

Pediatric Mental Health Care Access Grant

Generalized Anxiety Disorder:

**Toward understanding Central Nervous System “Excitement,”
“Fear of the Unknown,” and Treatment**

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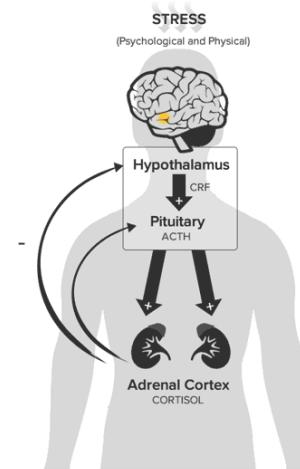


OBJECTIVES

- 1. Recognize physical, cognitive, and behavioral presentation of Generalized Anxiety Disorder.**
- 2. Identify diagnostic criteria of Generalized Anxiety Disorder**
- 3. Identify treatment approaches for Generalized Anxiety Disorder**

PHYSIOLOGICAL RESPONSE TO STRESS

- Central Nervous System arousal:
 - “Excitement”
- Hypothalamic Pituitary Adrenal (HPA) axis



BASIC THOUGHTS ABOUT ANXIETY

- Fear of the Unknown
- Worrying about worrying
- Worrying “out of the blue”
- Opposite of “Mindfulness”

THE MANY SYMPTOMS OF ANXIETY

Physical		
Increased heart rate	Dizziness	Blushing
Fatigue	Blurred vision	Vomiting
Increased respiration	Dry mouth	Numbness
Nausea	Muscle tension	Sweating
Stomach upset	Heart palpitation	

THE MANY SYMPTOMS OF ANXIETY

Cognitive		
Thoughts of being scared or hurt	Thoughts of incompetence or inadequacy	Thoughts of bodily injury
Thoughts or images of monsters or wild animals	Difficulty concentrating	Images of harm to loved ones

THE MANY SYMPTOMS OF ANXIETY

Behavioral		
Avoidance	Trembling lip	Avoidance of eye contact
Crying or screaming	Labored swallowing	Physical proximity
Nail-biting	Fidgeting	Clenched jaw
Trembling voice	Twitching	Stuttering

SEVEN CATEGORIES OF ANXIETY DISORDERS

- Separation anxiety disorder
- Selective mutism
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder



DIAGNOSTIC CRITERIA

- (A) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- (B) The individual finds it difficult to control the worry.
- (C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

1. Restlessness or feeling keyed up or on edge.



DIAGNOSTIC CRITERIA

- (A) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- (B) The individual finds it difficult to control the worry.
- (C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

2. Being easily fatigued.



DIAGNOSTIC CRITERIA

- (A) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- (B) The individual finds it difficult to control the worry.
- (C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

3. Difficulty concentrating or mind going blank.



DIAGNOSTIC CRITERIA

- (A) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- (B) The individual finds it difficult to control the worry.
- (C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

4. Irritability



DIAGNOSTIC CRITERIA

- (A) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- (B) The individual finds it difficult to control the worry.
- (C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

5. Muscle Tension



DIAGNOSTIC CRITERIA

- (A) Excessive anxiety and worry (apprehensive expectation) occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- (B) The individual finds it difficult to control the worry.
- (C) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

6. Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).

PREVALENCE & COMORBIDITY

- Prevalence and comorbidity
 - 12-month prevalence is 0.9% among adolescents
 - Anxiety is pervasive across cultures
 - 12-month prevalence is 0.4% - 3.6%
 - Lifetime risk is 9.0%
 - Females are twice as likely as males to have GAD
 - Accompanied by high rates of other anxiety disorders and depression

ONSET & COURSE

- Onset, course, and outcome
 - Rarely occurs before adolescence
 - However, there are signs/symptoms in childhood
 - Chronic across the lifespan
 - Rate of full remission is very low



TREATMENT

- Cognitive-Behavioral Therapy (CBT)
 - Cognitive Therapy
 - Focuses on becoming more aware of pessimistic and negative thoughts, beliefs and biases, and causal attributions of self-blame. Once these self-defeating thought patterns are recognized, the child is taught to change from a negative, pessimistic view to a more positive, optimistic one.
 - Behavior Therapy
 - Aims to increase behaviors that elicit positive reinforcement and to reduce punishment from the environment. May involve teaching social and other coping skills and using anxiety management and relaxation training.



TREATMENT

- Child-focused treatments should emphasize the need to generalize to the family
- Addressing children's anxiety in a family context may result in greater efficacy
- Family treatment for anxiety:
 - Provides education about the disorder
 - Helps families cope with the feelings

TREATMENT

- Medications can reduce symptoms
 - The most commonly used medications have historically been *Selective Serotonin Reuptake Inhibitors (SSRIs)*
 - Medications are most effective when combined with CBT
 - *CBT is the first line of treatment*

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