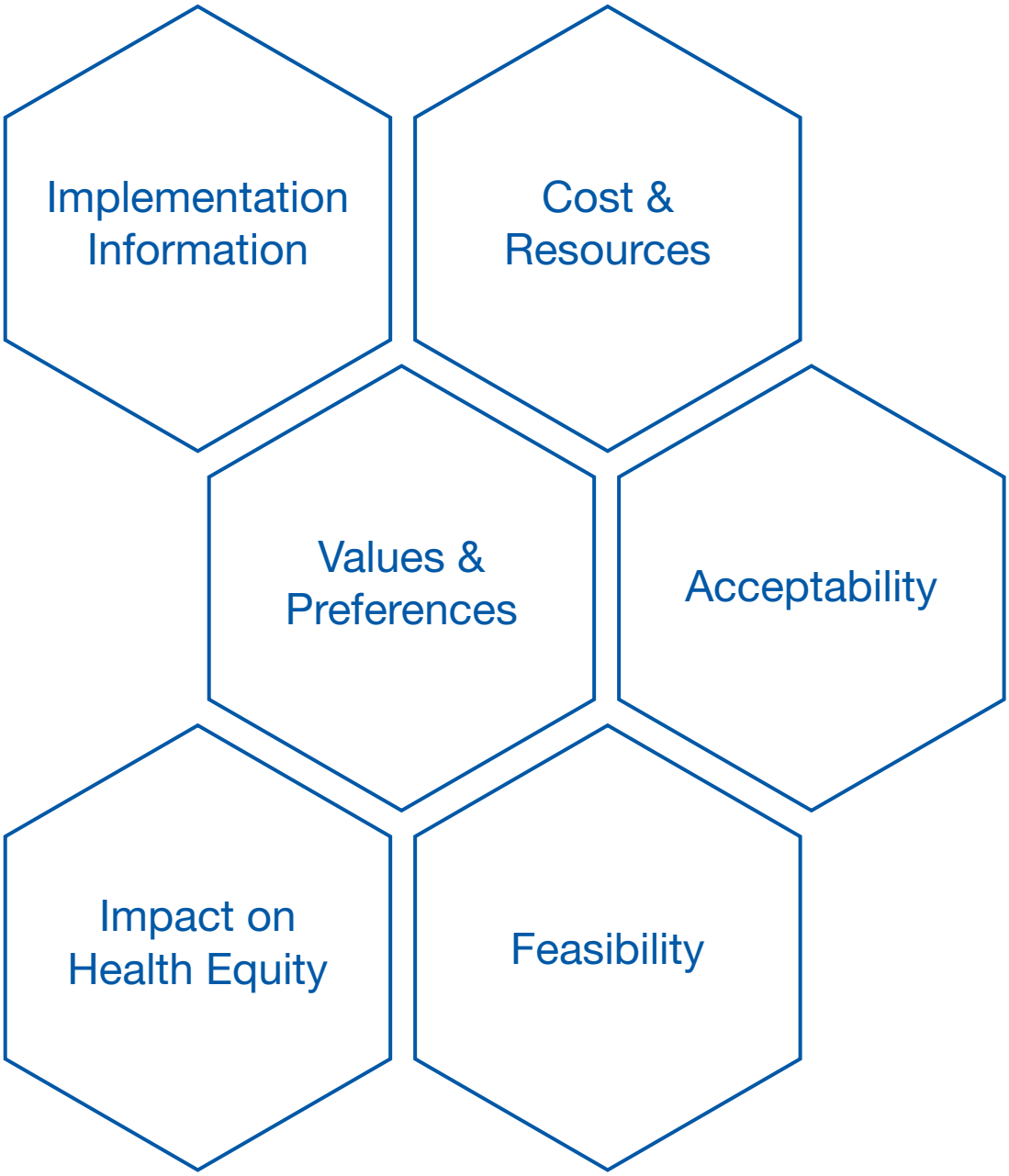
MAYO CLINIC

THE MANAGEMENT OF ANXIETY IN CHILDREN



TRANSFORMING EVIDENCE TO A DECISION

Evidence to Decision Factors

Which Patients Have Been Studied?

- 3-18 years old
- History of separation anxiety disorder, generalized anxiety disorder, social anxiety disorder, panic disorder, or specific phobia

Values & Preferences

- Most parents prefer a collaborative decision-making approach in which they have an active role
- Parents express a great need for trustworthy information about the different treatment options
- Although the logistics of the treatment (scheduling, costs, etc.) are rated as important, very few parents rate them as highly important

Costs & Resources

- Cognitive-behavioral therapy (CBT) provided by a psychologist on a public salary is likely more cost-effective for generalized anxiety disorder and panic disorder than drug interventions
- CBT as delivered in trials requires an average of 14 sessions (60-90s minute each); followed by 2-4 sessions (60-minutes each) per year over the next 5 years
- Number of CBT sessions delivered in practice is usually less than those in trials
- Drugs (SSRIs and SNRIs) require 8 appointments in the first 4-6 months followed by 2 appointments per year for 5 years

Acceptability

- Fluvoxamine, paroxetine and sertraline are likely better tolerated than fluoxetine and venlafaxine
- Dropout rates of medications are over 20%
- Dropout from CBT is 16% before treatment
- Parents endorse favorable attitudes towards counseling and neutral beliefs about medication
- Higher youth compliance with CBT predicted lower anxiety severity, higher global functioning, and treatment responder status after 12 weeks of CBT
- Number of CBT sessions attended and CBT homework completion did not predict outcomes
- The most robust predictors of adherence: living with both parents and having fewer comorbid externalizing disorders
- Older adolescent patients more likely to seek mental health treatment

Impact on Health Equity

- Latino youth access mental health services later and less frequently than white youths
- Latino youth are less likely to use specialty mental health services independent of diagnosis, gender, age, and service provider
- African Americans are less likely to receive mental health treatment
- Middle children are the least likely to get mental heath treatment
- English as first language predicts receiving prescriptions for anxiety
- Patients in rural areas face many barriers to treatment including: lack of mental health resources, increased stigma and inadequate transportation

Feasibility

- Therapist adherence to standard manuals is associated with better anxiety outcomes
- Number of years of clinical experience of therapist is associated with worse outcomes
- Electronically delivered CBT is likely effective but has the highest drop-out rate
- Combined CBT and medication approach is more effective but requires additional resources
- Individual-based CBT leads to more improvement on function than group-based CBT
- CBT leads to more improvement on functioning in age group 13-18 than age group 7-12

Additional Implementation Information

Average Medication Dosages in the Trials

SSRI	Fluoxetine	25-200 mg/day
	Fluvoxamine	280 mg/day
	Sertraline	175 mg/day
	Paroxetine	35 mg/day
	Citalopram	22.5 mg/day
	Escitalopram	15 mg/day
SNRI	Venlafaxine	37-225 mg/day
Benzodiazepine	Nefazodone	350 mg/day
	Chlordiazepoxide	20 mg/day
	Clonazepam	1.5 mg/day
	Alprazolam	1 mg/day
Tricyclic antidepressants	Clomipramine	119 mg/day
	Imipramine	200 mg/day
	Mirtazapine	30 mg/day

Other Alternatives: Non-CBT talk therapy

- Other types of psychotherapies that are non-CBT treatments are possible alternatives that may improve primary anxiety symptoms
- These therapies include attention bias modification, modifications of CBT for patients with autism spectrum disorder, single session therapy, and psychoanalysis
- Evidence on such treatments is not as robust as CBT, SSRIs or SNRIs

Remission Rate & Prognosis of Anxiety in Children

- More than 50% recover in 3-4 years
- Relapse rate after remission is 8%
- Anxious children have 30% chance of developing new psychiatric disorders

This document is based on research conducted by the Mayo Clinic Evidence-based Practice Center (EPC) under contract to the Agency for Healthcare Research and Quality (AHRQ), Rockville, Maryland. The findings and conclusions in this document are those of the authors, who are responsible for its contents; the findings and conclusions do not necessarily represent the views of AHRQ. Therefore, no statement in this report should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services. None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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