



Assessment and Diagnosis of Anxiety Disorders

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Disclosures

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Learning Objectives

- **To review how to assess for anxiety disorders in children and adolescents in a primary care setting.**
- **To discuss and practice using a tool which can assist in the assessment and monitoring response to treatment of childhood anxiety disorders.**





Agenda

- **Review clinical pearls on assessing anxiety in pediatric primary care**
- **Review a vignette of an anxious child**
- **Review anxiety screening tool: the SCARED**





Anxiety Disorders per DSM5

- **Generalized Anxiety Disorder**
- **Separation Anxiety Disorder**
- **Social Anxiety Disorder**
- **Panic Disorder**





Anxiety Provoking Hodge-Podge

- **School Avoidance**
- **Selective Mutism**
- **Specific Phobia**
- **Agoraphobia**





Epidemiology

- **Very common disorder among your patient population.**
- **Prevalence of up to 20% of all children and adolescents, likely more now.**





Anxiety Disorders

- **Common Presenting Symptoms:**
 - **Recurring and/or increasing fears and worries about routine parts of everyday life**
 - **Physical complaints, like stomachache or headache**
 - **Trouble concentrating**
 - **Trouble sleeping**
 - **Fear of social situations**
 - **Fear of leaving home**
 - **Fear of separation from a loved one**
 - **Refusing to go to school**



Anxiety Throughout Development





Developmental Considerations

	Infancy	Preschool	Middle Childhood	Adolescence	Young Adulthood
Inciting Situation	Parent leaving	Social interaction	Performance anxiety	Social Performance	Post-high school moratorium
Developmental Skill	Object Permanence	Emerging executive functions	Transitioning from home to larger community	Individuation/ separation	Executive functions
Other Factors	Language understanding, expression	Expressive language; temperament	Cognitive skills: language, memory	Body image, adult modeling, group normative expectations	Cognitive ability, developmental strengths profile; familial expectations
Developmentally “normal” ?	Yes	Yes –within limits	Yes – within limits	Yes	Yes
Example	Stranger/ Separation anxiety	Monsters	Test anxiety	“Pack identification” in clothing	The 6 year bachelor’s degree



The Anxiety Toolkit

- **S:**

- **Interview the Youth Alone**, as well as with parents – kids often protect parents from their pain.

- **“COLDER”**
- **Trauma**
- **Mental health “look-a-likes”**
- **Family History**



- **O:**

- **Physical Exam** to consider medical “look-a-likes”
- **Screening Tools** on our website: SCARED or GAD7.



Evaluation

- **Consider differential diagnosis of medical conditions that may mimic anxiety symptoms:**
 - **Hyperthyroidism**
 - **Caffeinism**
 - **Migraine**
 - **Asthma**
 - **Seizure disorders**



Less Common Medical Causes

- **PANDAS (Pediatric autoimmune neuropsychiatric disorders associated with strep infections)**
- **Lead intoxication**
- **Even Less Common:**
 - **Hypoglycemia**
 - **Pheochromocytoma**
 - **CNS disorder (delirium or brain tumor)**
 - **Cardiac arrhythmias**



Evaluation

- **Consider differential diagnosis of other psychiatric disorders that may mimic anxiety symptoms:**
 - **ADHD (restlessness, inattention)**
 - **Autism Spectrum Disorders (social deficits, communication deficits, repetitive/rigid behaviors)**
 - **LD (worries about school performance)**
 - **Depression (poor concentration, sleep difficulty, somatic complaints)**



Less Common Psychiatric Causes

- **Psychotic disorders (restlessness and/or social withdrawal)**
- **Bipolar (restlessness, irritability, insomnia)**





Other Considerations

- **Substance use- CRAFFT on website**
- **Adjustment disorder**
- **Abuse/Unsafe environment/Bullying**
- **Pregnancy**
- **Drug Side Effects**
 - **Prescription- asthma, mood, rheum/allergies**
 - **Nonprescription- diet, allergies, colds**



Assessment

- **Review relevant history (“COLDER,” PMH, medications, psychiatric family history)**
- **Assess function (sleep, appetite, school performance)**
- **Screen for safety (neglect/abuse/SI)**
- **Consider other medical, additional mental health assessments (depression, ADHD)**
- **MH Screening Tools: SCARED**



A Vignette: Katie

- **Katie is a ten year old girl in 5th grade**
- **History of stomach aches and headaches, missing school**
- **Has seen gastroenterologist**
- **Recent ED visit for headaches: CT normal**
- **Dad wants neurology referral**





The SCARED Screener

- **Two versions: Child and Parent**
- **Horizontal domain: 41 symptoms**
- **Vertical domain: Frequency of Symptoms**
 - **Not true: 0**
 - **Sometimes true: 1**
 - **Very often true: 2**
- **Total score cut-point: 25**



Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 1 of 2 (To be filled out by the CHILD)

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 wherever 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"/>

Screen for Child Anxiety Related Disorders (SCARED)

Child Version—Pg. 2 of 2 (To be filled out by the CHILD)

	0 Not True or Hardly Ever True	1 Somewhat True or Sometimes True	2 Very True or Often True
21. I worry about things working out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. When I get frightened, I sweat a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I am a worrier.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I get really frightened for no reason at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I am afraid to be alone in the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. It is hard for me to talk with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. When I get frightened, I feel like I am choking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. People tell me that I worry too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I don't like to be away from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I am afraid of having anxiety (or panic) attacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I worry that something bad might happen to my parents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I feel shy with people I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I worry about what is going to happen in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. When I get frightened, I feel like throwing up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I worry about how well I do things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I am scared to go to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I worry about things that have already happened.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. When I get frightened, I feel dizzy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I feel nervous when I am with other children or adults and I have to do something while they watch me (for example: read aloud, speak, play a game, play a sport.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel nervous when I am going to parties, dances, or any place where there will be people that I don't know well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I am shy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCORING:

A total score of ≥ 25 may indicate the presence of an **Anxiety Disorder**. Scores higher than 30 are more specific.
 A score of 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 may indicate **Panic Disorder** or **Significant Somatic Symptoms**.
 A score of 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 may indicate **Generalized Anxiety Disorder**.
 A score of 5 for items 4, 8, 13, 16, 20, 25, 29, 31 may indicate **Separation Anxiety Disorder**.
 A score of 8 for items 3, 10, 26, 32, 39, 40, 41 may indicate **Social Anxiety Disorder**.
 A score of 3 for items 2, 11, 17, 36 may indicate **Significant School Avoidance**.

**For children ages 8 to 11, it is recommended that the clinician explain all questions, or have the child answer the questionnaire sitting with an adult in case they have any questions.*



Summary

- **Reviewed how to assess anxiety in pediatric primary care.**
- **Reviewed a vignette on an anxious child.**
- **Discussed the use of the SCARED, an anxiety screening and monitoring tool.**





Whenever You're in Doubt

CALL

Project TEACH

1-855-227-7272





Resources

■ Websites: www.projectteachny.org

- Screening tools for Anxiety, OCD, PTSD

■ Google:

- AACAP Anxiety Information Center
- AACAP Practice Parameters for Anxiety
- AACAP Facts for Families on Anxiety

■ Online text:

- <http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>



QUESTIONS



Thank You!



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