

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

BHIPP Resilience Break: Managing Anxiety in the Primary Care Setting

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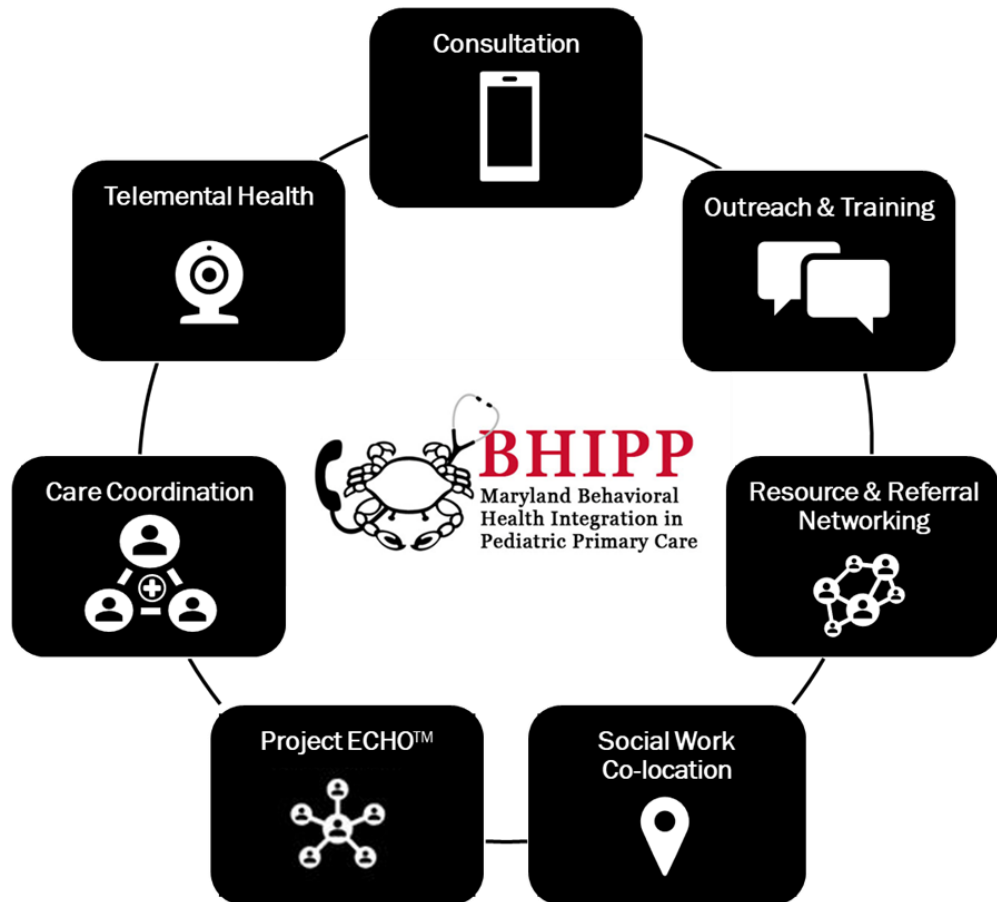


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Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®
- Direct Telepsychiatry & Telecounseling Services
- Care coordination

Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and **Morgan State University**.
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- No Conflicts of Interest
- Off-label prescribing may be discussed

Objectives

- Differentiating between anxious thoughts and disordered anxiety
- Discussing expectations from medication
- Role of self-help resources, therapy/therapist, and the school

Developmental Anxiety

Typical fears by age

| | |
|----------------------|--|
| Infants and toddlers | Separation from caregivers, strangers, loud noises |
| 2-3 yrs | Animals, darkness, thunder and lightning, fire, water |
| 4-5 | Bugs, getting lost, monsters, death |
| 5-7 | Germs/illness, natural disasters, school |
| 7-12 | Performance anxiety, social situations, burglars and kidnappers, war |

Age appropriate
Situation appropriate
Temperament appropriate

Intense
Intrusive

Worry becomes a problem when it causes a problem

Adol- peer opinion and performance, world crisis

How children grow out of it

- Babies- peek a boo, realize that separation is temporary, say good bye
- Kids-
 - Better expression of their fears as language develops
 - Facts and reassurance
 - Play
 - Transitional objects

Is it a Disorder?

- Know the baseline/ change from baseline
- How many issues/ how bad? (spectrum of symptoms)
- How long? (duration)
- How does it affect their day? (dysfunction)

- *Worry becomes a problem when it causes a problem*

Early Detection

- Majority of anxiety disorders experienced across the lifespan emerge in childhood or adolescence

Anxiety Disorder- Worry , Fear, Somatic, Regression



Anxiety Assessment

- Clinical Assessment
- Trauma screen
- Anxiety Scales
- Family history
- Medical workup

GAD 7 scale

GAD-7

| Over the last 2 weeks, how often have you been bothered by the following problems? | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

Total Score _____ = Add Columns _____ + _____ + _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

| | | | |
|--|--|--|---|
| Not difficult at all <input type="checkbox"/> | Somewhat difficult <input type="checkbox"/> | Very difficult <input type="checkbox"/> | Extremely difficult <input type="checkbox"/> |
|--|--|--|---|

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Screen for Child Anxiety Related Disorders (SCARED)
CHILD Version—Page 1 of 2 (to be filled out by the CHILD)

Developed by Florin Firester, M.D., Susanta Khatryal, M.D., Madane Gilly, M.D., David Brent, M.D., and Nicolas McGeehan, Ph.D.,
Western Psychiatric Institute and Clinic, University of Pittsburgh (Pittsburgh, PA); E-mail: firester@upmc.edu

See: Dismukes, R., Brent, D. A., Chappotis, L., Dudgeon, J., Mengo, R., & Dugher, M. (1995). 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, 34*(8), 1236-6.

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. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I get headaches when I am at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I don't like to be with people I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I get scared if I sleep away from home. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I worry about other people liking me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When I get frightened, I feel like passing out. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I am nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I follow my mother or father whenever they go. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. People tell me that I look nervous. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I feel nervous with people I don't know well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I get stomachaches at school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. When I get frightened, I feel like I am going crazy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I worry about sleeping alone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I worry about being as good as other kids. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. When I get frightened, I feel like things are not real. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I have nightmares about something bad happening to my parents. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I worry about going to school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. When I get frightened, my heart beats fast. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I get shaky. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I have nightmares about something bad happening to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SCARED scale



DSM diagnoses

- Generalized Anxiety
- Social Anxiety
- Separation Anxiety
- Phobias
- Panic attacks/ disorder

Management

Environment

- Facts/ Control
- Keep a routine
- Self care
- Calming exercises
- Physical exercise
- Anxious children often have anxious parents

Therapy

- Therapy
- Psychotherapy- CBT, play therapy, supportive therapy
- Response to CBT: 55-80%

Medication

- SSRIs (best evidence)
- SNRIs (limited data)
- Hydroxyzine
- Anticholinergics
- Buspar



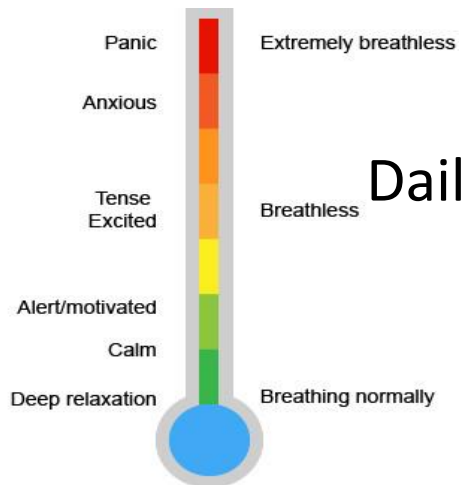
- Benzos- probably not!

Expectation from treatment

- Manage not eliminate
- Hard work and homework
- Parent participation
- Therapy: meds- 70:30

At home

- Normalize
- Avoid avoidance
- Routine
- Self care/sleep
- Social bonds
- Parental Anxiety



Daily check in

Child directed activity



CALM DOWN WITH TAKE 5 BREATHING

How do you feel now?
Are you calm or would you like to take another 5 breaths?

1. Stretch your hand out like a star.
2. Get the pointer finger of your other hand ready to trace your fingers up and down.
3. Slide up each finger slowly ~ slide down the other side.
4. Breathe in through your nose ~ out through your mouth.
5. Put it together and breathe in as you slide up and breathe out as you slide down.
Keep going until you have finished tracing your hand.

Relaxation/Breathing

Therapy

- Supportive- life events
- CBT- negative thought patterns
- Behavioral modification/ Parent management Training- disruptive behaviors
- Exposure /response prevention- compulsive/ avoidant behaviors
- CBT-I
- Trauma focused- fixation on a difficult event or time

Medication Discussion

- Support success of therapeutic behaviors
- Improve tolerance of anxiety*
- Time to therapeutic effect

- Black box warning
- Sexual side effects
- Discontinuation syndrome
- Serotonin syndrome

Medication

| SSRI (FDA approval) | Start (mg) | Maximum (mg) | Increments (mg) |
|-------------------------------|-------------------|---------------------|------------------------|
| Sertraline (6+) | 12.5- 25 | 200 | 12.5-25 |
| Fluoxetine (6+OCD) (8+MDD) | 5-10 (2.5) | 60 | 5-10 |
| Escitalopram (12+) | 5-10 (2.5) | 20 | 5 |

| SNRI | Start (mg) | Maximum (mg) | Increments (mg) |
|--------------------------|-------------------|---------------------|------------------------|
| Duloxetine (7 and up) | 30 (15) | 60 | 15-30 |

Other Anti anxiety

- Citalopram- less safe than Lexapro
- Fluvoxamine rarely used; FDA approval (8+)for OCD
- Paroxetine- nonlinear kinetics
- Venlafaxine- more side effects than Duloxetine
- Buspirone- 5HT1A partial agonist/ may help till SSRI works
- Antihistamines- can be sedating, anticholinergic
- Benzo- addictive

SSRIs – How to?

- Start Low –Go slow
- some results in 4-8 weeks
- Adequate trial or reassess ‘match’
- Effect size – 0.7 for anxiety
- NNT- 3 for non-OCD anxiety
- Time to therapeutic effect and max dose

Treatment- Side Effects

- Usually, none
- Stomachache, nausea, diarrhea
- Headache
- Sexual (decreased libido, delayed orgasm, ED)

- Activation
- hypomania

- **Suicidality/ Black Box warning**
- Serotonin syndrome
- Discontinuation syndrome

All effects (good and bad) seem 'bigger' to anxious children.

BBW- 2004

- Increased risk of suicidal ideation (not attempts or completion) from 2% to 4%
- Decrease in prescription after the warning led to increase in suicide rates (14% increase in the U.S between 2003-2004- largest recorded increase)
- CAMS, 2008- Adverse events such as suicidal ideation were no more frequent in sertraline group than in placebo group

Serotonin Syndrome

GI: nausea, vomiting, diarrhea

Mental Status: agitation, delirium, hallucinations, coma

Autonomic Instability: tachycardia, labile blood pressure, diaphoresis, hyperthermia, flushing, dizziness

Neuromuscular: tremor, hyperreflexia, rigidity, myoclonus, hyperreflexia, incoordination

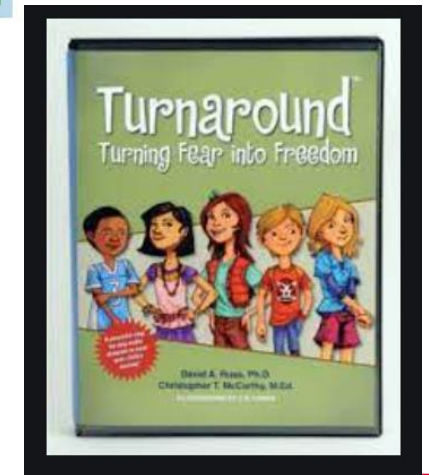
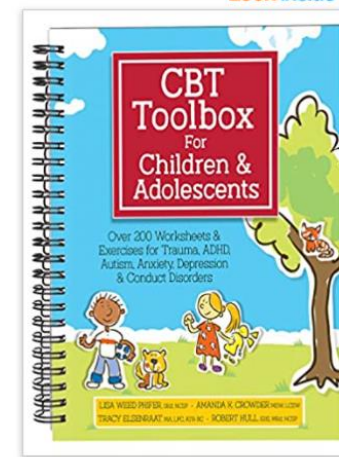
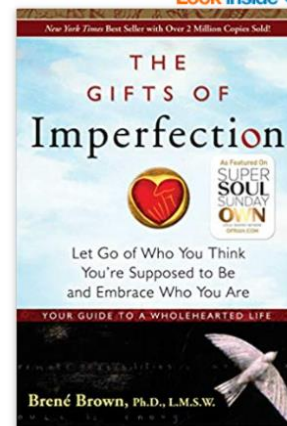
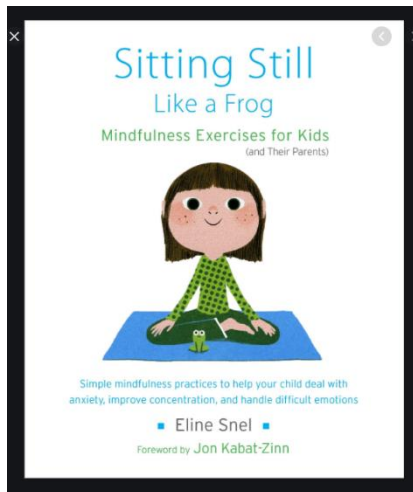
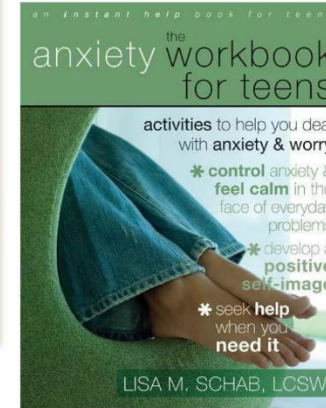
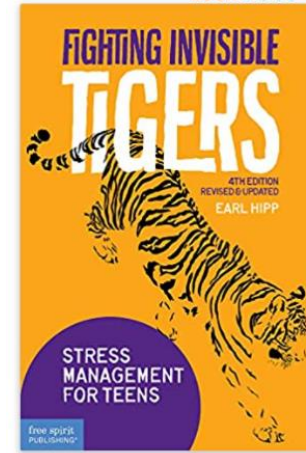
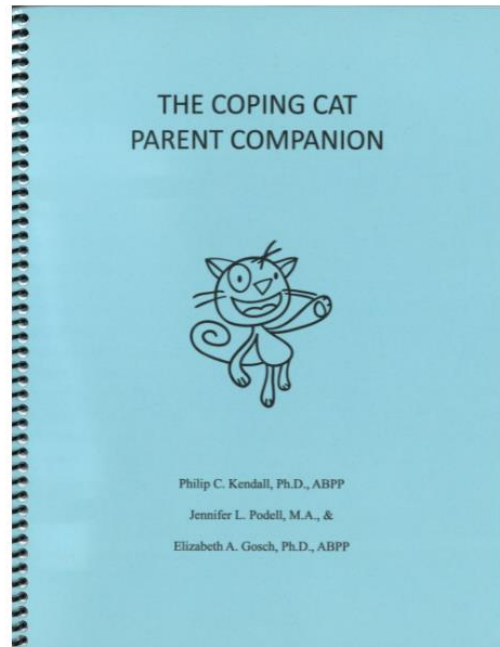
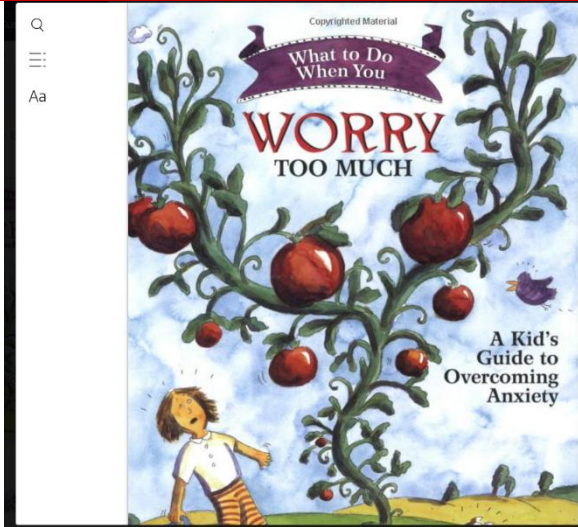
Discontinuation syndrome

- Flu-like symptoms
- GI symptoms – nausea, vomiting, diarrhea
- -----
- Dizziness, vertigo
- Tingling/numbness
- -----
- Sleep disruption
- Anxiety, agitation
- Irritability, low mood

Resources

- AACAP anxiety resource center:
[https://www.aacap.org/AACAP/Families and Youth/Resource Centers/Anxiety Disorder Resource Center/Home.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Anxiety_Disorder_Resource_Center/Home.aspx)
- AACAP- Facts for families
- AACAP- parentsmedguide
- AACAP- Practice parameter for Assessment and Treatment of Children with Anxiety Disorders.
https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/JAACAP_Anxiety_2007.pdf
- Major studies
 - Child/ Adolescent Anxiety Multimodal study- walkup et al, 2008
 - Pediatric Obsessive Compulsive Disorder Treatment Study (POTS)- March et al, 2004

Books



School Accommodations

- School Avoidance
- Bullying
- Anxiety about academics
- Perfectionism
- OCD
- Social anxiety at school

Gradual transition to school

Crisis pass

Buddy system

Scheduled check ins with counsellor

Teacher's assistant

Social skills group

Assessment of learning difficulties

Role of Physician/ provider

- *Developmental stage vs anxiety disorder*
- Contribution of child's environment.
- What is the most effective (appropriate) measure at this stage
- *Set expectations from treatment*
- Match with relevant therapy- get *updates*
- Involve school early- get updates
- Time to wean medication

Summary

- Developmentally normal v/s pathological anxiety
- Use a variety of assessment tools
- Include parents in treatment
- Treatment plan- Environment+ Therapy+ Meds

Thank you for your attention!

Thank you!

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*For resources related to the COVID-19 pandemic,
please visit us at [BHIPP Covid-19 Resources](#).*

