



More than afraid

Information about anxiety disorders
in children and adolescents

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Table of contents

What is anxiety?	4
Different expressions of anxiety	4
What happens in our brain and body when we experience ...	6
The anxiety curve	8
What can you do when your anxiety kicks in?.....	9
It is normal to feel fear!	11
When does it become an anxiety disorder?	11
The different types of anxiety	12
Underlying factors/risk factor	14
Treatment	16
Literature	19
Websites.....	19
Your own notes	20

What is anxiety?

Anxiety is something all humans can feel and something all of us have experienced. It is a normal reaction to a dangerous situation. Anxiety has historically been very valuable for the sake of survival, as it allows the body to prepare to fight, flight or freeze when wild animals attack or when other dangers present themselves.

Having anxious thoughts has also been beneficial for preparing and overcoming difficulties. If you did not worry about whether your food would last through the winter, or watched out for dangerous animals or that you got along with others in the group, there was a good chance you would not survive. Stress and anxiety are nature's way to make us careful and to sharpen our senses. People in today's society do not face the same kind of threats as the Stone Age man did. But we still have the same biological and psychological reactions.

Different expressions of anxiety

Bodily reactions: When we experience anxiety, the sympathetic nervous system is activated, triggering a range of reactions in the body (see the section «What happens in the brain and body when we experience anxiety?»). This reaction occurs automatically and is beyond our own willpower. The stress hormone cortisol is also increased, which triggers the body even more for fight or flight. This function has a purpose and is actually good for us, provided that the stress is short-lived. But chronic stress and anxiety could make cortisol affect the body negatively, and may even become a risk factor for developing diabetes and cardiovascular diseases.

Thoughts: Anxiety is usually associated with different types of worrisome thoughts and catastrophic thinking. An anxious person may often have “cognitive biases” where they focus on the worst-case scenario rather than what is most plausible and realistic. Experiencing

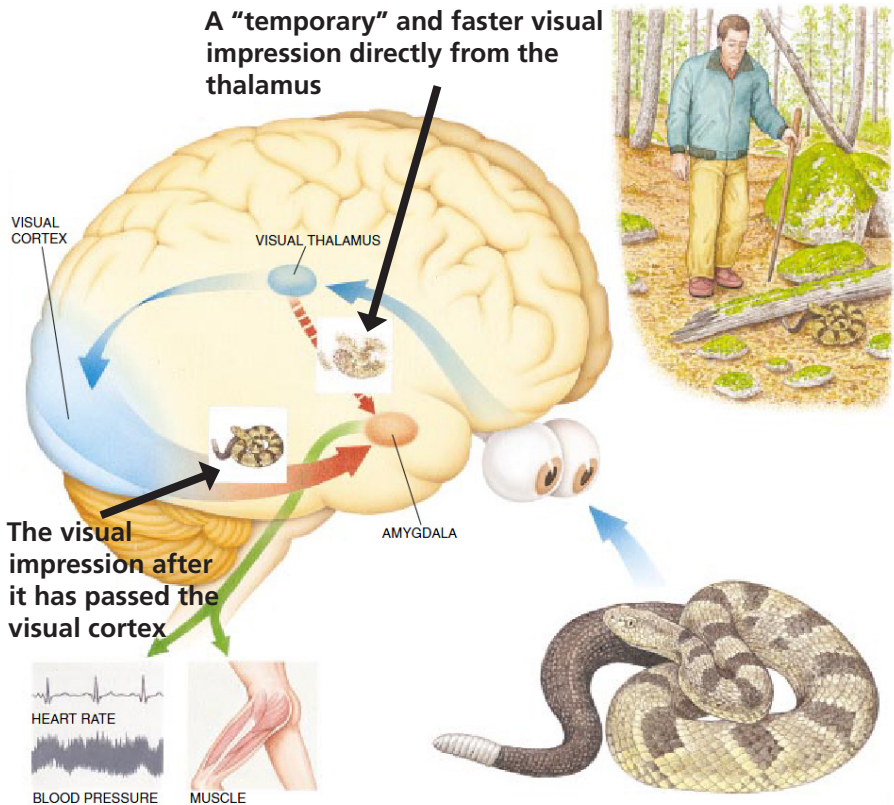
anxiety is distressing, and many worrisome thoughts may be about the fear of having to experience that anxiety again.

Emotions: Anxiety is an unpleasant feeling. Many describe it as a feeling of fear, worry, a strong inner tension, or anger. Some find it difficult to describe the feeling, saying that it makes everything stop, that a creeping sensation goes through their body, or that they feel hollow, and similar.

Behavior: As mentioned above, the purpose of anxiety is to prepare the body to fight, flight or freeze to avoid or remain hidden from dangers, by playing dead, for example. This is called the “Fight, flight or freeze” response.

Even though most of the dangers we face today are not physical threats as such, we still react with the same behavior to avoid anxiety: we make our exit from unpleasant situations and avoid situations that remind us of the thing that once gave us anxiety. Some people may react violently with a fight response, becoming aggressive and lashing out when they become anxious. The “freeze” response means that you become petrified and shut off completely.

What happens in our brain and body when we experience anxiety?



The picture above shows what happens when we see something potentially dangerous, such as a snake. The visual impression goes to a part of the brain called the thalamus, where it is then rerouted to the visual cortex. It is only when the impression is processed in the visual cortex that we become aware of the danger. But our body has already had time to react to it, as information is transferred simultaneously from the thalamus to the "fear center" in the brain called the amygdala.

The amygdala receives the information faster than the visual cortex, at which point it makes a “first assessment” of the situation, and then initiates the appropriate bodily reactions, such as activating the sympathetic nervous system. The amygdala can sometimes “misinterpret” a situation, such as activating an anxiety response because a branch looks similar to a snake. Other sensory impressions (such as smells and sounds), as well as memories or worries, can also act as a source that triggers the amygdala. Bodily sensations (such as a rapid heartbeat) can also be interpreted as a danger.

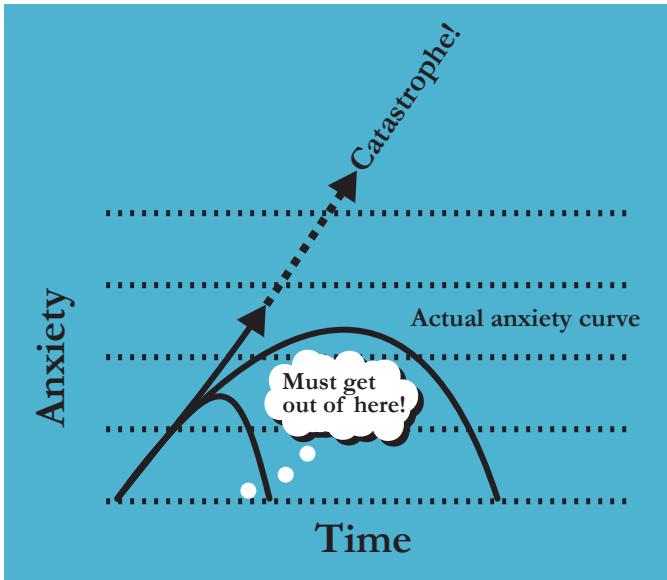
The following can occur when the sympathetic nervous system is activated:

- The heart begins to beat faster and stronger
- Blood pressure rises
- Breathing rate increases
- Blood is directed to the large muscle groups, hands and feet become cold
- You begin to sweat
- Pupils dilate
- Less blood is directed to the gastrointestinal tract which may lead to nausea
- Dizziness
- Numbness/tingling sensations in hands due to hyperventilation

All these changes in the body are advantageous to us if we are attempting something physical (such as fleeing or fighting). But not having an outlet for these bodily reactions will simply make them unpleasant to us, arousing fear and provoking our anxiety further – it becomes a vicious circle!

The anxiety curve

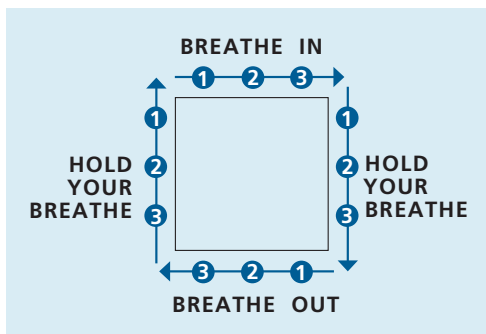
Anxiety increases gradually when we experience it. The feeling can be frightening, and it is also common to develop catastrophic thoughts about the anxious feelings continuing to increase indefinitely. To avoid this, we attempt to flee from the cause of our anxiety, and by doing this the unpleasant feelings go away. But if we instead had attempted to stay, we would have actually noticed that our anxiety would reach a certain level, only for it to suddenly fade away. If you expose yourself repeatedly to the cause of your anxiety, the unpleasant feelings tend to become shorter and less strong each time. This method is used in exposure therapy (see the chapter on CBT).



What can you do when your anxiety kicks in?

Take control of your breathing: It is common for people to hyperventilate/overbreathe during anxiety attacks, which only serves to make their physical discomfort even worse. Breathing calmly and focusing more on the breathing rather than the cause of their anxiety reduces these physical symptoms.

There is a method called box breathing which involves counting to three while simultaneously breathing in, holding your breath for a short while, counting to three while breathing out, and once again holding your breath for a while. You can picture this as a square, window, box or similar. Try keeping one hand on your stomach and feel the air go all the way down as you take a calm, deep breath, and then feel it when you exhale out again!



Relaxation: By working on your relaxation skills, you can learn to control your anxiety better and to help relieve physical symptoms such as muscle tension and headaches.

Focusing outwards: A problem with anxiety is that our thoughts easily become one-sidedly focused on the things we feel are unpleasant. A way to break away from this is to focus on something around us, and to describe it in detail to ourselves. For example, you could begin describing what the room you are currently in looks like, or give a detailed description of a person on your bus, or anything that is going on outside your window.



To surf on the anxiety: When your anxiety kicks in, it can feel like a giant wave is washing over yourself. There is, however, a way to attempt to overcome that feeling. You let the anxiety come, but instead of working against it in a panic, you instead flow with it until the wave has settled. What you do not have to fight against usually becomes less frightening.

Diversion: Many people feel that they can divert their anxiety by occupying themselves with something, such as listening to music, being on the computer, calling a friend or doing activities with their parents. Think about what might work for you and make a list of things you can try!

It is normal to feel fear!

Fears are part of a normal development in children. Here are some examples of common fears in different ages:

- **1 year:** Separation from their parents, strangers
- **2–4 year:** Loud sounds, dark rooms, “ghosts”, separation from their parents
- **5–6 year:** Physical injury, death, thunder and lightning, their own safety
- **7–8 year:** Darkness, “media events”, being alone
- **9–12 year:** School performance, friend relations, their outward appearance, health



When does it become an anxiety disorder?

Your fear becomes an anxiety disorder when:

- The anxiety is exaggerated and irrational

AND

- interferes with your ability to function in everyday life (such as avoiding many things) and/or causes significant suffering

About 8–12% of children and adolescents have some kind of anxiety disorder.

The different types of anxiety

Separation anxiety

Separation anxiety usually emerges in children between the ages of 7 and 9, and the major fear is to be away from their parents. The fear is not appropriate for their age. Children with separation anxiety often worry for their own and their parents' health and safety. These children often have difficulties sleeping alone, they can have nightmares and may complain about physical ailments. They want to keep an eye on their parents, so they often avoid playing at their friend's house, or they check on their parents constantly through phone calls and text messages. They often have trouble going to school or participating in after-school activities. This is the most common cause of primary school aged children refusing to go to school.

Social phobia

Social phobia is when you are afraid of embarrassing yourself and being judged. This can make people afraid of talking to other people, reading aloud in class, making oral presentations, raising their hand in class and answering teacher's questions, or eating with others. Going on the bus can also become difficult as it feels like everyone is staring at you. A person with social phobia is usually afraid to start sweating, blushing, shaking or stuttering in front of others.

People with social phobia usually have no difficulty understanding how to be around people, and they usually have a few close friends with whom they can interact completely fine with. It can be difficult to distinguish between shyness and social phobia.



Generalized anxiety disorder

Generalized anxiety disorder is also known as GAD. Many people with GAD often describe feeling anxious almost all the time, and that they are unable to control their anxiety. They may be anxious about how they are doing in school, if mom and dad will become ill and die, that there will be a house fire, or simply about things that are happening around the world, and so on. Many of these thoughts are considered anticipatory anxiety – when you worry about things before they have happened.

Many children and adolescents with GAD frequently ask their parents questions and seek reassurances that nothing bad will happen. The problem is that they may calm down for a short period of time, only for new questions and anxieties to reappear.

Young people with GAD can be perfectionists, overly self-critical and afraid of making mistakes. Together with worrisome thoughts there is usually at least one of the following symptoms associated with GAD: feeling restless, agitated, tense, becoming easily fatigued, difficulties concentrating, irritated, muscle tension or sleeping problems.

Many also experience somatic symptoms such as stomach aches and headaches.

Specific phobia

Specific phobia is when people are afraid of a certain thing or situation. The fear may be strong enough that it leads to avoidance behaviors. Some examples of common phobias beginning in childhood are those for animals, blood, injections and injuries. Other phobias such as vertigo and small spaces usually begin during teenage years or as a young adult.

Panic disorder

Panic disorder is characterized by reoccurring and sudden attacks of intense fear. People experience many different types of physical symptoms during a panic attack, such as heart palpitations, dizziness, shortness of breath, weakness in the legs and nausea.

Once you have experienced a panic attack, you often fear it will happen again. It may lead you to avoid spending time in places that may provoke another attack. Perhaps you avoid taking the bus, going to the mall or the cinema, and so on. This is called agoraphobia, or a fear of open spaces.

It is not unusual to experience a panic attack at some point in your life. Panic disorder is when you have reoccurring attacks with no clear trigger.

Obsessive compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and selective mutism are also considered anxiety disorders. These disorders, however, will not be detailed in this brochure.

Anxiety is also common in other mental and physical health conditions such as eating disorders, psychotic disorders, autism spectrum disorders and substance abuse.

Comorbidity

It is often the case for people with anxiety to have other problems as well. Depression is the most common of them all. It is also common to have other anxiety disorders at the same time. A few examples of other comorbidities include ADHD, defiance syndrome, anorexia nervosa and substance abuse.

Underlying factors/risk factors

Heredity: Half of all parents of children with anxiety disorders have problems of their own that meet the criteria for an anxiety disorder. One way you can help your child is to seek help on your own, such as through your local health care center.

Temperament: The most significant risk factor for developing anxiety disorder is a temperament type called behavioral inhibition. It is characterized by extreme shyness and fear in new and unfamiliar situations, and is found in an estimated 15% of all young children.

Piglet in the Winnie-the-Pooh books is an example of such a personality type. It is important to note that not everyone who has this personality as children will necessarily develop anxiety later on in life.

Family factors: A controlling and overprotective attitude may contribute and perpetuate anxiety in children. A parent who is anxious will unwittingly send signals to their child that many things in the environment are dangerous. If parents have limited coping strategies for their own and their child's anxieties, it is quite common for them to repeatedly reassure their child that their fears will not come true. However, this strategy tends to instead perpetuate their anxiety in the long-term. Even an overly critical attitude has shown to have negative outcomes.

Difficult life events: Severe or chronic stress at an early age can make you more vulnerable to stress later in life. It is not uncommon for anxieties to debut after or during stressful events, such as bullying, divorce or any situation where you feel that you have no control. On the other hand, minor stresses in childhood can be protective in the sense that they give you the experience to help you push through when things in life get tough.



Treatment

Initial treatment/things you can do yourself:

The first step is about gaining an understanding about your problems and information on how anxiety affects your body, thoughts, emotions and behaviors. It is important to know that anxiety is unpleasant but **NOT DANGEROUS!**

You may then need help to deal with any triggering stress factors such as bullying, overly high expectations in school, and conflicts with friends or family.

It is also important to get enough sleep. A sleep deprived person is much more prone to stress.

Avoid products that contain substances that may trigger anxiety, such as drugs, alcohol, coffee and energy drinks.

Your body's own "anti-stress system" can be activated through exercise (a minimum of 30 minutes, 3 times a week), relaxation exercises (CDs are available at the pharmacy) or massage.

Find a balance in life between activity and rest!

CBT

Cognitive Behavioral Therapy (CBT) is a form of therapy that has the most research supporting it for treating anxiety disorders in children and adolescents. The treatment can be carried out individually or in a group setting. Parents are almost always part of it to some degree, but the frequency can vary depending on the child's age.

CBT treatments involve setting specific goals and sub-goals that you want to achieve. The treatment always includes different types of homework that you need to do between the visits. Here are some examples of various exercises that may be part of the treatment:

- Being able to register worrisome thoughts, feelings and behaviors, and knowing which situations trigger anxiety
- Finding more realistic thoughts that can replace the worrisome thoughts
- Becoming aware of avoidance and safety behaviors
- Learning how to deal with anxiety so that you can cope when you have an anxiety attack
- Making a gradual exercise plan so that you can find situations to practice that cause enough anxiety for you to gradually reach your goal (this is called exposure)
- Making a plan for the future after the treatment, what to continue working on and what to do if the anxiety returns

BUP Gothenburg offers two different group treatments based on the CBT model:

- “Cool Kids” for children aged 7–12
- “Chilled” for teenagers

Other forms of treatments may also be included alongside CBT, such as individual and family therapy.

Medical treatment

Medical treatment may be necessary if

- The symptoms of anxiety are very severe and cause significant suffering and severe functional impairment
- Psychotherapy has been attempted without success, or if psychotherapeutic treatment for some reason cannot be carried out
- There is a comorbidity with depression of such nature and degree that it is difficult to receive therapeutic treatment

The type of medication used is called SSRI (Selective Serotonin Reuptake Inhibitor). This is the same type of medication that is used to treat depression. These types of medications increase the amount of serotonin produced in the brain.

Serotonin works as a brake on the amygdala, which suppresses the anxiety response.

There are many studies about SSRI treatments for children aged 7 and older with separation anxiety, social phobia and GAD that show positive results. For more severe anxiety disorders, the combination of therapy and medication appears to be the most effective treatment.

Much like other medications, there may be side effects. However, most of these side effects are mild and temporary.

It usually takes 2–4 weeks for the medication to have a noticeable effect. Treatment begins with a low dose and is gradually increased every 2–4 weeks until the expected effect is achieved. At the beginning of the medication, there is close contact with the doctor and nurse to monitor the effect and any side effects. Once the medication is optimal, follow-ups will be less frequent in the future.

If the medication shows positive effects, the treatment will usually last for less than a year. A treatment period that is too short has a higher risk of relapse. The medication is then usually tapered off as advised by the doctor. If stopped very abruptly, there is a risk of developing unpleasant withdrawal symptoms.

NOTE! Never change the dosage or stop taking the medication without consulting the treating doctor or nurse first.

Literature

Rädd, räddare, ångest – när barn och ungdomar mår dåligt
– Kerstin Hellström, Åsa Hanell och Lisa Liberman

Rädslor, fobier och nedstämdhet hos barn och unga
Liv Svirsky

Social fobi – att känna sig granskad och bortgjord
Anna Kåver

Mer än blyg - om social ängslighet hos barn och ungdomar
– Liv Svirsky och Ulrika Thulin

Befriad från ångest (Självhjälp vid panikångestsyndrom)
– Lucinda Basset

Sluta grubbla – börja leva. (The ACT method) – Steven Hayes

Websites

www.youtube.se

Search for ”Att vara blyg del 1 & 2”
(interactive about social phobia)

www.snorkel.se

www.angestgoteborg.se

Ångestsyndromsällskapet (ÅSS)
Gothenburg. Has a youth group for
people aged 16–25

