THE MANAGEMENT OF ANXIETY IN CHILDREN

Implementation Information
Cost & Resources
Values & Preferences
Acceptability
Impact on Health Equity
Feasibility

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 health 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**

<table>
<thead>
<tr>
<th>Category</th>
<th>Medication</th>
<th>Dosage</th>
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</thead>
<tbody>
<tr>
<td>SSRI</td>
<td>Fluoxetine</td>
<td>25-200 mg/day</td>
</tr>
<tr>
<td></td>
<td>Fluvoxamine</td>
<td>280 mg/day</td>
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<tr>
<td></td>
<td>Sertraline</td>
<td>175 mg/day</td>
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<tr>
<td></td>
<td>Paroxetine</td>
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<tr>
<td></td>
<td>Citalopram</td>
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<tr>
<td></td>
<td>Escitalopram</td>
<td>15 mg/day</td>
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<tr>
<td>SNRI</td>
<td>Venlafaxine</td>
<td>37-225 mg/day</td>
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<tr>
<td>Benzodiazepine</td>
<td>Nefazodone</td>
<td>350 mg/day</td>
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<tr>
<td></td>
<td>Chlordiazepoxide</td>
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<td></td>
<td>Clonazepam</td>
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<td></td>
<td>Alprazolam</td>
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<tr>
<td>Tricyclic antidepressants</td>
<td>Clomipramine</td>
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<tr>
<td></td>
<td>Imipramine</td>
<td>200 mg/day</td>
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<tr>
<td></td>
<td>Mirtazapine</td>
<td>30 mg/day</td>
</tr>
</tbody>
</table>

**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.

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