Information for Parents About Anxiety in Children and Teens

FAST FACTS

- Fear and anxiety are a normal part of growing up, but they should not interfere with your child's daily activities.
- Anxiety disorders are among the most common mental health problems in children and teens.
- Children and teens with anxiety experience severe and persistent distress that interferes with their daily functioning; often these disorders are under-diagnosed.
- You might describe your child as a "worrier."
- Children and teens will often report physical complaints or describe "feeling sick" (e.g., stomach pain, headaches, chest pain, fatigue).
- Many times, children with anxiety also have problems with paying attention/staying focused at school; they may have problems being "moody."
- Many times, healthcare providers will mistake anxiety symptoms for attention deficit symptoms.

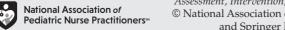
See Table 3.4 for common signs of anxiety in children and teens.

Table 3.4. Common Signs of Anxiety in Children and Teens

Physical	Behavioral	Thoughts
Restlessness and irritability (very	Escape/avoidant behaviors	Worry about "what ifs"
common in younger children)	Crying	Always thinking something
Headaches	Clinging to/fear of separating	terrible will happen
Stomachaches, nausea, vomiting,	from parents	Unreasonable, rigid thinking
diarrhea	Speaking in a soft voice	
Feeling tired	Variations in speech patterns	
Palpitations, increased heart rate, increased blood pressure	Nail-biting	
Hyperventilation/shortness of	Thumb-sucking	
breath	Always "checking out"	
Muscle tension	surroundings	
Difficulty sleeping	Freezing	
Dizziness, tingling fingers, weakness	Regression (bedwetting, temper tantrums)	
Tremors	Anger/irritability	

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based Assessment, Intervention, and Health Promotion (3rd ed.).



© National Association of Pediatric Nurse Practitioners and Springer Publishing Company.

SPRINGER PUBLISHING

MEDICAL PROBLEMS THAT MIMIC ANXIETY SYMPTOMS

- low blood sugar,
- thyroid problems,
- seizures,
- irregular heartbeat,
- migraine headaches, and
- breathing problems.

MEDICATIONS/DRUGS THAT MAY CAUSE ANXIETY SYMPTOMS

- caffeine,
- nicotine,
- antihistamine (Benadryl),
- medications for asthma,
- marijuana,
- nasal decongestants, such as pseudoephedrine,
- stimulant medication (e.g., Ritalin),
- street drugs (e.g., cocaine), and
- steroids.

Prescribed medications to treat anxiety, when started, can cause effects that mimic anxiety symptoms, but these symptoms often subside after a few days.

MANAGEMENT

- Talk to your primary care provider if you have concerns; describe what you are noticing about your child.
- Ask your primary care provider for things to read or websites to visit to learn more about your child's symptoms.
- Therapy might be recommended to help treat your child's symptoms. It could involve
 individual, group, or family work (cognitive behavioral therapy or skills building is the type
 of therapy that is supported by research to be effective for children and teens experiencing
 anxiety and/or depression).
- Help your child to practice mindfulness (staying in the present moment).
- Consider what could be changed at home or in school to help your child deal with their
 worries (e.g., set a regular bedtime routine or think about which activities are stressful for
 your child and think about ways to handle them differently).
- Medication is often recommended as an alternative treatment if symptoms are interfering
 with your child's day-to-day activities. Your provider may recommend a class of medicines
 called SSRIs, short for selective serotonin reuptake inhibitors.

This handout may be distributed to families.

From Melnyk, B. M., & Lusk, P. (2022). A Practical Guide to Child and Adolescent Mental Health Screening, Evidence-Based

Assessment, Intervention, and Health Promotion (3rd ed.).

National Association of Padiatric Nurse Practitioners.

© National Association of Pediatric Nurse Practitioners and Springer Publishing Company.



Be sure to ask:

Pediatric Nurse Practitioners

- What symptoms will the medication treat?
- How long will my child have to take this medication?
- How much medication will my child have to take, and how many times a day will they have to take it?
- How often will we see and/or talk to you about how my child is doing on the medication?
- What happens if my child misses a dose of medication?
- How do we stop the medication?
- SSRIs sometime take weeks to see the positive benefit; it is important for your child to take the medication as prescribed. The most common side effects when starting an SSRI is stomach upset/nausea, which tends to subside in a few days.
- Watch your child for any suicidal behaviors when being started on an SSRI.
- Never have your child abruptly stop the medication if placed on an SSRI.
- Your level of anxiety and stress will affect your child so seek help if you also are experiencing
 anxiety to the point where it is interfering with your concentration, judgment, or functioning.
- Teach, practice, and reinforce coping skills, such as breathing exercises, mindfulness meditation, visualization, positive self-talk, distraction with music or stories, and exercise.

© National Association of Pediatric Nurse Practitioners and Springer Publishing Company.