

ANXIETY PROBLEMS IN CHILDREN & ADOLESCENTS



Parents may notice that their child seems nervous or fearful. This may be related to a stressful event, such as performing in a school play or writing an exam. In such situations it is normal for a child to worry or feel nervous. It can even help the child memorize their lines or study longer for a test.

Children or teenagers may have a problem, however, if they are frequently nervous or worried and find it hard to cope with any new situation or challenge. Rather than being just *nervous*, the way they feel is better described as being *anxious*.

Anxiety is defined as a feeling of worry or unease. When the level of anxiety is great enough to interfere with a child or young person's everyday activities, we call this an anxiety disorder. An anxiety disorder is a psychiatric condition that may require medical or psychological treatment.

How common are anxiety disorders?

Roughly 6% of children and youth have an anxiety disorder that is serious enough to require treatment.

How long do they last?

Anxiety disorders in children can often be short-lived and, in many cases, may resolve by adolescence or early adulthood. There is evidence that early intervention can limit their severity and the impairment they cause.

What causes anxiety disorders?

Anxiety disorders have multiple, complex origins. It is likely that genes play a role in causing anxiety. However, the home, the neighbourhood, school and other settings can also contribute to anxiety.

For example, some babies or young children who live with too much stress can become anxious. Other children may "learn" to respond in an anxious way to new situations because a parent or other caregiver shows anxiety. In most children and young people it is a mix of these causes that leads to an anxiety disorder.

What's normal and what's not?

Being nervous about a single event, such as writing an exam, is normal. Trying to avoid any situation that causes anxiety is not normal and may mean that the child or teen has an anxiety disorder.

Types of Anxiety Disorders

Children and teens can have more than one type of anxiety disorder at the same time. Some types of anxiety disorders are:

Separation Anxiety Disorder

Sometimes older children and teens become frightened of leaving their parent(s). They may worry that something bad might happen to their parent or to someone else they love. It is only a problem if there is no real reason for this worry. These young people may have a condition called

Separation Anxiety Disorder. Children with Separation Anxiety Disorder may refuse to go to school or they may be unable to go to sleep without a parent being present. They may have nightmares about being lost or kidnapped. They may also have physical symptoms like stomachaches, feeling sick to their stomach, or even throwing up out of fear. A diagnosis of separation anxiety is made if the behaviour has been present for at least four weeks and the behaviour results in real and ongoing social or school problems.

Generalized Anxiety Disorder (GAD)

This is a condition in which the child or adolescent has many worries and fears. They have physical symptoms like tense muscles, a restless feeling, becoming tired easily, having problems concentrating, or trouble sleeping. Children with this condition often try to do things perfectly. They also feel a need for approval.

Social Anxiety Disorder (Social Phobia)

Social anxiety disorder is more likely to occur in teenagers than young children. It involves worrying about social situations, like having to go to school or having to speak in class. Symptoms may include sweating, blushing, or muscle tension.

In some situations, anxiety may be normal for a younger child but not an older one. A young child may become upset when left alone with a babysitter for the first time. This is a normal reaction for a young child but would not be normal for a teenager.

People with this disorder usually try to control their symptoms by avoiding the situations they fear. Young people with social anxiety disorder are often overly sensitive to criticism and have trouble standing up for themselves. They can also suffer from low self-esteem, be easily embarrassed, and be very shy and self-conscious.

Obsessive-Compulsive Disorder (OCD)

Symptoms of OCD usually begin in early childhood or adolescence. Children and young people with OCD have frequent, uncontrollable thoughts (“obsessions”) that are unreasonable. These thoughts come into their mind a lot. They then need to perform certain routines or rituals (“compulsions”) to try to get rid of the thoughts. Children and adolescents with this disorder will often repeat behaviours to avoid some imagined outcome. For example, some people who are frightened of germs will wash their hands over and over to avoid catching a disease. These thoughts can also cause a young person a great deal of anxiety. The obsessions and compulsions can take up so much time that the young person can't lead a normal life.

Panic Disorder

Teenagers, and sometimes children, are likely having a panic attack when they feel very scared or have a hard time breathing and their heart is pounding. They may also feel shaky, dizzy, and think they are going to lose their mind or even die. The teen or child may not want to go to school or leave the house at all because they are afraid something awful will happen to them. Frequent panic attacks may mean that they have a panic disorder.

Post-Traumatic Stress Disorder (PTSD)

PTSD is fairly rare in children. It usually involves a set of anxiety symptoms that begin after one or many episodes of serious emotional upset. The symptoms include jumpiness, muscle tension, being overly aware of one's surroundings (hypervigilance), nightmares, and other sleep problems.

Children and young people with PTSD sometimes also report feeling like they are reliving the traumatic experience. These “flashbacks” often include vivid memories of the triggering event(s), which may involve physical, emotional, or sexual abuse.

Selective Mutism

This is a term used to describe the behaviour of some children who do not speak in certain situations while speaking in others. Children with selective mutism have a specific worry about speaking, but only in the situations that make them feel anxious.

Some children may speak only to their parents but not to other adults. When they know they are going to have to speak, these children may blush, look down, or withdraw. When they do communicate in such situations, they may point or use other gestures, or whisper rather than talk.

Up to 2% of school-aged children may have the symptoms of selective mutism and the symptoms usually appear when they start daycare or school. Some children may outgrow the condition but many go on to have social anxiety disorder.

What treatments are effective?

Both anti-anxiety medications, such as selective serotonin reuptake inhibitors (SSRIs) – drugs that help regulate brain chemicals – and cognitive behavioural therapy (CBT) have been shown to be effective in the treatment of anxiety disorders in children.

Typically, CBT is considered to be the treatment of choice. If an older child or adolescent does not respond completely to CBT, then medications can be added.

OTHER RESOURCES:

More resources are available at offordcentre.com.

Please visit offordcentre.com/research/knowledge/resources for websites and books on this topic.



This information pamphlet was developed by the Centre of Knowledge on Healthy Child Development with support from CIBC World Markets Children's Miracle Foundation and the Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. The Centre of Knowledge on Healthy Child Development is a project of the Offord Centre for Child Studies, a leader in helping kids grow and thrive. The updating of these pamphlets was supported by McMaster Children's Hospital.

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