

# Anxiety in children

Dr Meena Rattan

Clinical Lead and Paediatrician, WPU ,CCLHD

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# Case

- ▶ Roger is 7 year boy in Yr 2 at local school who is struggling with his learning. Mom reported that he is unable to focus and concentrate. The teacher report further mentioned that he struggles with literacy tasks, social relationships and is also falling behind with his reading level. There has been death of grandmother recently to whom he was very close

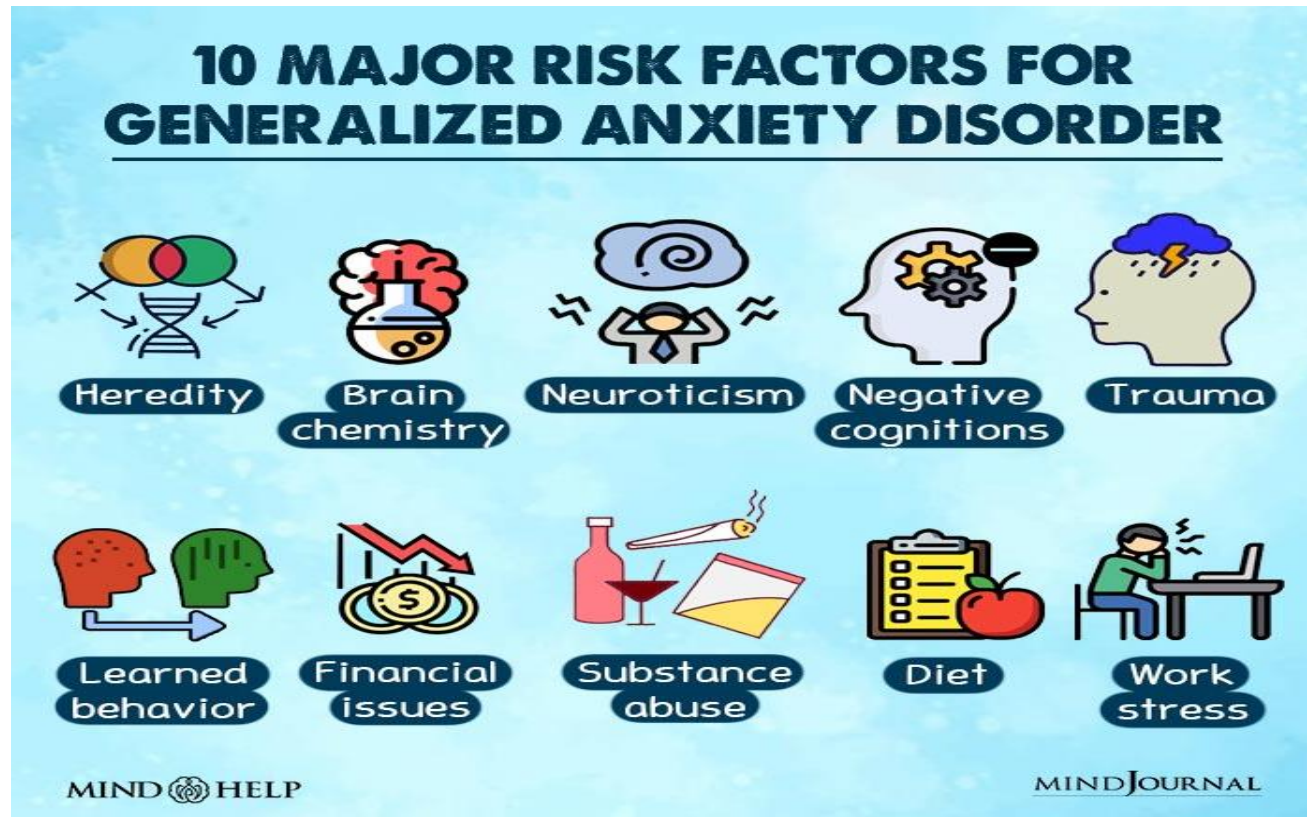
# Thoughts ?

- ▶ Learning difficulties
- ▶ ADHD/ASD
- ▶ Environmental factors
- ▶ Generalized Anxiety Disorder
- ▶ Medical causes

# Anxiety

- ▶ Seen in all ethnic populations
- ▶ Prevalence rate 2-4%
- ▶ Anxiety remains both environmental and genetic and there is often a strong family link.
- ▶ Children they are more sensitive to change and stress.
- ▶ The use of devices and computer games is increasing, particularly during lockdowns when children are unable to leave the house to play with friends.
- ▶ The pressure to be 'perfect' on social media.
- ▶ Less sleep, less good food and less physical activity, due to all the above factors.

# Risk Factors



# Symptoms

- ▶ Think whenever a child presents with:
  - increased irritability and behavioural outbursts
  - butterflies or a sore tummy/vomiting/headache/
  - muscle pains ,shaking , and dizziness
  - Palpitations/fast breathing
  - difficulty concentrating at school, avoidance
  - resistance when separating from primary carers; or
  - difficulty sleeping.
  - persistent worry
  - avoidance of places and activities



# Common childhood anxiety disorders.

- ▶ Social anxiety disorder
- ▶ Separation Anxiety disorder
- ▶ Obsessive compulsive disorder
- ▶ Phobias
- ▶ Can be linked to other neurodevelopmental conditions such as Autism Spectrum Disorder and ADHD.

# Differential list

Iron deficiency

Hypothyroidism

Lead toxicity

Poor nutrition

Food sensitivities

Family dynamics

Environmental factors



# Differential list

Depression

bipolar disease

Anxiety disorder

ADHD

Oppositional defiant disorder

FASD

Sleep apnoea or upper airway obstruction

# Approach

- ▶ History
- ▶ Observation
- ▶ Growth centiles height and weight.
- ▶ Systemic examination
- ▶ Investigations screening, in particular iron, thyroid, a full blood panel, vitamins, and coeliac serology.
- ▶ Consider sleep disorders and ask if the child is snoring as it warrants further review with an ENT or sleep specialist.
- ▶ Strengths and Difficulties Questionnaire (SDQ) and the Spence Anxiety Score.

# Management

## Teams & Teamwork



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# TEAM WORK UP

- Ophthalmologist, ENT and clinical psychologist.
- Behavioral phenotype- observing cognitive, language and social skills.
- Counselor – to take detailed family and school environment to rule out stress related problems.
- Child psychiatrist – depression or anxiety
- IQ assessment

# Management

- **Sleep** –sleep hygiene /limit screen /Melatonin supplements
- **Diet** – Avoid packaged foods, added sugars and colours; and increase the number of fresher foods, fruit and vegetables ,water in the child’s diet.
- **Physical symptoms** (e.g. tummy aches, headaches, anxious feelings) – practice daily mindfulness to slow down, using the [Smiling Mind app](#) or [Bedtime Explorers podcast](#). Encourage children to label their emotions using an [emotion chart](#), drawing and colouring.
- **School** – encourage parents to talk to the child’s teacher about what is going on, and to ask them to allow the child to take more regular breaks in the classroom if this helps.
- **Social** – find a positive activity for the child to engage with on a regular basis. For example, exercise is great for helping to release serotonin.
- Allied health Psychologist/Behavioral Therapist /Facets
- Referral to Pediatrician /Child Psychiatrist
- Use of antianxiety medications





# CONCLUSION

- Early identification
- Determination of an underlying etiology
- Prompt provision of rehabilitation or support services
- Being an advocate for the parents or caregiver and helping them to advocate rights for their child

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Thank You

