# CHILDHOOD ANXIETY & DEPRESSION

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# Objectives

- Learning Objectives:
  - Review anxiety disorders and depression in pediatric patients
  - Develop an initial treatment plan for pediatric patients with anxiety or depression
  - Demonstrate effective communication techniques for interacting with families dealing with pediatric mental health concerns
  - Identify resources for healthcare providers and families managing pediatric mental health concerns

# Disclosures

- I receive no funding from pharmaceutical companies
- I have received a grant via SickKids for research into yoga as a therapeutic modality for children with anxiety (INCYT)
- I receive funding from NOSM for clinical education

# Agenda

- Introduction/Epidemiology
- Anxiety
  - Signs and symptoms
  - Management
- Depression
  - Signs and symptoms
  - Management
- Resources

# INTRODUCTION

# Epidemiology

| Disorder | Prevalence (1-year) |
|---|---|
| MDD or Dysthymia | 8.2% |
| BD (any type) | 2.1% |
| **Any Mood Disorder** | **10%** |

Kessler 2012

# Epi, cont'd

| Disorder | Prevalence (1-year) |
|---|---|
| Panic Disorder | 1.9% |
| Generalized Anxiety Disorder | 1.1% |
| Agoraphobia | 1.8% |
| Social Anxiety Disorder | 8.2% |
| Specific Phobia | 15.8% |
| **Any Anxiety anxiety** | **24.9%** |

Kessler 2012

# Epi, cont'd

| Disorder | Prevalence (1-year) |
|---|---|
| ADHD | 6.5% |
| Conduct (CD) | 5.4% |
| Oppositional Defiant (ODD) | 8.3% |
| **Any Disruptive Behavioural disorder** | **16.3%** |

Kessler 2012

# ANXIETY

# Pearls

- Anxiety is far more common than any other type of mental illness in children and teens.
- Anxiety disorders often *precede* other disorders (CD/ODD, depression, substance use)
- Common comorbidities include (in order of prevalence): other anxiety disorders, depression, ADHD, CD/ODD, learning disorders, substance use disorders
- Data shows us it is more common to have Anxiety + a comorbidity (40.3% of children/youth) than to have ONLY ONE anxiety disorder (21.9%).
- CBT, CBT, CBT and maybe SSRI's.
- NOTE: in DSM 5, OCD was moved out of the anxiety disorders chapter.

Kessler 2012

# Natural progression

- More common in younger children:
  - Separation Anxiety: onset ~4yoa
  - Selective Mutism & Specific phobia: between 5-8yoa
- More common in older children & adolescents:
  - Social anxiety: between 10-12yoa
  - Generalized anxiety disorder: ~16yoa
  - Panic disorder (+/- agoraphobia): ~18yoa

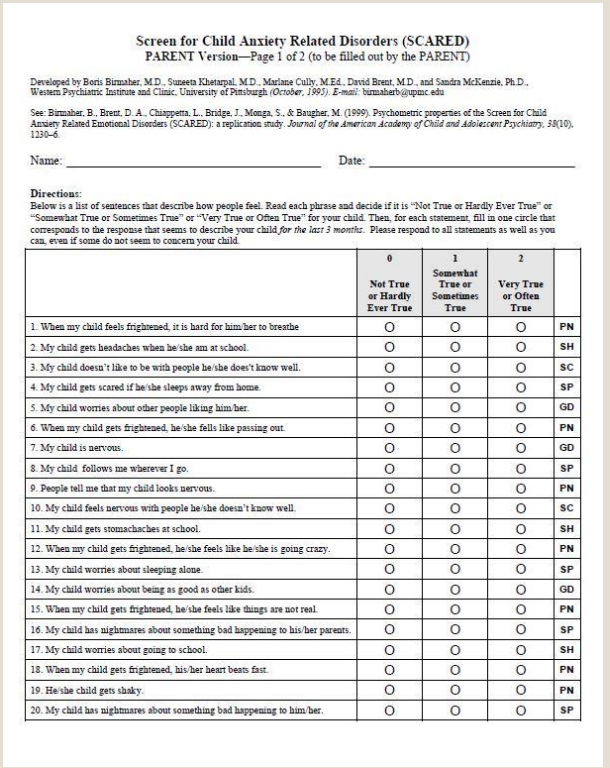

Beesdo, Nappe & Pine 2009

# Case: Lee, 11yoM

- RFR: removed from school "not allowed back until he graduates from residential care". Death threats to teacher and SSP, requiring classroom to be cleared and police called in due to behaviours in class. The school described him as having "anger issues" and told parents he was expected to receive treatment for these.
- On assessment: articulate and well spoken, describing deep fear in class when he is centered out or called upon. Very bothered by loud noisy rooms, with loud noises/chaos triggering fear. Able to directly connect his fear to his anger outbursts. States that his anger and fear means he is never happy and he doesn't want to go on living like this (passive suicidal ideation).
- Also on assessment: death threats to me, punched father in face, made a LEGO gun and threw it at me.

# Screening

- There are MANY office-based screeners: cover differing age spans, cover differing diagnoses, some have $$$ associated or require special training.
- Decent screeners:
  - Screen for Child Anxiety Related Emotional Disorders (SCARED) (validated 8-18)
  - APA Severity Measure for Generalized Anxiety Disorder—Child Age 11–17
  - GAD-7 (validated 12+)
  - HAM-A (Hamilton Anxiety Scale, validated 12+)
  - Spence Childhood Anxiety Scale (validated 8-15)



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

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 your child. Then, for each statement, fill in one circle that corresponds to the response that seems to describe your child *for the last 3 months*. Please respond to all statements as well as you can, even if some do not seem to concern your child.

| | 0 Not True or Hardly Ever True | 1 Somewhat True or Sometimes True | 2 Very True or Often True | |
|---|---|---|---|---|
| 1. When my child feels frightened, it is hard for him/her to breathe | O | O | O | PN |
| 2. My child gets headaches when he/she am at school. | O | O | O | SH |
| 3. My child doesn't like to be with people he/she does't know well. | O | O | O | SC |
| 4. My child gets scared if he/she sleeps away from home. | O | O | O | SP |
| 5. My child worries about other people liking him/her. | O | O | O | GD |
| 6. When my child gets frightened, he/she fells like passing out. | O | O | O | PN |
| 7. My child is nervous. | O | O | O | GD |
| 8. My child follows me wherever I go. | O | O | O | SP |
| 9. People tell me that my child looks nervous. | O | O | O | PN |
| 10. My child feels nervous with people he/she doesn't know well. | O | O | O | SC |
| 11. My child gets stomachaches at school. | O | O | O | SH |
| 12. When my child gets frightened, he/she feels like he/she is going crazy. | O | O | O | PN |
| 13. My child worries about sleeping alone. | O | O | O | SP |
| 14. My child worries about being as good as other kids. | O | O | O | GD |
| 15. When my child gets frightened, he/she feels like things are not real. | O | O | O | PN |
| 16. My child has nightmares about something bad happening to his/her parents. | O | O | O | SP |
| 17. My child worries about going to school. | O | O | O | SH |
| 18. When my child gets frightened, his/her heart beats fast. | O | O | O | PN |
| 19. He/she child gets shaky. | O | O | O | PN |
| 20. My child has nightmares about something bad happening to him/her. | O | O | O | SP |

Links in References to all of above Screeners

# Childhood anxiety

| | |
|---|---|
| Separation anxiety disorder | • **Developmentally inappropriate** and **excessive** fear or anxiety concerning separation from those to whom the individual is attached.<br>• What you'll see: Parents in deep distress as they can't go to work, can't get work done, excessive "check-ins", no one at home is sleeping. |
| Selective mutism | • **Consistent failure to speak** in specific social situations in which there is an expectation for speaking (e.g., at school) despite speaking in other situations<br>• What you'll see: Parents speaking for the child everywhere, teachers sending notes home about lack of participation but child participates normally at home and marks are good. |

Beesdo, Nappe & Pine 2009

# Symptoms in Children

| Disorder | Key features |
|---|---|
| Specific phobia | • The fear or anxiety may be expressed by **crying, tantrums, freezing, or clinging**<br>• Other specifiers: loud sounds or costumed characters |
| Social Anxiety Disorder | • The anxiety **must occur in peer settings**, not just during interactions with adults<br>• The fear or anxiety may be expressed by crying, tantrums, freezing, clinging, shrinking, or failure to speak in social situations |
| PTSD | ○ Intrusion symptoms: repetitive play may occur in which **themes or aspects of the traumatic event(s) are expressed**; there may be frightening dreams without recognizable content; trauma-specific re-enactment may occur in play<br>• Specific subtype for children ≤6 years of age |
| GAD | • Needs only **one** physical symptom of anxiety daily for 6 months time |
| OCD, panic disorder | • No pediatric specific criteria |

Beesdo, Nappe & Pine 2009

# REMEMBER FUNCTION

- For ANY DSM diagnosis, the patient must have functional impairment. So the FEAR must get in the way of LIFE.
- For children and teens, function will vary depending on age.
  - 0-5: Can they eat and gain weight appropriately? Can they sleep? Can they learn? Can they play with other children? Can they interact with other adults?
  - 6-12: Can they go to school? Can they learn? Can they make and keep friends? Can they do independent activities outside of the family home?
  - 13-18: Can they go to school independently? Can they learn independently? Can they make and keep friends? Are their strongest relationships outside of the family? Can they do activities outside of the family home?

American Psychiatric Association 2013

# Contextual Fear…

- Children with TRAUMA may have fear that impairs function that is still CONTEXTUAL.
  - Example: 13yoF, on a Form 1, referred for SI and HI. Referring physician states child is bullied daily (ongoing) and has been sexually assaulted by a bully. The child told her parents and teachers and no interventions were made.
    - What role does an inpatient admission for acute suicidality play for this patient?
    - What about CBT or medication?
    - REALITY: it isn't PTSD or anxiety. This is a contextually appropriate reaction to ongoing life-threatening experiences. The child's life has been left at risk by the bully and authorities. Expressing suicidality and homicidality gets the patient noticed and gets the child help.

# Treatment Principles

- Parent and patient psychoeducation
- School consultation and accommodations
- FIRST LINE:  Cognitive behavior therapy (CBT)
- SECOND LINE:  Combination of CBT and SSRI's

# CBT

Treatment targets for each anxiety disorder:

- SEP: cognitive restructuring, behavioral exposures
- Specific phobia: systemic desensitization, exposure hierarchy
- GAD: diaphragmatic breathing, progressive muscle relaxation, cognitive restructuring
- SOC: social skills training, exposure
- PD: interoceptive exposure

# Self-help CBT Resources

- Books (see handout)
- Websites:
  - https://www.copingcatparents.com/
  - Campcopealot.com
  - Tamingsneakyfears.com
  - www.anxietycanada.com
- Apps:
  - Headspace
  - MindShift
  - Calm
  - Relax Melodies
- YouTube: Cosmic Kids Yoga, Yoga with Adrienne, John Kabat-Zinn

# Medication management

- Overall: <u>our first line consideration for ALL of anxiety is therapy FIRST.</u>
  - Second consideration would be combination SSRI & CBT.
  - There is no Level 1 evidence for medication management for Panic Disorder, GAD, PTSD, Separation Anxiety.
- Level 1 Evidence:
  - OCD: Fluoxetine and Clomipramine monotherapy.
  - Social Anxiety Disorder: Fluoxetine
- Level 2 Evidence:
  - Social Anxiety Disorder: Fluvoxamine, paroxetine, venlafaxine
  - GAD: Fluoxetine, fluvoxamine, sertraline
- Negative Evidence: evidence of harm in PTSD with sertraline. Evidence of harm from use of benzodiazepines in SAD, Separation Anxiety, PTSD, GAD.

Katzman, Bleau et al 2014

# Landmark Studies

- CAMS: 488 youth (7-17y), NIHB funded, SOC/GAD/Sep (DSM-IV)
  - CBT vs sertraline vs Combo vs Placebo
  - Combo>(CBT=sertraline)>Placebo
- POTS: 112 youth (7-17), NIHB funded, OCD (DSM-IV)
  - CBT vs sertraline vs Combo vs Placebo
  - Combo>(CBT=sertraline)>Placebo (both in response rates and remission rates)

Compton et al 2010, POTS 2004

# Case update:  Lee

- Fluoxetine started and titrated, now at 30mg per day without adverse effects.
- He started in the day treatment program at CCTB.  He learned emotion regulation strategies and relaxation strategies.  He can now readily apply them.  No outbursts, no expressed homicidality or suicidality in ~ 12 months.
- Academically, he has caught up on all curriculum areas.  He will be returning to school (regular curriculum classroom) this fall for the first time in 4 years.

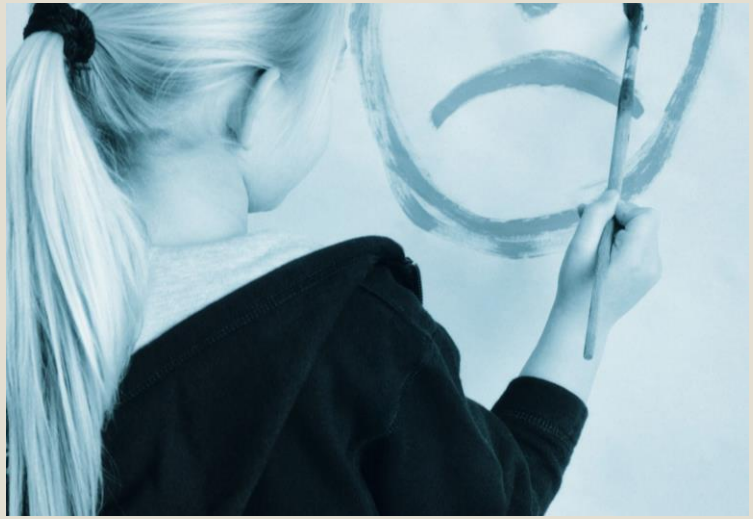
# DEPRESSION

# Pearls

- The primary mood change in Major depressive disorder (MDD) in C&A can be *irritability* in addition to depressed mood or anhedonia
  - Children will express that life is boring, just not fun anymore. Parents will say they're cranky all the time, they're never happy, "prickly", "hedgehog".
- As children age, prevalence rates increase to adult levels: adulthood is depressing?
  - M:F 1:1 in children, 1:2 after puberty

# Bipolar versus Unipolar?

- Always keep Bipolar Disorder in the differential especially for first/second-episode depressive episode
- Risk factors for future diagnosis of BD:
  - Treatment resistant depression
  - Hypersomnia, hyperphagia
  - Family history of BD
  - Hypomania from SSRI



American Psychiatric Association 2013

# But what about DMDD?

- Daily crankiness/irritability combined with anger outbursts, diagnosed AFTER age 6 but started BEFORE 10.
  - Diagnosis:  between 6-18 years only.
- Must be daily for 12 months.
- Outbursts 3 times per week minimum, NOT in keeping with developmental expectations.
- How is this different from mania?
  - Episodic vs pervasive:  "discrete episodes" vs "Oh no this is how they are all the time".
  - SLEEP

American Psychiatric Association 2013,  Noller 2016

# Case: Scott, 15yoM

- RFR: Query Bipolar. Irritable and angry for weeks at a time, some anger outbursts at school.
- On interview: "quiet rage", clearly irritable, also tearful and deeply distressed by his symptoms. Some sleep disturbance issues: could go days without need for sleep, then weeks sleeping 14-20 hours a day. Two family members with confirmed Bipolar Disorder. Huge issues at school due to irritability and zero frustration tolerance.

# Screening for depression

- As with anxiety screening, validation remains a question: review of screening tools in 2016 found that validation studies were too small and used inconsistent cut-off scores.
  - Children's Depression Inventory (CDI)
  - PHQ-9

Links in References to all of above Screeners

Roseman et al 2016

# Treatment Principles

- Parent and child psychoeducation
- School accommodations
- Psychopharmacology – SSRIs
- Psychotherapy – CBT, IPT, DBT

MacQueen Frey Ismail et al 2016

# Therapy

- CBT: Level 1 evidence for C&A.
  - Combination of cognitive restructuring/reframing (confront negative/depressogenic thoughts) while also altering routine/behaviours.
  - MoodGym
- Behavioural Activation: Level 1 evidence for adults.
  - Focuses on just altering routine/behaviours.
  - Rainbow Scheduling
- IPT: Level 1 evidence for C&A.
  - Focus on identifying and moving away from depressogenic relationships/people while simultaneously enhancing/moving towards mood-lifting relationships/people.
- DBT: Balanced focus between learning to identify and tolerate negative emotions, while improving emotional communication.
  - Family Connections

MacQueen Frey Ismail et al 2016

# Self-Help Therapy Resources

- Books:
  - Mind over Mood
  - Don't Let Your Emotions Run Your Life for Teens
  - What To Do When series
  - How to Hug a Porcupine
- Websites:
  - MoodGym
  - Sashbear.org: Family Connections: Caregiver DBT
  - CCI: https://www.cci.health.wa.gov.au/Resources/For-Clinicians

# Medication management

- Approach: as per CANMAT guidelines, if patient's episode is severe (9+ symptoms OR suicide attempt OR psychotic features), we treat with medication and therapy.
- Consider a stepped approach: FIRST LINE is therapy.
  - MILD: Psychoeducation, supportive therapy/counselling, Rainbow Scheduling, self-help resources.
  - MODERATE: All of MILD, plus CBT/IPT. Discussion of adding SSRI's if therapeutic interventions fail.
  - SEVERE: Start SSRI, while doing all of above.
- SSRI's: NONE approved by HC for C&A's.
  - Second line: Level 1 evidence for fluoxetine. Level 2 evidence for sertraline, escitalopram, citalopram
  - Third line: Level 2 evidence for venlafaxine and TCA's.

MacQueen Frey Ismail et al 2016

# Landmark Studies

- TADS: RCT, 13 sites, NIHB funded, 327 youth (12-17), MDD (DSM-IV).
  - Moderate to severe depression: best treatment is combination of fluoxetine and CBT.
  - Combo>(fluoxetine alone=CBT alone)
- TORDIA: RCT, 24 weeks, NIHB funded, 334 youth (12-18), MDD (DSM-IV).
  - After min 8 weeks of any medication treatment, randomized to another SSRI or venlalfaxine or combo of SSRI/venlafaxine and CBT.
  - For treatment resistance (history of 2 failed SSRI trials, min 8 weeks each), venlafaxine was superior
- TEAMS: RCT, NIHB funded, 279 youth first episode mania (DSM-IV).
  - Risperidone superior to lithium and divalproex for first episode mania.

TADS 2007, Emslie Mayes Porta et al 2010, Vitiello B Riddle MA Yenokyan G et al 2012

# Case update: Scott

- Terrified of SSRI's due to risk of switch. Trialed quetiapine and had nightmares (known adverse effect), then lurasidone (numbness/emotional dulling). All of these were in combination with CBT. Opted to work on CBT alone for a while, then returned with insomnia and worsening anxious distress.
- Now: remission with quetiapine and occasional clonazepam. Employed part time, finishing high school (alternative stream).

# RESOURCE LISTS

# For Parents: Depression resources

- Depression and Your Child: A Guide for Parents and Caregivers by Deborah Serani (2015)
- Coping with an Anxious or Depressed Child by Samantha Cartwright-Hatton
- Rescuing Your Teenager from Depression by Norman T. Berlinger
- The Disappearing Girl – Learning the Language of Teenage Depression by Lisa Machoian
- How to Hug a Porcupine: Negotiating the Prickly Points of the Tween Years by Julie A Ross (2008)
- The Incredible Years by Carolyn Webster-Stratton (2006)
- The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind by Daniel J. Siegel and Tina Payne Bryson (2012)
- Untangled by Lisa Damour [About adolescent female emotional development]
- How To Raise A Boy: The Power of Connection to Build Good Men by Michael C. Reichert [About adolescent male emotional development]
- Helping Teens Who Cut by Michael Hollander (2017)

# For Kids/Teens: Depression resources

- My Feeling Better Workbook: Activities that Help Kids Beat the Blues by Sarah Hamil
- Have You Filled a Bucket Today by Carol McCloud (2016)
- Hot Stuff to Help Kids Cheer Up: The Depression and Self-Esteem Workbook by Jerry Wilde (2007)
- SOS Help for Emotions: Managing Anxiety Anger and Depression by Lynn Clark (2002)
- Beyond the Blues: a Workbook for Teens Who Are Depressed by Lisa Schab
- Don't Let Your Emotions Run Your Life for Teens by Sheri Van Dijk (2011)
- The Relaxation and Stress Reduction Workbook for Teens: CBT Skills to Help You Deal with Worry and Anxiety by Michael A. Tompkins, Jonathan R. Barkin, et al.(2018)
- Stopping the Pain: A Workbook for Teens Who Cut and Self Injure by Lawrence E. Shapiro (2008)
- The Teen Girl's Survival Guide: Ten Tips for Making Friends, Avoiding Drama, and Coping with Social Stress by Lucie Hemmen (2015)

# For Parents:  Anxiety resources

- Keys to Parenting Your Anxious Child by Katharina Manassis (2008)
- Helping Your Anxious Child: A Step-by-Step Guide for Parents by Ronald Rapee (2008)
- How to Talk So Kids Will Listen and Listen So Kids Will Talk by Adele Faber and Elaine Mazlish (2013)
- The Incredible Years by Carolyn Webster-Stratton (2006)
- The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind by Daniel J. Siegel and Tina Payne Bryson (2012)

# For Kids/Teens:  Anxiety resources

- What to Do When series  by Dawn Huebner
- Have You Filled a Bucket Today by Carol McCloud (2016)
- Too Shy For Show & Tell by Beth Bracken
- Train Your Angry Dragon: Teach Your Dragon To Be Patient by Steve Herman (2018)
- The Anxiety Workbook for Teens: Activities to Help You Deal with Anxiety and Worry by Lisa M. Schab (2008)
- The Shyness and Social Anxiety Workbook for Teens: CBT and ACT Skills to Help You Build Social Confidence by Jennifer Shannon, Christine Padesky, et al. (2012)
- Don't Let Your Emotions Run Your Life for Teens by Sheri Van Dijk (2011)
- The Relaxation and Stress Reduction Workbook for Teens: CBT Skills to Help You Deal with Worry and Anxiety by Michael A. Tompkins, Jonathan R. Barkin, et al.(2018)

# Screening Resources

- SCARED Screener: https://www.ohsu.edu/sites/default/files/2019-06/SCARED-form-Parent-and-Child-version.pdf
- APA Online Assessment Measures: https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures
- GAD-7: https://www.mdcalc.com/gad-7-general-anxiety-disorder-7
- HAM-A: https://dcf.psychiatry.ufl.edu/files/2011/05/HAMILTON-ANXIETY.pdf
- Spence Childhood Anxiety Scale: https://www.scaswebsite.com/docs/Ramme%20SCAS%20Psychomet%20evidence.pdf
- PHQ-9: http://med.stanford.edu/fastlab/research/imapp/msrs/_jcr_content/main/accordion/accordion_content3/download_256324296/file.res/PHQ9%20id%20date%2008.03.pdf

# Rapid Resources

- Crisis Response: (807) 346-8282
- Kids Help Phone: 1-800-668-6868
- Mental Health Walk-ins (Talk-ins): Children's Centre Thunder Bay (807) 700-0090 or Our Kids Count (807) 345-7323
- Mental Health & Addictions Nurses: (807) 345-7339

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# Questions?