

Assessment and Phenomenology of Anxiety



- Anxiety children, adolescents, & adults is *common, identifiable* and *treatable*
- There are risk in not treating
- Doing nothing is *not* an option



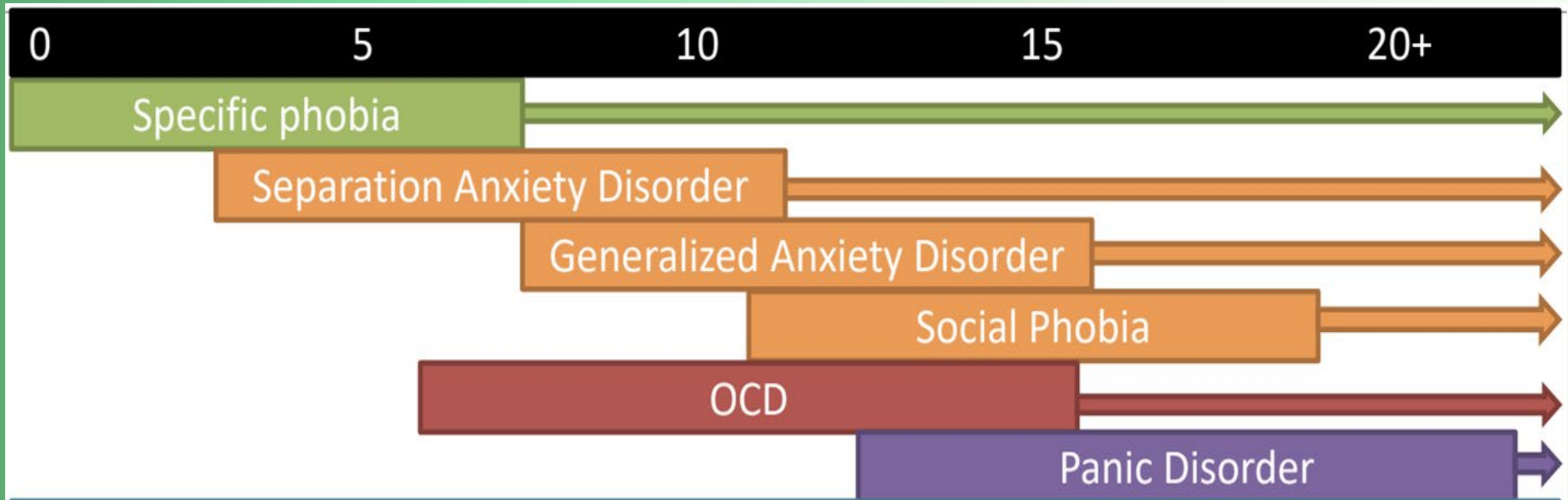
Extraordinary Prevalence



- Approx 34% in the US
- Most common mental health disorders worldwide
- **Highly treatable (fewer than 40% of people with anxiety get help)**
- **Women > Men**
- Anxiety disorders often begin **early**

Szuhany and Simon, 2022; Silove and Rees, 2014; Schiele et al., 2020; Haggerty et al., 20

Anxiety and OCD Typical Age of Onset



Most Common Anxiety Disorders...

- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Panic Disorder
- Phobias (Specific Phobia)
- ~~Separation Anxiety Disorder (especially in children)~~

Lifetime Prevalence

- Specific phobia: 12.5%
- Social anxiety disorder: 12.1%
- Generalized anxiety disorder (GAD): 5.7%
- Panic disorder: 4.7%

Prevalence of Adult Anxiety Disorders



Table 2. Lifetime Prevalence of *DSM-IV*/WMH-CIDI Disorders in the Total NCS-R Sample and by Age

	Prevalence, % (SE)					χ^2 *
	Age, y					
	Total	18-29	30-44	45-59	≥ 60	
Anxiety Disorders						
Panic disorder	4.7 (0.2)	4.4 (0.4)	5.7 (0.5)	5.9 (0.4)	2.0 (0.4)	52.6†
Agoraphobia without panic	1.4 (0.1)	1.1 (0.2)	1.7 (0.3)	1.6 (0.3)	1.0 (0.3)	4.5
Specific phobia	12.5 (0.4)	13.3 (0.8)	13.9 (0.8)	14.1 (1.0)	7.5 (0.7)	54.3†
Social phobia	12.1 (0.4)	13.6 (0.7)	14.3 (0.8)	12.4 (0.8)	6.6 (0.5)	109.0†
Generalized anxiety disorder	5.7 (0.3)	4.1 (0.4)	6.8 (0.5)	7.7 (0.7)	3.6 (0.5)	39.9†
Posttraumatic stress disorder‡	6.8 (0.4)	6.3 (0.5)	8.2 (0.8)	9.2 (0.9)	2.5 (0.5)	37.9†
Obsessive-compulsive disorder§	1.6 (0.3)	2.0 (0.5)	2.3 (0.9)	1.3 (0.6)	0.7 (0.4)	6.8
Separation anxiety disorder	5.2 (0.4)	5.2 (0.6)	5.1 (0.6)			0.0
Any anxiety disorder¶	28.8 (0.9)	30.2 (1.1)	35.1 (1.4)	30.8 (1.7)	15.3 (1.5)	89.9†
Mood Disorders						

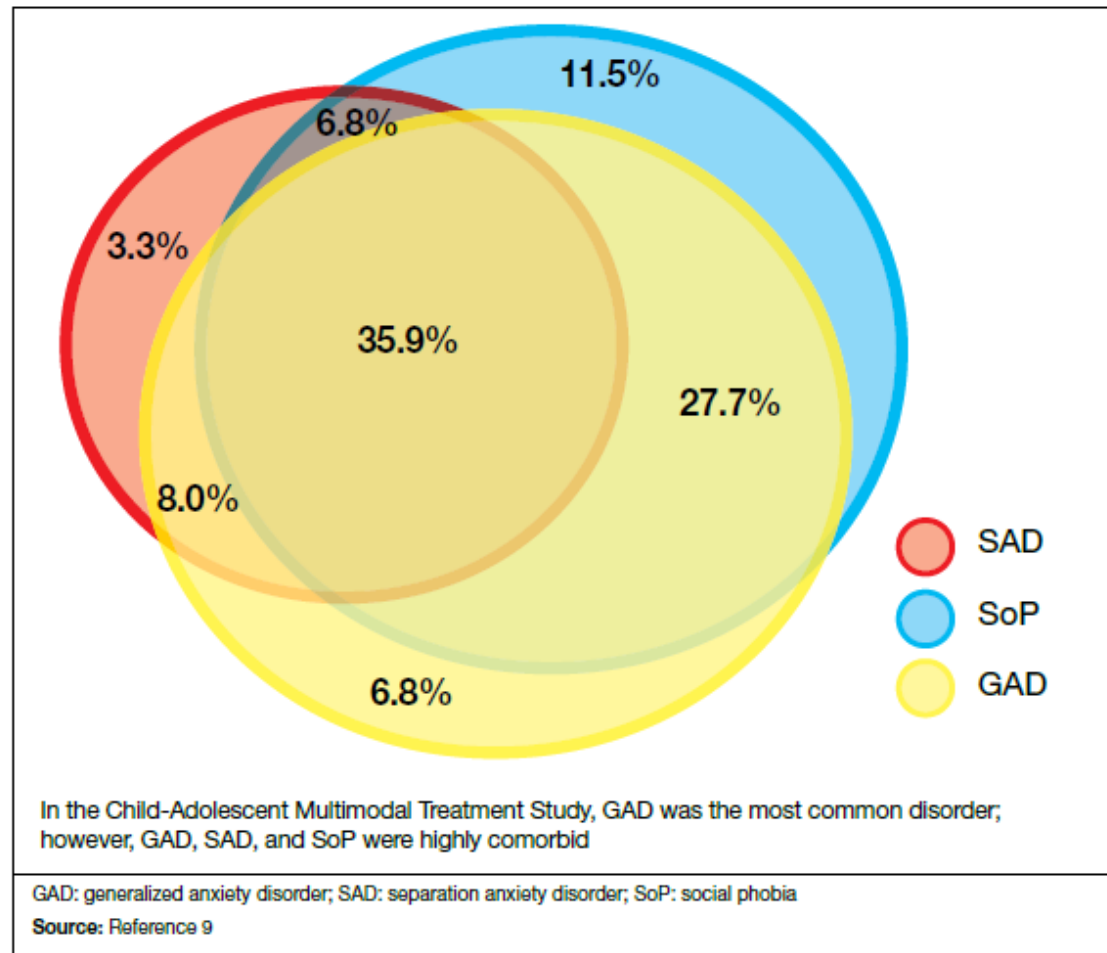
From Kessler et al., Arch Gen Psych, 2005

Anxiety Disorders Often Occur Together



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The pediatric anxiety disorders triad: Comorbidity is common



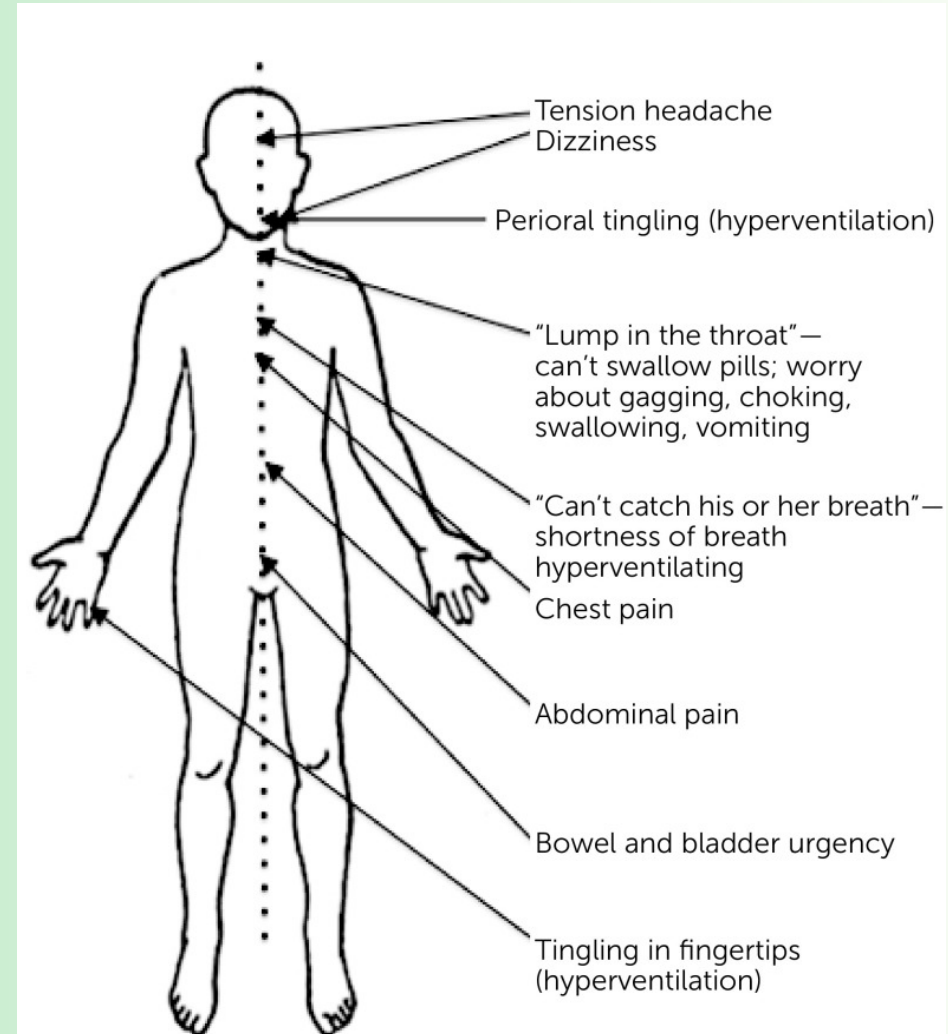
Strawn et al., 2012

Physical Symptoms are Common in Anxiety Disorders



Symptom Recognition: What To Look For

Physical complaints
headaches, stomach aches,
dramatic presentations of pain



Chiu A, Falk A, Walkup JT. Anxiety Disorders Among Children and Adolescents. Focus (Am Psychiatr Publ). 2016 Jan;14(1):26-33. doi: 10.1176/appi.focus.20150029. Epub 2015 Dec 24. PMID: 31975791; PMCID: PMC6524434.

Specific Phobias

Marked fear or anxiety about a specific object or situation that is out of proportion to the actual danger

Specific Phobia

- **Marked Fear or Anxiety** →
 - + **Avoidance** of the object or situation
 - and/or **endurance with intense fear or anxiety**
 - At least 6 months
- Subtypes: animal, natural environment, blood injury, situational, vomiting
- Very common but often not directly treated
- Previously called simple phobia but not so simple



Social Anxiety Disorder

Intense fear of social situations where the individual is exposed to possible scrutiny by others

Common Symptoms



An extreme form of shyness

Extreme discomfort - other people/social situations

Fear of embarrassment

Fear of extreme judgment and criticism

Avoid talking to or hanging out in a group

Performance situations

Social Anxiety Disorder Cont'd



- Anxiety dissipates when away from a social situation (*GAD – persistent*)
- 90% of children with Selective Mutism meet criteria for Social Phobia (specific type of Social Phobia)
- Physical symptoms in social settings (like other anxiety disorders)
- Differential with ASD

Separation Anxiety Disorder

Excessive fear or anxiety about separation from home or attachment figures

Separation Anxiety Disorder

**Persistent worry
about harm coming to
attachment figure(s)**

**Refusal to go out or
sleep away from
home**

**Can cause significant
distress for the parent
of a child with
Separation Anxiety
Disorder**

**In DSM-5 can now be
diagnosed in
adulthood**

***School Refusal is a
common presenting
problem***

***Prevalence:
1-2% in adults***

Generalized Anxiety Disorder

Chronic, excessive worry in a number of areas with at least one associated somatic symptom

Generalized Anxiety Disorder (GAD)



- Chronic, excessive worry in a number of areas with at least one associated somatic symptom
 - Excessive
 - Too long (6 months)
- Unwarranted worry/uncontrolled
- Worry is most often present and not limited to a specific situation or object

Generalized Anxiety Disorder



- Excessive worry accompanied by (3 of 6)
 - (I CREST) Irritability, Concentration problems, Restlessness, Energy drain/fatigue, Sleep disturbance, muscle Tension
- High need for reassurance/questions
- Often multiple somatic complaints
- Equal gender ratio until adolescence, then women > men

Panic Disorder

An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes

Common Symptoms



- Physical symptoms
- Fear of the effects of an attack
 - Death/dying
 - Going crazy
 - Loosing control
- Sudden and intense sense of doom - overwhelming
- ‘Out of the blue’ - preoccupation with future attacks
- Marked deviation from normal behavior following the attacks (avoidance)

Common Symptoms (4>)

- Palpitations
- Sweating
- Trembling
- Shortness of breath
- Choking
- Chest pain
- Nausea
- Faint/lightheaded
- Palpitations
- Chills
- Hot flashes
- Fear of losing control
- Fear of death

Panic Disorder Cont'd

- Peak age of onset - 15y/o – 19y/o
- Repeated and unpredictable attacks (cued/uncued)
- When the anticipatory fear of another attack is so great and results in fear of leaving home, this is called, *agoraphobia (now separate)*
- Medical Work Up

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Imposters



Physical Conditions



- Hyperthyroidism
- Migraine
- Asthma
- Seizure disorders
- Lead intoxication

Less Common

- Hypoglycemia
- Pheochromocytoma
- CNS disorder (delirium or brain tumor)
- Cardiac arrhythmias

Psychiatric Disorders



- **ADHD** (restlessness, inattention)
- **Psychotic disorders** (restlessness and/or social withdrawal)
- **ASD**, (social awkwardness and withdrawal, social skills deficits, communication deficits, repetitive behaviors, adherence to routines)
- **LD** (generate persistent worries about school performance)
- **Depression** (poor concentration, sleep difficulty, somatic complaints)

Manassis, 2000

Substances

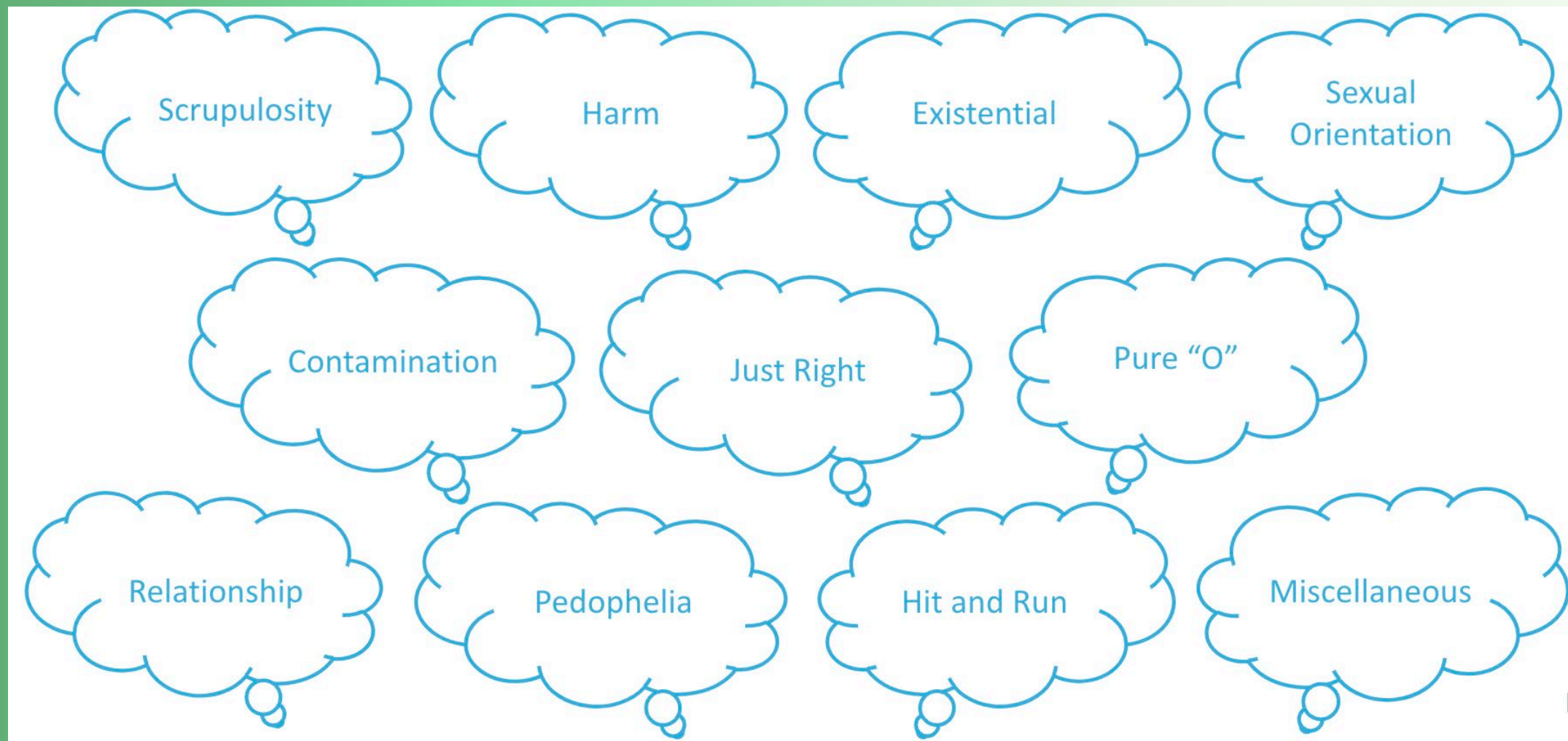


- Substance Use/Withdrawal Syndromes
 - Cocaine, methamphetamine, **caffeine** (including from “Energy” beverages), **nicotine** (withdrawal)
- Prescription Drug Side Effects
 - **Antiasthmatics**, sympathomimetics, steroids, **SSRIs**, antipsychotics (akathisia), haloperidol, pimozide, atypical antipsychotics
- Nonprescription Drug Side Effects
 - Diet pills, **antihistamines**, and cold medications

Obsessive Compulsive Disorder

Unwanted, intrusive thoughts and urges that trigger anxiety and distress

Many Faces of OCD



Obsessive Compulsive Disorder



A. Obsessions, Compulsions or Both

Obsessions:

- Recurrent and persistent intrusive and unwanted thoughts, urges, or images
- Individual attempts to ignore, suppress, or neutralize (e.g., with compulsions)

Compulsions:

- Repetitive behaviors that the individual feels driven to perform in response to an obsession, or ***according to rules***
- These behaviors or mental acts are aimed at preventing or reducing anxiety or distress or preventing some dreaded event

Obsessive Compulsive Disorder Cont'd

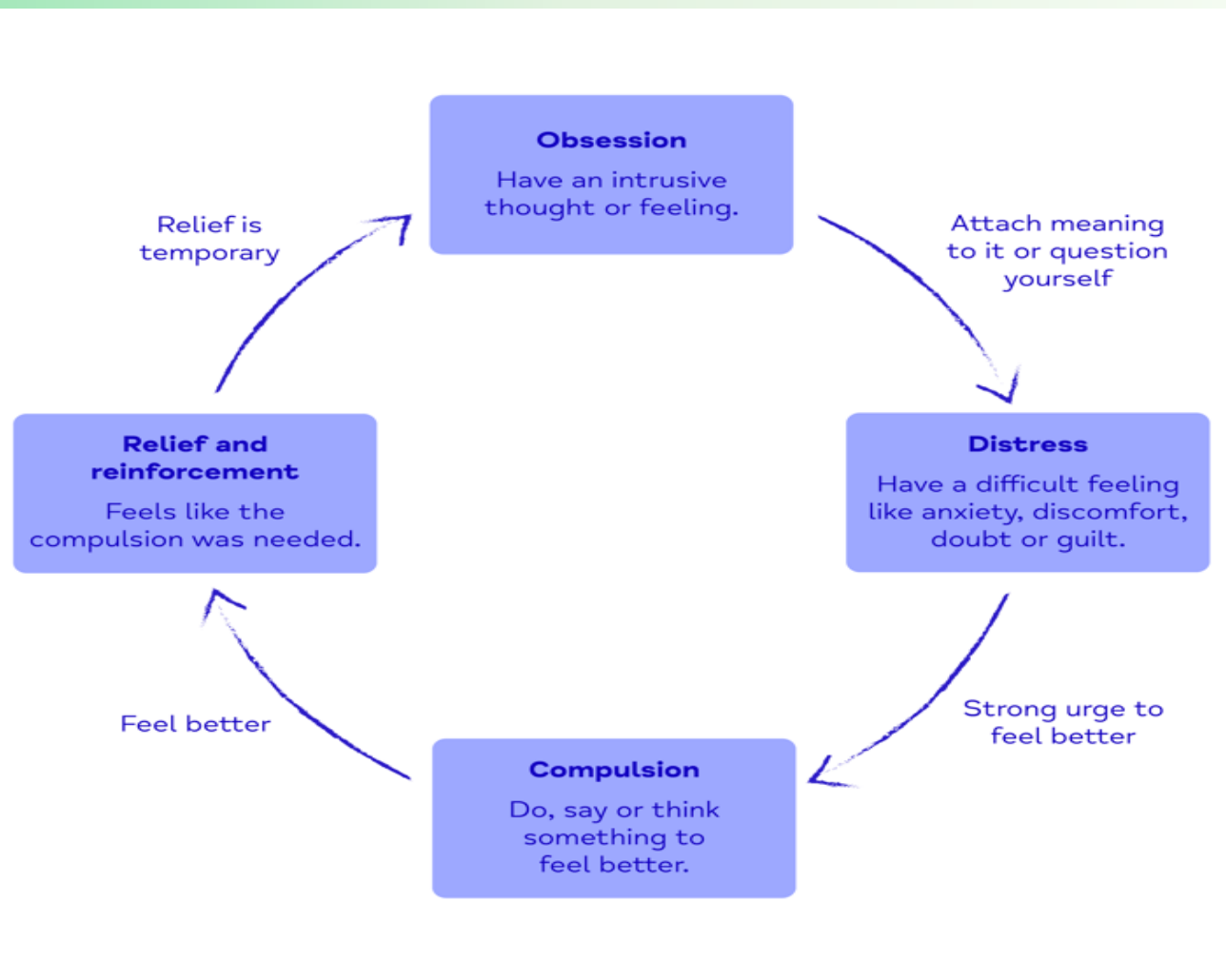


B. The obsessions or compulsions are ***time-consuming*** (e.g., take more than 1 hour per day) or cause clinically significant ***distress*** or ***impairment*** in social, occupational, or other important areas of functioning.



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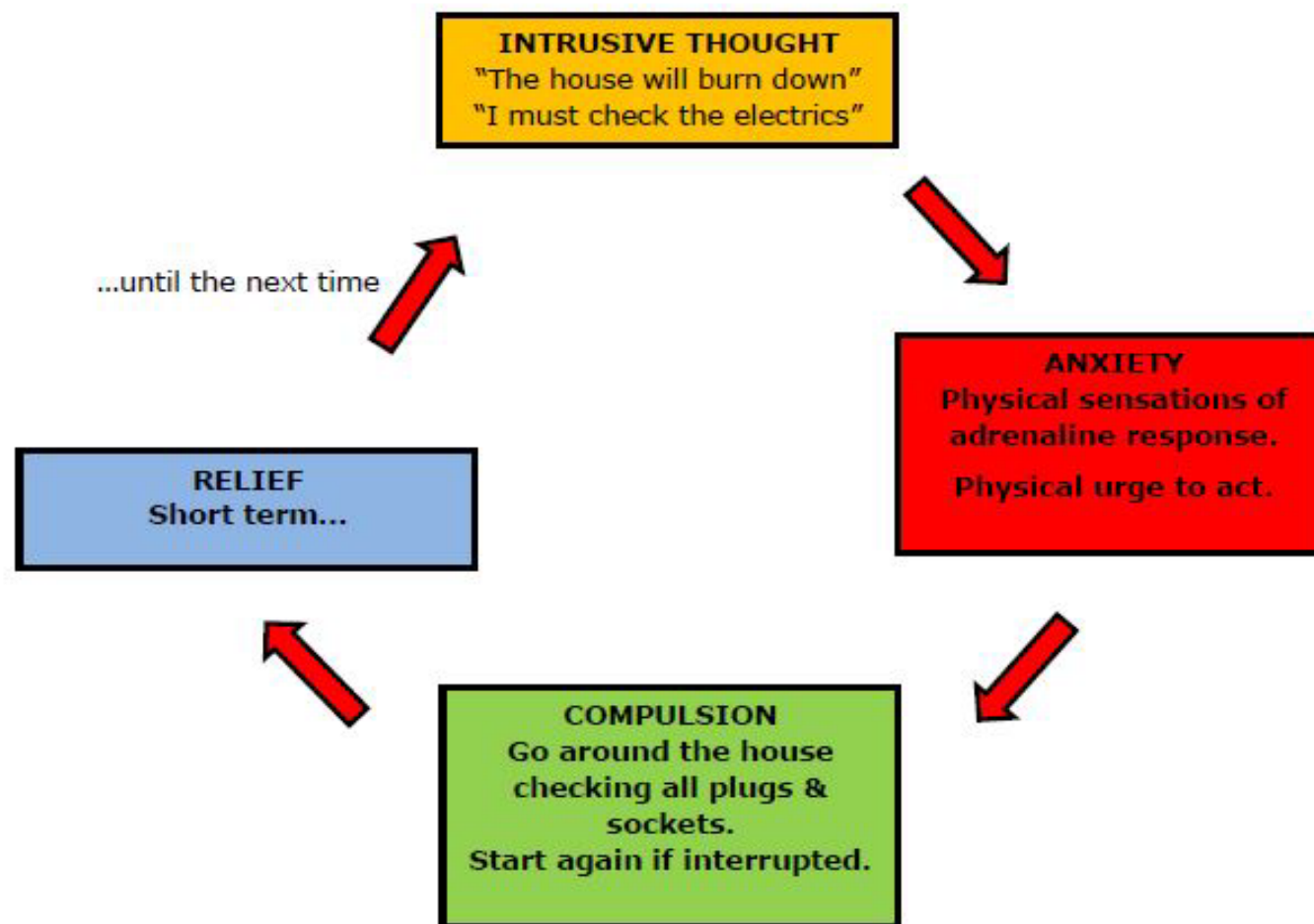
THE OCD CYCLE





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Obsessive Compulsive Disorder Cycle



Using Anxiety Screening Tools and Rating Scales



Anxiety Assessment Instruments



- In primary care sensitivity to detecting cases is **low** (44.5%) whereas general practitioners' ability to correctly identify ***noncases*** as not having the disorder is ***high*** (specificity 90.8%) (Olariu et al, 2015)
- This is consistent with results for depression (sensitivity 50.1%; specificity 81.3%) Mitchell et al 2009
- The percentage of under recognition is even higher when diagnoses are unassisted by instrumentation, with a drop of almost 50% in sensitivity levels with respect to assisted diagnoses

Anxiety Assessment Instruments



- | | | |
|-----------|---|--|
| 2-5 min | { | • Patient Health Questionnaire-4 (PHQ-4) |
| | | • Hospital Anxiety and Depression Scale (HADS) * |
| 5-10 min | { | • Beck Anxiety Inventory (BAI) * |
| | | • Generalized Anxiety Disorder-7 (GAD-7) * |
| | | • State Trait Anxiety Inventory (STAI) * |
| | | • Mood and Anxiety Symptoms Question. (MASQ) |
| 10-15 min | { | • Anxiety Screening Question. (ASQ-15) |
| | | • Anxiety Disorders Diagnostic Question. (ADDQ) |
| | | • Zung Anxiety Scale * |
| | | • Penn State Worry Questionnaire |
| | { | • Adult Behavior Checklist/Adult Self Report |

Rose & Devine (2014)



- Anxiety children, adolescents, & adults is **common**, **identifiable** and **treatable**
- There are risk in not treating
 - Distressing, Disruptive-Debilitating
- Doing nothing is **not** an option



Thank you!