

Appendix A: Diagnosis of Anxiety Disorders in Children and Youth

Description of Anxiety Disorders

The fourth text revision of the fourth edition of the Diagnostic and Statistical Manual, DSM-IV-TR (APA, 2000), provides diagnostic criteria of anxiety disorders, details the differences between adult anxiety disorders when applied to children and youth and provides specifics for separation anxiety disorder which is unique to this age group. A description of anxiety disorders in children and youth based upon the DSM-IV diagnostic criteria follows:

Specific Phobia – At least 6 months of irrational and persistent fear (e.g. crying, tantrums, freezing, or clinging) and marked avoidance of a specific thing, place or circumstance, **to the extent that it interferes with normal functioning**. The child or youth may not recognize the fear as excessive. Common fears in children are: needles, masks or clowns, dogs, and insects. Common fears in youth are: heights, snakes, choking or vomiting, flying, and enclosed spaces.

Social Phobia – At least 6 months of noticeable and persistent fear of being negatively evaluated for at least one social or performance situation. The child fears appearing anxious or incompetent, resulting in feelings of embarrassment and humiliation and **marked social avoidance of both peers and adults** (e.g. tantrums, crying, freezing or shrinking from social situations with unfamiliar people). Social phobia is often undiagnosed as the child is seen only as shy with strangers. Developmental loss in learning social competence at this age may result in long term vulnerability to leading a marginal life and depression.

Obsessive-Compulsive Disorder (OCD) – Obsessions are recurrent, intrusive, inappropriate and unwanted thoughts, or images, which cause **significant anxiety to the extent they interfere with usual functioning**. The child or youth unsuccessfully tries to suppress, ignore, or counteract these thoughts with another thought or act. Compulsions are repetitive behaviours (e.g., washing, ordering, checking) or mental acts (e.g., praying, counting) that the child does to reduce distress and/or prevent a dreaded outcome. Children may not recognize their behaviour as being unusual and by the time parents are aware the disorder is often well established.

Panic Disorder – At least one panic attack (acute episode of unprovoked, intense fear/distress accompanied by somatic or cognitive symptoms) resulting in worry about having another panic attack and its implications or engaging in significant behavioural avoidance.

Post Traumatic Stress Disorder (PTSD) – Following an exposure to significant trauma, the child or youth shows avoidance or re-experiencing of the trauma for at least one month as illustrated by: intense fear, disturbing dreams, flashbacks, helplessness, physiological agitation upon seeing reminders of the event, or disorganized/agitated behaviour. The child then avoids or responds “numbly” to things associated with the event (e.g., avoids trauma related thoughts, feelings, conversations, people, activities or places, cannot recall important parts of the trauma and withdraws from significant activities).

Generalized Anxiety Disorder (GAD) – At least 6 months of excessive and uncontrollable daily worry about multiple themes (e.g. school, family safety, world issues, natural calamities, friends, personal performance) that results in physical symptoms (e.g. fatigue, irritability, restlessness, poor concentration, muscle tension, sleep disturbance) and functional impairment.

Separation Anxiety Disorder – Developmentally inappropriate and excessive anxiety for at least 4 weeks by a person under 18 years of age that causes **significant distress or functional impairment** concerning separation from home or those to whom the individual is attached as evidenced by 3 or more of the following: (1) distress when separated (2) worry about separation (3) reluctance to leave home (4) avoiding being alone or going to sleep because of fear of separation (5) nightmares involving separation and (6) complaints of physical symptoms (e.g., headaches, upset stomach) when separation occurs.

Distinguishing normal from problematic fears and anxiety from other diagnoses

Normal fears in Children – All children experience fears that spontaneously resolve. The emotional reactions can be protective and the avoidance appropriate. Common fears of small children are strangers, loud noises and parental separation; for preschoolers it is imaginary creatures, the dark and animals; and in older children and young adolescents it is blood, injury and needles, natural disasters, heights and social situations.

Problematic Fears in Children – Fear is problematic when regular routines (school attendance, social engagement, normal milestones of independence and general well-being) are disrupted or compromised due to significant distress and excessive behavioural avoidance. Children will often present with somatic complaints (shortness of breath or difficulty in breathing, stomach aches, heart palpitations). Parents often report the child or adolescent is “jumpy”, “fidgety”, “nervous”, irritable, oppositional or will have a ‘melt down’, when anxious. Behavioural avoidance usually becomes entrenched because parents, compelled by their child’s obvious distress, accommodate the avoidance.

Examples of anxiety disorders incorrectly appearing to represent another disorder

- Anxious children with aggressive behaviours and ‘meltdowns’ may be misdiagnosed with oppositional defiant disorder.
- Inattention and fidgety behaviour can lead a clinician to think about attention-deficit hyperactivity disorder (ADHD).
- Repetitive movement and pre-occupations characteristic of OCD may suggest self-stimulation and preoccupations associated with Autistic Disorder.
- Social avoidance and impairments in social interactions are symptomatic of both social phobia and high functioning Asperger’s Syndrome. In the case of social phobia, their expressions are dependent upon who is present.

Prevalence of Anxiety Disorders in Children and Youth

Anxiety disorders are the most common mental disorders in children and youth. Life time prevalence rates for experiencing any anxiety disorder are between 14-17%. Females are at greater risk of developing an anxiety disorder than are males; except for OCD where they are equal. Both prevalence and gender differences are similar across racial groups. Higher prevalence for anxiety disorders in children and youth are for: specific phobia, social phobia, and separation anxiety disorder. Moderate prevalence is found for: panic disorder, GAD, OCD and PTSD.

Development of Anxiety Disorders

Individual vulnerability to anxiety disorders appears to be mediated by genetic factors (propensity to anxious arousal, often evident in family members) and environmental factors (exposure to fearful situations, humiliation or trauma, parenting styles of excessive worry, parental rejection, stressful events). Excessive fear is maintained and strengthened by avoidance and cognitive distortions. Avoidance is reinforced by relief of distress while cognitive distortions (e.g. selective attention and recall, and catastrophic thinking) contribute to a perception of imminent danger.

¹Swinson, et al., 2006

²Casper, Belanoff, et al., 1996