What is anxiety? What are Anxiety Disorders?

* We all feel anxious at some points in our lives when we face stress and danger.

* When this state of uneasiness becomes excessive and unreasonable, and impairs academic, occupational functioning, social relationship or normal routines, it becomes a disorder.

* There are different kinds of anxiety disorders, such as Social Anxiety Disorder, Specific Phobia, Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder and Panic Disorder.

* The anxiety problems and disorders may be found in both adults and children, though the symptom manifestations may be different.

How do Anxiety Disorders affect children?

* It is normal for children to show different kinds of anxiety and fear at different ages. For example, it is quite common for toddlers to demonstrate separation anxiety when they are taken away from parents or caregivers. School-age children may show fear of darkness, monsters or ghost stories.

* In most cases, the fear and anxiety change or disappear with age.

* When the distress is significant and causes marked impairments to a child’s daily functioning, psychological assessment and treatment are needed.
The following are some anxiety disorders commonly found in children:

**Social Anxiety Disorder (Social Phobia):**

✶ Show intense fear when facing unfamiliar people or possible scrutiny by others.

✶ Appear uneasy in social gatherings or become nervous when expected to start a conversation with others.

✶ May show marked fear when they become the centre of attention, such as performing on stage or being called in class.

**Specific Phobia:**

✶ Have an extreme and irrational fear of a specific object or situation, e.g. an animal, insect, injections, the sight of blood, height or darkness, etc.

✶ The feared objects or situations are usually avoided or endured with intense distress.

**Generalized Anxiety Disorder:**

✶ Show excessive and uncontrollable worry about a number of everyday matters, e.g. academic results, peer relationships, family issues, even the idea of potential accidents or disasters.

✶ In addition, they experience irritability, difficulty in concentration, or somatic complaints such as sleeping problems, muscle tension, headache, abdominal distress, and others.

**Separation Anxiety Disorder:**

✶ Characterized by developmentally inappropriate and excessive anxiety when being separated from parents or caregivers.

✶ Often worry about losing their parents or any possible harm to them.
• May result in school refusal, reluctance of being alone, calling parents who are away for assurance, or repeated nightmares.

**Selective Mutism:**

• Have consistent failure to speak at specific social situations (such as in school or social gathering), despite talking normally in other situations in which they feel safe and comfortable (usually at home).

• Adults with anxiety disorders may recognize that their own fears or anxiety are excessive or unreasonable. However, this awareness may be absent in children.

• It may be difficult for children to explain their fears and worries verbally, particularly in younger ones. It is therefore important for parents to pay due regard to signs and symptoms of such anxiety problems.

• Changes in behaviour or increase of tantrums are common flags of stress and anxiety. Other common signs include sleep or appetite problems, somatic complaints and development of nervous habit.

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**What causes Anxiety Disorder?**

The exact causes and mechanisms of anxiety disorders are not fully known. However, research suggests that biological, psychological and environmental factors interplay in the development of anxiety disorders:

**Biological factor:**

• Genetic researches suggest that anxiety disorders run in families and genetic factors may predispose some persons to anxiety disorders.

• Imaging studies also indicate that people with anxiety disorders have atypical activities in specific areas of the brain, including the prefrontal cortex, limbic system, amygdala and thalamus.

• Abnormal levels of neurotransmitters (chemicals in the brain for
transmitting information between nerve cells) also play a part in the causes of anxiety.

**Psychological factor:**

✧ Although biological predispositions render some persons more vulnerable to anxiety disorders, the manifestation of anxiety disorders is usually elicited by other factors, including thinking styles and life experiences.

✧ People with negative thinking styles and poor coping skills are more vulnerable to anxiety disorders. Responses towards stress vary in individuals.

✧ Causes of fears and worries in children with anxiety disorders may include perfectionistic thinking, fear of making mistakes, over-expectation on academic performance or peer relationship.

**Environmental factor:**

✧ External sources of anxiety and stress in children may include academic difficulties, conflict with friends, pressure to fit in peer group, marital problems of parents, birth of new sibling, death of significant figures and moving of home.

✧ Parents’ attitudes and reactions may also affect the development and maintenance of anxiety problems in children. Parenting styles such as over-protectiveness may exacerbate the problem. Sometimes parents may reinforce children’s anxious or inhibited behaviours unintentionally, such as giving excessive soothing.

✧ Children may also “learn” the anxious behaviours from parents through modeling.
How common are Anxiety Disorders?

✶ Anxiety disorders are a common form of disorders in children with a prevalence rate of approximately 8-10%.

✶ In general, girls are more easily affected than boys.

✶ The local prevalence estimates and gender differences are largely compatible with those reported in other countries.

Possible co-occurring problems:

✶ Common comorbidities with anxiety disorders:

✧ Mood disorders – Major Depressive Disorder and Dysthymic Disorder.

✧ Attention Deficit / Hyperactivity Disorder.

What are the major treatments for children with Anxiety Disorder?

Psychosocial:

Children:

Research studies have identified cognitive behavioural therapy (CBT) as a highly effective treatment for anxiety disorders. There are mainly three components in CBT treatment of anxiety – thought, behaviour and physical response.

✶ Thought – Adolescents under CBT treatment are invited to identify and challenge their irrational beliefs (e.g. “If I am not perfect I am a failure”). As such approach demands certain levels of cognitive maturity, children are usually taught positive thoughts to help replace irrational thoughts (e.g. “Even if I don’t wash my hands, I won’t die”).
Behaviour – Exposure to their fear stimuli would allow the children to see a rational and reasonable consequence of exposure. Exposure is usually done in a graded manner. For a child with social phobia as example, treatment may start with a mildly provoking situation, gradually progressing to a more anxiety provoking situation.

Physical response – Relaxation exercises are frequently part of anxiety management treatment, to help children cope with the physical symptoms of anxiety.

Parents:

It is common for children with anxiety disorder to avoid facing their anxiety or rely on the comfort of a safety person (usually their parents or primary caretakers).

Parents play an important role in identifying responses that reinforce or maintain a child’s anxiety, and simultaneously, support him/her to face the anxiety.

Young children may need parents to help them to carry out the strategies recommended in therapy in daily life. For older children or adolescents, discussion with them on the extent of parent involvement at the beginning of the therapy may be beneficial.

Medication:

Selective serotonin reuptake inhibitors (SSRI), selective noradrenaline reuptake inhibitors (SNRI) and tricyclic antidepressant help relieve anxiety symptoms, whereas Benzodiazepine reduces physical symptoms, including muscular tension, and thus promotes relaxation.

Doctors would explain the reason for selecting a particular type of treatment, the availability of other options and any side effects one may experience.

Some medications are fast-acting while others may take a few weeks to experience their full effect.
It is important to note that change of dosage or type of medication, or discontinuation of medication should be done only under doctor’s supervision.

What services are available in Hong Kong to help a child with Anxiety Disorder?

- The Child Assessment Service of the Department of Health – offers behavioural and developmental assessment for the child, and interim support in the form of information workshops and interim support groups.
- Child and Adolescent Psychiatric Centres of Hospital Authority – provide medical and psychological treatment for children with anxiety disorders.
- Educational psychologists offer support at school to teachers and children in need.
- Some non-governmental organizations render child training and parent support activities.

Can children grow out of their Anxiety Disorder?

- Current evidence is still inconclusive.
- One thing for sure, if children experiencing excessive amounts of anxiety are left without treatment, the condition will persist.
- Given appropriate treatment, prognosis is considered generally good.
Relevant Websites

Local:

Child and Adolescent Mental Health Community Support Project
http://www.ha.org.hk/CAMcom
(兒童及青少年精神健康社區支援計劃)

United Centre of Emotional Health and Positive Living
http://www.ucep.org.hk
(聯合情緒健康教育中心)

Overseas:

Alameda County Behavioral Health Care Services
http://www.alameda.networkofcare.org/mh/nimh/article.cfm?content=cant_child_anxiety&language=cantonese

American Academy of Child and Adolescent Psychiatry
http://www.aacap.org

American Psychological Association
http://www.apa.org

Anxiety Disorders Association of America
http://www.adaa.org

Centre for Emotional Health

National Institute of Mental Health
http://www.nimh.nih.gov