

# ANXIETY DISORDERS AMONG CHILDREN AND ADOLESCENTS

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## What is anxiety?

Anxiety is a normal response to perceived danger, like a warning signal. It is experienced as a general feeling of discomfort, distress, or a sense of danger, and often an intense feeling of fear.

Among children and adolescents, anxiety is a normal part of certain developmental stages, and manifests itself as fears that are specific to these stages, such as the fear of strangers (6-18 months), the fear of monsters, the fear of being separated from parents (2-3 years), fear of the dark, fear of sleeping alone (3-6 years), fear of physical danger, fear of school (6-10 years), and anxieties concerning friendship and rejection (10-12 years), identity, fitting in, and the future (adolescence).

## Anxiety disorders

Anxiety becomes problematic when it hinders development or significantly affects general functioning. Avoidance of anxiety-producing situations (like school) starts to take over. At that point, we call it an "anxiety disorder."

## Signs

Among children, the signs of an anxiety disorder may be different depending on the child's age and developmental stage. You may see separation anxiety (an intense fear of being away from the parent) or selective mutism (an inability to talk outside of the family). As the child develops, the signs progressively start to resemble those found in adults: specific phobia (the fear of an object or situation, such as a fear of school or a fear of vomiting); generalized anxiety (excessive worry, a sense of imminent disaster); social phobia (the fear of being judged by others or of being humiliated, to the point of avoiding

social situations); panic disorder (episodes of intense acute anxiety, with a fear of dying or losing control, heart palpitations and trouble breathing, trembling, hot flashes, etc.); and obsessive-compulsive disorder (intrusive, unpleasant ideas or images – fear of contamination, for example – and gestures aimed at neutralizing the obsessive ideas – such as excessive washing, for example). Among children who have experienced severe trauma, you may also see post-traumatic stress disorder (reliving the traumatic event through intrusive memories or flashbacks, avoiding situations that recall the event, or being hypervigilant).

Anxiety disorder can also underlie specific problems, such as school avoidance, performance anxiety, and somatization (often manifested as stomach pain with no physical cause).

These problems tend to run in families. Children who have an inhibited temperament may be more likely to develop an anxiety disorder later in life. Studies show that the prevalence of anxiety disorder among children and adolescents is between 10% and 20%, which means that it is the most common mental disorder among that age group.

## What to do

- The first step is to obtain a proper diagnostic evaluation.
- Once the diagnosis is established, there are a variety of treatment approaches, depending on the situation. The parents are usually part of the treatment process. There are a number of psychotherapeutic approaches, including cognitive-behavioural therapy, psychodynamic therapy, group therapy, relaxation therapy, family therapy, etc. In more severe cases, medication may be required in combination with psychotherapy.

Collaboration with school practitioners is often required as well, particularly in connection with the issue of school refusal.

## Where to go for help

Initial requests for services should go through the primary care network – pediatrician, general practitioner, psychologist, social worker, or psychoeducator – often via the CLSC.

In more complex cases, the primary care doctor can refer children and their families to the various pediatric psychiatric services in Québec for more specialized care.

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The printing of this sheet was made possible by a grant from the health improvement program

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