

Chapter 17

ANXIETY AND PHOBIAS

ANXIETY DISORDERS

Anxiety disorders are characterized by uneasiness, excessive rumination, and apprehension about the future. The conditions tend to be chronic, recurring, and vary in intensity over time. They affect 5% to 10% of children and adolescents (Table 17-1). Some common anxiety disorders are discussed in the following sections.

Panic disorder is the presence of recurrent, unexpected panic attacks. A **panic attack** is a sudden unexpected onset of intense fear associated with a feeling of impending doom in the absence of real danger. At least 1 month of persistent worrying about having another panic attack is required to make the diagnosis (Table 17-2). Panic disorder most often begins in adolescence or early adulthood. Symptom severity waxes and wanes. Characteristic symptoms include shortness of breath, palpitations, chest pain, a choking or smothering

sensation, and a fear of losing control or going “crazy” (Table 17-3). Symptoms generally last approximately 15 minutes and are generally time-limited. It is common for patients to think that they are about to die of a heart attack. Panic attacks are classified as (1) spontaneous, (2) bound to situations (occur immediately on exposure), and (3) predisposed to situations (attacks occur while at school, but not every time). **Agoraphobia** is a condition describing fear of situations where escape is difficult or would draw unwanted attention to the person. Agoraphobia is often persistent and can leave people home-bound. Panic disorder is seen in 95% of patients with agoraphobia. The condition is more common in females. Consider the diagnosis of a specific phobia (as opposed to agoraphobia) if the avoidance is limited to one or a few specific situations or social phobia if avoidance is limited to social situations in general.

Generalized anxiety disorder (GAD) is characterized by 6 or more months of persistent, out of proportion worry and anxiety that includes a historical diagnosis of overanxious disorder of childhood. The worries should be multiple, not paroxysmal, and not focused on a single theme and should cause significant impairment (Table 17-4). The anxiety must be accompanied by at least three of the following symptoms: restlessness, easy fatigability, difficulty concentrating, irritability, muscle tension, and disturbed sleep. Physical signs of anxiety are often present,

Table 17-1 Common Anxiety Disorders: Characteristics

FEATURE	PANIC DISORDER	GENERALIZED ANXIETY DISORDER	PTSD	SEPARATION ANXIETY DISORDER	SPECIFIC PHOBIAS
Epidemiology	Prevalence is 0.2%–10%; rates are similar in all racial groups. Half have agoraphobia. Eight times more common and of early onset in family members of affected individuals than general population.	Prevalence is 5%. The sex ratio is equal. Genetic factors play only a modest role in the etiology.	Prevalence is around 8%. Twin studies suggest some genetic role.	Prevalence is 2%–4% of children and adolescents. The sex ratio is almost equal. Heritability of SAD is greater for girls than for boys.	Prevalence is 2%. Sex ratio is 2:1 females:males. Increased risk of specific phobias in first-degree relatives of patients with specific phobias.
Onset	Average age at onset is 15–19 years; earlier in 25%.	The average age at onset is 10 years.		The average age at onset is 8–9 years.	
Differential diagnosis	Anxiety disorder due to a general medical condition. Substance-induced anxiety disorder due to caffeine or other stimulants.	Other anxiety disorders, anorexia nervosa, somatoform disorders, and major depression. Substance-induced (caffeine and sedative-hypnotic withdrawal).	Other anxiety disorders, adjustment disorders, psychotic disorders, and substance-induced disorders. If financial compensation is at issue, malingering should be ruled out.	Other anxiety disorders.	-
Comorbidities	Separation anxiety disorder (common). Substance abuse, major depression, obsessive-compulsive disorder (OCD), and other anxiety disorders. Asthma patients have a high incidence of panic attacks.	Depression, other anxiety disorders, ADHD.	Depression, other anxiety disorders, ADHD.	Depression, Social phobia, other anxiety disorders, ADHD.	Depression and other anxiety symptoms.
Prognosis	Frequently chronic with a relative high rate of suicide attempts and completions.	One study showed that 65% of children cease to have the diagnosis in 2 years.	Variable. Time may diminish symptoms. Substance abuse and suicidality increased over time in this group.	Variable. Affected children are likely to develop panic disorder, agoraphobia, or depressive disorders later in life.	Social phobia in childhood may become associated with alcohol abuse in adolescence.

ADHD, Attention-deficit/hyperactivity disorder; PTSD, posttraumatic stress disorder.