



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 heartrate
- 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
- "Anxiety-Free Kids- An Interactive Guide for Parents and Children," by Zucker
- 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
- "Mind Over Basketball: Coach Yourself to Handle Stress," Ages 8-14, by Weierbach & Phillips-Hershey
- "My Anxious Mind: A Teen's Guide to Managing Anxiety and Panic," by Tompkins & Martinez
- "The Anxiety Workbook for Teens: Activities to Help You Deal with Anxiety and Worry," by Schab