KSKidsMAP

Kansas Together for Pediatric Mental Health Care Access

Pediatric Mental Health Toolkit
Topic: Anxiety
Part 2: First line treatment and interventions

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as a part of an award totaling $2,134,666 with 20% financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Principles to consider

- Treatment should be patient centered, family focused, developmentally appropriate and evidence based

- Treatment follows careful evaluation and assessment
- Education (for child and family) is critically important
- Close follow up is important
  - Think of psychiatric disorders the way you think about the care of other chronic illnesses – relapse and remission with response to environmental stressors

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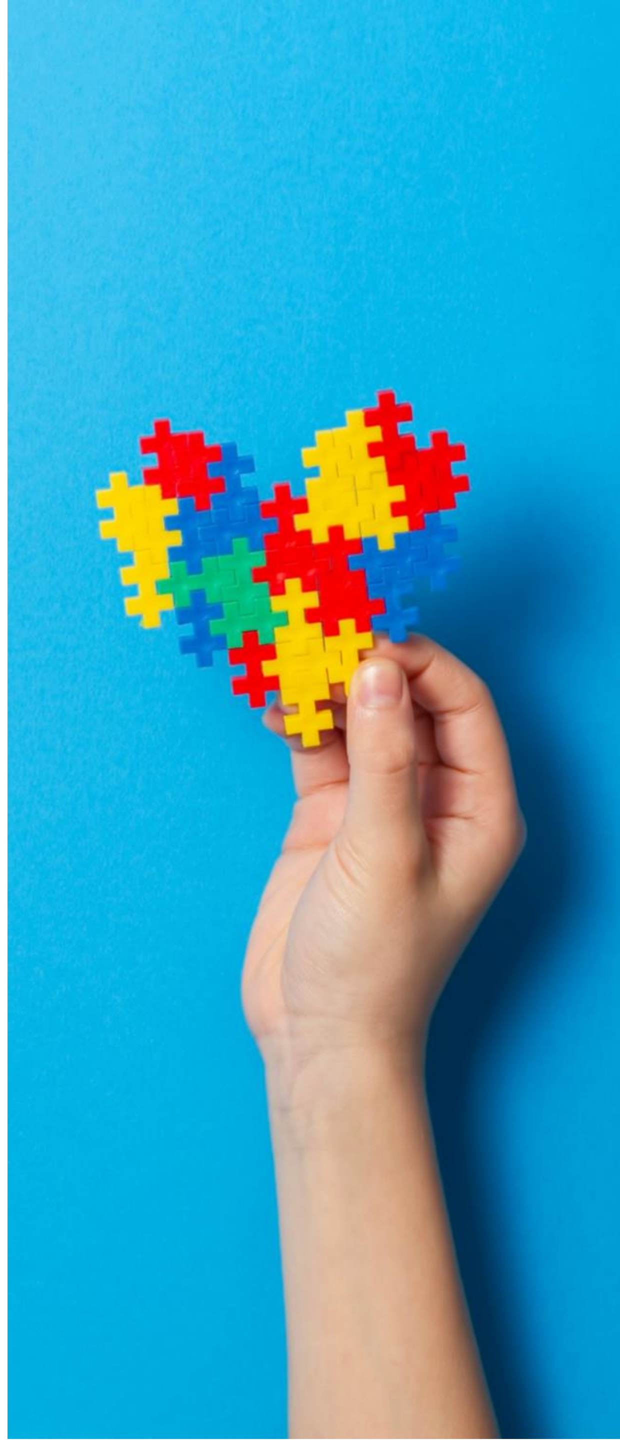
Safety first

- Abuse/neglect
- Bullying
- Neighborhood violence, gangs, gun shots, etc.
- War, famine, terrorism, disease, etc.
- Other environmental stressors
- Nothing works if a child is or feels unsafe
- Increased virtual connectivity may mean increased fear



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Education and reassurance is sometimes enough

But often more is needed

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Evidence based treatments

- Cognitive behavioral therapy (CBT)
- Pharmacotherapy
- Combined CBT and pharmacotherapy
- Good medical practice always includes supportive therapy
- Other therapies (play therapy, family therapy, etc.) do not have good data to support their use for anxiety disorders in kids

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Combined treatment

- Milder disorders should probably receive CBT alone as first line
- Consider combined treatment
  - Severe anxiety
  - Co-morbid disorder (such as ADHD)
  - Partial response to CBT alone
- Careful monitoring of treatment response is important
- Communication with other treating clinicians matters

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CBT

- Time limited (12-15) sessions
- Goal oriented and includes homework
- Psychoeducation, somatic symptom management, cognitive restructuring
- Includes exposure to the feared stimulus
- Relapse prevention plan

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Consider medication

- Moderate-severe symptoms
- Causing impairment at school, home, hobbies etc.
- Either not participating (because of anxiety) or not responsive to therapy
- Initial lower dose, titrate to effectiveness, with close monitoring for side effects
- Plan for taper after 6 months or so

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First line medications are SSRI's or SNRI's

- FDA approval
  - For OCD – fluoxetine, sertraline and fluvoxamine
  - For GAD - duloxetine
- Stay away from benzodiazepines – unproven and significant risk

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Principles of treatment

- Informed consent/assent
- Start Low and Go Slow
- Target dose by 2-4 weeks
- Monitor for benefit/side effects
- Use rating scales
- Full effect may take 2-3 months
- Change if no benefit/side effects at 4 weeks

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Disclosure

Thank you for viewing the KSKidsMAP toolkit on Anxiety. KSKidsMAP intends for this toolkit to be used in conjunction with the KSKidsMAP program and not as a stand-alone resource. KSKidsMAP provides case-based consultation with experts in pediatric mental health, ongoing education and mentorship through the Virtual TeleECHO clinic, and physician and clinician wellness resources to those providing medical care to youth and adolescents with mental illness. Please connect with KSKidsMAP by emailing KSKidsMAP@kumc.edu or calling 1-800-332-6262.

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