ANXIETY ON THE SPECTRUM

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Objectives

- Discuss:
  - anxiety and how anxiety disorders are diagnosed
  - the overlap of anxiety and autism
  - behavioral approaches to managing anxiety
  - the role of medication in the management of anxiety and anxiety disorders
What is anxiety?

- When there is a real danger, an "alarm" goes off in our bodies to help us prepare for the danger
- Some people have overactive, or false, alarms
- Experiencing anxiety occasionally is a normal part of life and can be adaptive
- Anxiety becomes a disorder when:
  - *It is prominent and persistent*
  - *There are accompanying symptoms*
  - *It causes significant impact on daily functioning*
Symptoms of anxiety can include:

- Feeling nervous, restless or tense
- Having a sense of impending danger, panic or doom
- Having an increased heart rate
- Breathing rapidly
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry
DSM-5 and anxiety disorders

- **Anxiety disorders:**
  - Generalized Anxiety Disorder
  - Separation Anxiety Disorder
  - Selective Mutism
  - Social Anxiety Disorder
  - Panic Disorder
  - Specific Phobias
  - Agoraphobia

- **Also to consider:**
  - Obsessive-Compulsive Disorders
  - Trauma- and Stressor-Related Disorders
Are people with autism more likely to be anxious?

- Increased rates of anxiety and anxiety disorders in those with autism
  - Estimates range from 10-80%
  - Increased prevalence in those with higher IQ
  - Significant increase in girls during and after adolescence
What does anxiety look like in people on the autism spectrum?

- Physical symptoms such as sweating, rapid breathing or increased heart rate
- Emotional lability
- Behavioral challenges such as aggression, anger, self-injury
- Inappropriate emotional responses
- Withdrawal or refusal to participate in activities
- Depressive symptoms
- Sleep Difficulties
Is it anxiety or ASD?

- Not a core symptom of autism
- Change from baseline presentation or functioning
- Specific irrational fears
- Symptoms worsen in response to environmental factors (e.g., school return or response to a specific trauma)
- Symptoms respond to treatment for anxiety
I think my child has anxiety – what do I do?

- Keep track of symptoms
  - When and where
  - Triggers
  - Specific observations/symptoms

- Discuss with other caregivers
  - Teachers
  - Therapists
  - Child care providers

- Talk with your child’s doctor
  - Inform of concerns prior to the appointment
  - Allow time for an extended appointment
  - May request questionnaires or recommend referral for additional evaluation
Evaluating for anxiety

- May take place with your primary care provider/pediatrician, a psychiatrist, or a mental health provider (e.g., psychologist).

- Components of an anxiety evaluation may include:
  - An interview with you (and your child)
  - Informal observation
  - Information from school providers
  - Rating forms completed by you, your child (depending on their age), and/or your child’s teachers
Behavioral Interventions

- Cognitive-behavioral therapy (CBT) focused on anxiety
  - *CBT is evidenced-based and aims to reduce symptoms of anxiety*
  - *CBT teaches individuals to:*
    - recognize physical, cognitive, and behavioral manifestations of anxiety
    - identify specific triggers
    - use a combination of physical, cognitive, and behavioral tools to manage anxiety
  - *CBT is provided by a mental health provider one-to-one but there may also be some group therapy options*

- Optimize other interventions
  - ABA
  - *Speech-language, occupational, and physical therapies*
  - *Educational interventions and supports*
Ways to support someone experiencing anxiety

- Communicate your empathy
- Model brave/non-anxious behavior
- Try to prevent avoidance
- Remind the individual to use their coping strategies
- Reinforce brave/non-anxious behavior

Strategies that are not typically helpful include: excessive reassurance, being too directive, permitting or encouraging avoidance, and becoming impatient.
It can be helpful to:

• Have an organized, predictable routine at home and school
• Prepare for transitions
• Provide opportunities to experience the feared situation(s)
• Provide accurate information to remove uncertainty and “unknowns”
• Help recall times they have successfully overcome their anxiety
• Use visual supports (e.g., feelings thermometer) and make things concrete
• Coach in positive self-talk
• Normalize and model imperfection
Medications and Autism

- Do not treat core symptoms of ASD
- Used to address co-occurring conditions
- Target symptoms and functional impact
- Weigh the benefits versus risks
  - Consider alternatives to medication
  - Side effects/adverse reactions
- Response is variable from person to person
- Should always be combined with behavioral, psychological, and/or education interventions
Medications in Children

- Few medications are FDA approved for children under 6 years of age

- There are limited randomized, placebo-controlled, double-blinded studies done in children

- Even fewer studies exist in children with ASD
Selective Serotonin Reuptake Inhibitors (SSRIs)

- Selectively block the reuptake of serotonin in the brain
- Used to treat anxiety and depression
- Fluoxetine, Sertraline, Paroxetine, Citalopram, Escitalopram
- Benefit may be seen in the first couple of weeks
- Often takes 6-8 weeks to reach full effect
- Which medication used depends on several factors:
  - provider preference
  - patient age
  - method of administration
  - co-occurring symptoms
  - family history
Side Effects and Follow Up

- **Side Effects**
  - Dry mouth
  - Nausea/diarrhea
  - Headache
  - Drowsiness/dizziness
  - Insomnia
  - Activation/agitation
  - Sexual side effects

- **Black Box Warning**
  - All SSRIs have black box warning
  - Association with increased suicidal ideations in children and young adults

- **Follow Up**
  - Regular follow up
  - Effectiveness
  - Side Effects
  - Gradual dose decrease with the advice of doctor
Other Medication Options

- **Tricyclic Antidepressants (TCAs)**
  - Imipramine
  - Amitriptyline

- **Mood Stabilizer**
  - Lithium

- **Anticonvulsants**
  - Carbamazepine
  - Lamotrigine
  - Valproic acid
Things to Watch Out For

- Stimulants are effective for ADHD symptoms but can make anxiety worse
- Benzodiazepines should be avoided, especially in kids and adolescents
  - Associated with increasing doses due to tolerance
  - Significant risk of dependence
  - Typically reserved for hospitalizations
Resources

Parents

- "Freeing Your Child from Anxiety," by Chansky
- “Helping Your Anxious Child,” by Rapee, Spence, Cobham, & Wignall
- “Keys to Parenting Your Anxious Child,” by Mannassis
- The Association for Behavioral & Cognitive Therapy (www.abct.org)
- Anxiety and Depression Association of America (www.adaa.org)

Children and Teens

- "Wemberly Worried," Ages 4-8, Kevin Henkes
- "What to Do When You Worry Too Much: A Kid’s Guide to Overcoming Anxiety," Ages 6-12, by Huebner
- "The Anxiety Workbook for Teens: Activities to Help You Deal with Anxiety and Worry," by Schab