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Pediatric Anxiety - A Guide for Parents

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Pediatric Anxiety – A Guide for Parents

CHARLOTTE FAMILY HEALTH CENTER

PAUL MCCLEARY

OCTOBER – NOVEMBER, 2022.

ANDREA REGAN

Pediatric Anxiety

As of April 2022, the United States Preventive Services Task Force (USPSTF) recommends that all children age 8-18 be screened for anxiety. Whether this recommendation is due to the many changes and stress stemming from Covid-19, the community was left with a need for insight into properly addressing this issue. Whether it be for parents at home or physicians in the clinic, clear educational pamphlets identifying alarm signs and home recommendations will benefit the community.

AHEC Focus Areas

- ❖ Interprofessional Education – Providing a pamphlet will better coordinate team-based care in a form that gives parents a tangible reminder of alarm signs and behavioral recommendations.
- ❖ Behavioral Health Integration – CDC estimates 8% of children are diagnosed with anxiety disorder, but experts believe the number of children impacted by anxiety is closer to 20%.¹ Addressing anxiety is an integral part of mental health.

Public Health Cost

A study in 2020 investigated the clinical correlates of economic costs in pediatric anxiety disorders. This study considered direct costs of mental health services and indirect costs including missed school or a parent's missed work.

- ❖ “Seventy-two percent of youth (n = 150) had positive costs. Among these youth, the mean annual total cost was \$6405 (sd = \$11,674), of which \$5890 represented direct cost and \$4658 represented indirect cost. Higher average costs were correlated with greater child anxiety and depression severity ($p < 0.001$)”.²

Untreated anxiety can have a dramatic negative impact on the psychosocial and developmental life of an adolescent. This anxiety is often left untreated and has been associated with mental health issues later in adulthood, such as depression and substance abuse.¹ Pediatric anxiety can serve as a catalyst to other life-long mental health disorders furthering the costs on the community.

Community Perspective

Working alongside this community, I had the opportunity to speak with practicing physicians and medical assistants that have first-hand interaction with screening pediatric patients who may be affected by anxiety and other mental health.

- ❖ “This new recommendation by USPSTF caught many of us off guard. We have tools for depression screening like the PHQ-2, but we don’t really have a quick screening tool for anxiety” – Andrea Regan, MD
 - Medicine is a dynamic field that is ever changing. Even though this may be the case, we can often build on new recommendations by looking at what works in others, such as with the PHQ-2.
- ❖ “We have all sorts of handouts for complex diseases, but it would be great to have something to give to parents. What should they be looking for? Because often they forget and resort to the internet for anxiety alleviating strategies for their children” - Jasmin-Lee Fortes, MA
 - It became clear there was a need for a succinct way to educate parents of alarm signs for pediatric anxiety as well as home methods to alleviate anxiety.

Intervention and Methodology

- ❖ Collaborated with local primary care facility to acquire insight into the needs of the community regarding pediatric anxiety.
- ❖ Literature review to better understand the current guidelines available such as the Screen for Child Anxiety-Related Emotional Disorders (SCARED).^{3,4}
- ❖ Conducted further literature review in signs and symptoms that children and adolescence may display as alarm signs as well as parental guidelines for assisting their children.^{3,5,6}
- ❖ Created a pamphlet with alarm signs (both visible and subtle). The pamphlet also contains helpful information for parents regarding things they can do to better support their child.

Results

❖ Parents of children who may be experiencing anxiety are provided a succinct pamphlet with alarm signs (both visible and subtle) as well as home strategies for assisting their child with anxiety. In the primary care setting, there often isn't time to address much of this information.

❖ If time permitted, at the time of handing the pamphlet out, there would be discussed on pharmacologic and cognitive behavioral therapy in the case the patient's anxiety would benefit from further intervention

Pediatric Anxiety

What signs should I look for in my child?

Visible:

- Physical distress (shaking, crying, hyperventilating, screaming) in particular situations
- Outright statements of anxiety ("I'm afraid the house will burn down tonight while I'm asleep")
- Outright questions expressing fear ("What if you get in a car accident when you go out?")
- High levels of distress in various unavoidable situations
- Extreme distress upon contact with a feared object (dogs, birds, planes, snakes, bees, insects)
- Repeatedly calling and texting seeking reassurance and/or requests for rescue

Subtle:

- Repeated questions, "what if" questions
- Preoccupation with being late, getting in trouble
- Excessive washing/bathing/ requiring clothing, bedding to be laundered more than typical

See link for additional signs:

<https://childanxiety screening.com/how-to-screen-a-child-for-anxiety-disorders/>

What can I do as a parent for my child?

- Parental Accommodations should be avoided – the more parents engage in accommodation behaviors, the more severe the anxiety may become.
 - o Avoid performing rituals with your child (ex. Cleaning cutlery if a child fears contamination)
 - o Avoid increased assurance
- Create a plan to approach anxiety-related things or situations
 - o Don't avoid things just because they make a child anxious
- Task resolution - Encourage your child to learn ways to manage anxiety
- Validate your child's feelings and communicate confidence – don't try and eliminate anxiety

Effectiveness/Limitations

- ❖ Limitations of this community project is the relative lack of ability to objectively measure the impact of the pamphlet. Much of the feedback will be in the form of subjective opinions. However, an option for objective measurements could be the number of parents who identify signs of anxiety due to being given a pamphlet.
- ❖ An additional limitation is that the time constraints of this rotation have made it such that the pamphlets have not been instituted into practice.
- ❖ In many cases, family medicine providers face the difficulty of prioritizing more acute issues and tabling others. The most effective aspect of this pamphlet is the ability to go home with the family. In this way, providers can still address the integral aspect of mental health in patient visits.

Recommendations for Future Intervention

- ❖ Track the usage of handouts at home with parents who have taken them home. This will evaluate the utility of the pamphlets.
- ❖ Continue to update the pamphlets with the latest strategies/methods parents can assist their child with anxiety at home.
- ❖ Construct additional pamphlets for parents who are interested in learning more about cognitive behavioral therapy, pharmacologic treatment options, and referral options for specialists in the area.

References

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6. "10 Tips for Parenting Anxious Children." *WebMD*, 25 Jan. 2016, www.webmd.com/parenting/features/10-tips-parenting-anxious-children.

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Consented

Name: Andrea Regan, MD

Name: Jasmin-Lee Fortes