

# ANXIETY AND DEPRESSION

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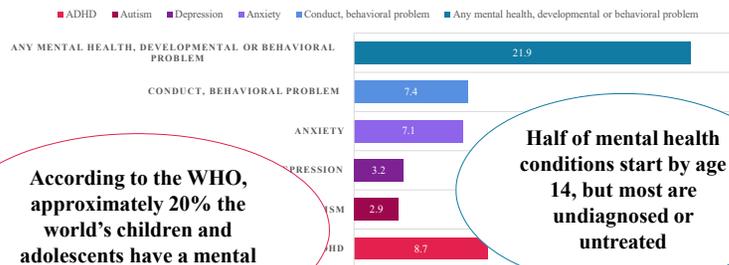
## DISCLOSURES

- None
- Will discuss treatment options generally including off-label use of medications

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## NATIONAL SURVEY OF CHILDREN'S HEALTH

PERCENT CURRENTLY DIAGNOSED, AGE 3-17



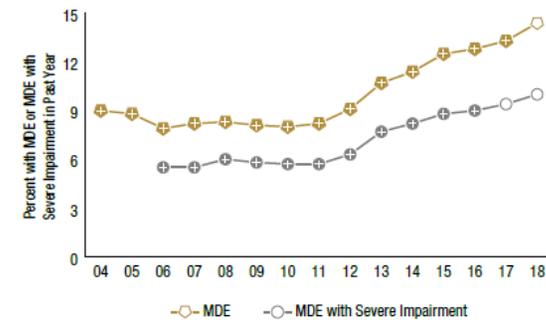
According to the WHO, approximately 20% the world's children and adolescents have a mental health condition

Half of mental health conditions start by age 14, but most are undiagnosed or untreated

Compiled from NSCH, Ghandour et al, 2019  
 \* Data from 2016, remainder from 2018

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Figure 45. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: 2004-2018

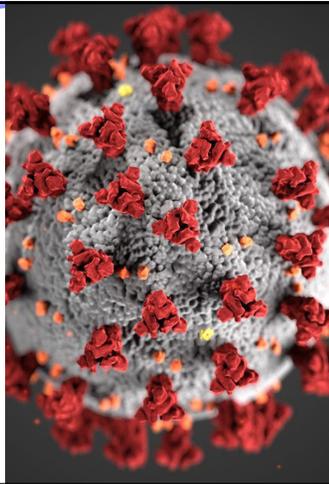


SAMHSA, 2019

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## COVID-19

- Change in structure, interaction with educators, peers, parents
- Increased isolation, boredom, uncertainty
- Increased use of electronics and social media
- Decreased in-person assessment by non-family members



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## Psychiatrist

- Medical doctor (DO or MD with additional subspecialty training)
- Assess physical and mental aspects of psychological problems
- Provide/prescribe medical treatments

## Psychologist

- Advanced degree: masters' level, PhD
- Extensive training in research or clinical practice
- Specialize in psychological assessment

- Perform diagnostic assessments
- Conduct psychotherapy

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## CHILD PSYCHIATRIST

- **Training:** medical school, residency in general/adult psychiatry, additional fellowship in child psychiatry
- **Setting:** office, telemedicine, school, inpatient psychiatric unit or intensive outpatient/partial hospitalization program
- **Interventions:** diagnostic assessment, recommendations for therapy, neuropsychological testing, and medication when indicated
- **Some diagnoses:** Attention-Deficit/Hyperactivity Disorder, Autism, Anxiety Disorders (e.g., Selective Mutism, Generalized Anxiety Disorder, Social Anxiety Disorder, Separation Anxiety Disorder), Major Depressive Disorder, Obsessive-Compulsive Disorder, Tourette's Disorder, Eating Disorders (Anorexia, Bulimia, etc), Post-traumatic Stress Disorder, Bipolar Disorder, Schizophrenia

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## CASE 1

- Susie is a 9 yo girl who has been coming to the nurse's office frequently for stomachaches and headaches. She has been reportedly more irritable, has not been completing in class assignments. Has been sent home from school several times this semester or called in sick.

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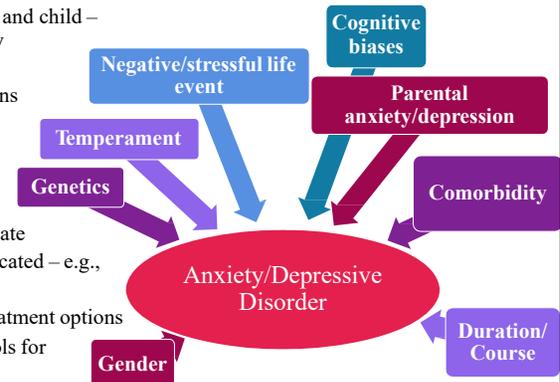
## CASE 2

- Derek is a 12 yo boy who came to the nurse for ice pack after punching wall. He is noted to be frequently angry and irritable. He has missed a few days of school this year or came in late or left early. He has gotten into fights with peers. Prior to this year, he had been a good student with good attendance and had not had behavioral issues or physical altercations.

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## EVALUATION

- Meet with parent(s)/guardian(s) and child – typically together and separately
  - Current symptoms
  - Screening for other conditions
  - Past medical history
  - Past psychiatric history
  - Family History
  - Social history
  - Rating scales when appropriate
  - Input from others when indicated – e.g., teachers
- Discussion of diagnoses and treatment options
- Provide documentation to schools for accommodations



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## ANXIETY

- Signs/symptoms:
  - Avoidance
  - Anticipation of threat – worry, rumination, negative thoughts
  - Physical manifestations – e.g., stomachache, headache, easily fatigued, restlessness/fidgeting, increased heart rate, muscle tension
  - Irritability
  - Decreased concentration, temper tantrums
  - Sleep disturbance, change in eating habits
- Consequences of untreated anxiety disorder
  - Increased rates of depression, substance use, educational underachievement, low self-esteem, poor problem-solving skills



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## DEPRESSIVE DISORDERS

Pre-pubertal Children	Adolescents	Adults
Irritability (temper tantrums, non-compliance)	Irritability (easily frustrated, angry outbursts, hostile)	Anhedonia
Affective reactivity	Affective reactivity	Lack of affective reactivity
Somatic complaints	Somatic complaints	Psychomotor agitation or retardation
Failure to make expected weight gain	Increased appetite, weight gain	Diurnal variation of mood (worse in am)
	Hypersomnia	Early morning waking
	Extreme sensitivity to rejection, can result in difficulty maintaining relationships	
	Academic decline	

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## DEPRESSION



- Signs/symptoms
  - Sustained feelings of sadness/irritability
  - Lack of interest in things previously enjoyed (may describe as profound boredom)
  - Changes in appetite
  - Changes in sleep
  - Changes in energy/activity level
  - Difficulty concentrating or making choices
  - Feelings of worthlessness or inappropriate guilt
  - Suicidal thoughts, thoughts of dying/death
- Consequences of untreated depression
  - Negative health consequences, exacerbation of risk-taking behaviors (e.g., substance abuse, sexual activity, early pregnancy), legal problems, impact on work, social relations, suicide attempts/suicide

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## WHEN TO RECOMMEND EVALUATION

- Changes in mood or behavior that:
  - Causing significant distress
  - Affecting school attendance or performance
  - Affecting socialization

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## TREATMENT OPTIONS



- Anxiety
  - Therapy – often cognitive behavioral therapy (CBT), family therapy
  - Medications – typically SSRIs (e.g., fluoxetine, sertraline though off-label for this indication)
    - Side effects: changes in appetite, GI symptoms, headaches, changes in energy, feeling agitated/restless, black box warning, unmasking mania (activation)



- Depression
  - Therapy – often CBT, though also psychodynamic psychotherapy, family therapy
  - Medications – typically SSRIs (some are off-label for this indication)
    - Side effects: changes in appetite, GI symptoms, headaches, changes in energy, feeling agitated/restless, black box warning, unmasking mania (activation)

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## REFERENCES

- Ghandour RM, et al. Prevalence and treatment of depression, anxiety, and conduct problems in US children. *J Pediatr.* 2019 Mar;206:256-267.
- Substance Abuse and Mental Health Services Administration. 2019. Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality Substance Abuse and Mental Health Services Administration.

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