

Anxiety Disorders in Children & Adolescents

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Anxiety Disorders in Children & Adolescents

- ◆ What do they have in common?
 - ◆ Intense anxiety resulting in distress and/or functional impairment
- ◆ What are the different anxiety disorders?
 - ◆ Specific (Simple) Phobia
 - ◆ Social Anxiety Disorder (Social Phobia) & Selective Mutism
 - ◆ Separation Anxiety Disorder
 - ◆ Generalized Anxiety Disorder (GAD)
 - ◆ Panic Disorder (w/ & w/out agoraphobia)
 - ◆ Obsessive-Compulsive Disorder (OCD)
 - ◆ Posttraumatic Stress Disorder (PTSD)

Why Pay So Much Attention to Anxiety?

- 🔥 Up to 20% of school age children have clinical anxiety
- 🔥 Negative impact in multiple domains
- 🔥 “Derailing” from achievement of important developmental milestones (e.g., development of independence, social skills)
- 🔥 Academic underachievement (e.g., Woodward et al., 2001)
- 🔥 Predicts adult anxiety disorders
- 🔥 Associated with substance abuse, depression, & suicidal ideation

Anxiety and ASDs

- Formal similarity in that both can involve repetitive, inflexible behaviors as well as avoidance
- Sameness needs tend to fade in kids over time but not in ASD
- Focus on function not form when considering diagnosis, which behaviors to target, and how to target them
- High rates of anxiety and compulsive behavior comorbidity in those with ASD, (e.g., Green et al., 2000; Matson & Dempsey, 2008; Muris et al., 1998)
- Comorbidity may well complicate and compromise delivery of intervention strategies for both conditions

What is Anxiety within ASD, and how can we measure it?

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Examples of anxiety from the first description of autism

(Kanner , 1943)

- ◆ **Case 1, Donald:** “we brought him to a playground slide...when other children were sliding on it... he would not get on it...he seemed horrorstruck”
- ◆ **Case 5, Barbara:** “very timid, fearful of various and changing things, wind, large animals, etc.”
- ◆ **Case 7, Herbert:** “tremendously frightened by running water, gas burners, and many other things.”
- ◆ **Case 8, Alfred:** “many fears connected to mechanical noise...a good deal of ‘worrying’. He frets when the bread is put in the oven to be made into toast, and is afraid it will get burned and be hurt...He is upset because the moon does not always appear in the sky at night...”
- ◆ **Case 10, John:** “marked obsessiveness...daily routine must be adhered to rigidly; any slightest change calls fourth bursts of panic”
- ◆ Is this just ASD? Is it anxiety? Is it the way in which anxiety manifests in ASD?

Anxiety Disorders in ASD

	Leyfer et al.	Simonoff et al.	Gjevik et al.
Social Anxiety	7.5%	29.2%	7%
Specific Phobia	44.3%	8.5%	31%
Generalized Anxiety	2.4%	13.4%	0%
OCD	37.2%	8.2%	10%
Separation Anxiety	11.9%	0.5%	0%
Panic Disorder	0%	10.1%	--
Agoraphobia	--	7.9%	--

Autism Spectrum Disorders

- ◆ Biologically based deficits in Social Communication
 - ◆ Impaired use of (and interpretation of) nonverbal communication
 - ◆ Difficulty understanding the nature of social relationships
 - ◆ Impaired social/emotional reciprocity
- ◆ Unusual and repetitive behaviors
 - ◆ Circumscribed interests
 - ◆ Repetitive language and motor mannerisms
 - ◆ Excessive adherence to nonfunctional routines
 - ◆ Sensory preoccupations and aversions

Assessment of comorbidity in ASD is complex

- ◆ Most measures of psychiatric disorders are not normed on ASD population. Is elevation due to ASD or another disorder?
- ◆ Cognitive and language abilities vary widely in ASD
- ◆ ASD is associated with weaknesses in attributing mental and emotional states to others and have impairments in recognizing/describing own emotional and mental states. Consequently, use of self-report measures may be limited. Self-report measures are essential to most assessments of psychopathology.

Measuring Anxiety Disorders

- ◆ “Gold Standard”
 - ◆ Anxiety Disorders Interview Schedule (ADIS; Silverman et al., 1996)
 - ◆ 2 hour interview with parent about anxiety behaviors
 - ◆ 45 minute interview with the child (if appropriate)
- ◆ Briefer measures:
 - ◆ Pediatric Anxiety Rating Scale (PARS²; interview)
 - ◆ Screen for Childhood Anxiety Related Disorders (SCARED; Birmaher et al., 2007)
 - ◆ Multidimensional Anxiety Scale for Children (MASC; March, 1997)
 - ◆ Child & Adolescent Symptom Inventory (CASI; Gadow & Sprafkin, 2010)
- ◆ There is very limited information about how these instruments perform in individuals with ASD

The process of differential diagnosis

- ◆ Review available information (records, other evaluations)
- ◆ Gather observations and history
- ◆ Generate list of possible diagnostic explanations
- ◆ Carefully consider overlap between diagnoses and characteristics that can “fit” more than one disorder

Differential: ASD v. OCD

Behavior	Could be either ASD or Anxiety	Is more like ASD	Is more like Anxiety
Routines and rituals	Eats the same meal and sits at the same table every day for lunch.	Paces lunchroom after eating unless redirected; walks perimeter of playground at recess	Seems under pressure to do routines a certain way.
Repetitive language	Asks same question over and over again	Anticipating a transition or novel event	Looking for reassurance (OCD theme)
Lines up objects	Orders by size, shape, or color; distressed if disrupted	Ego-syntonic; repetitive method of play	Ego-dystonic, or under pressure to keep things “just so”

Differential diagnosis: ASD v. OCD (cont.)

ASD Diagnostic Criteria	ASD – not OCD	Could be OCD
Nonverbal Communication	Does not improve with comfort or familiarity	Personal space issues; avoids eye contact or touch
Friendships	Close friends but activities are organized by parents	Uncomfortable around unfamiliar peers
Lack of sharing		
Emotional Reciprocity		
Delayed Language	No	
Conversations	Repetitive monologues	Repetitive reassurance seeking with parents
Stereotyped Language	Uses echoed words and phrases in conversation	Says certain words until it “feels right”
Limited pretend play		
Circumscribed Interests		
Nonfunctional Routines	Sameness is ego-syntonic	Hand-washing
Motor mannerisms		
Preoccupation with parts	Peers at reflective surfaces	Avoids objects with certain characteristics

Could there be an autism specific variant of anxiety?

Behavior	Is more like ASD	Anxiety within ASD?	Is more like traditional anxiety
Eats the same meal at the same table every day for lunch.	Following a routine either learned or self-created.	Difficult to redirect if routine is disrupted.	Seems under pressure to do routines a certain way .
Repetitive questions	Anticipating a transition or novel event	Distressed when anticipating a novel event (or negative event)	Looking for reassurance
Afraid of something	N/A	Mustaches, the color white	The dark, needles, spiders, snakes
Orders objects by size, shape, or color	Ego-syntonic; repetitive method of play	Distressed if ordered objects are moved	Ego-dystonic, or under pressure to keep things “just so”
Unusual reactions to sounds	Notices sounds others do not	Distressed or afraid of specific everyday sounds	Fear of sudden, unpredictable, loud sounds

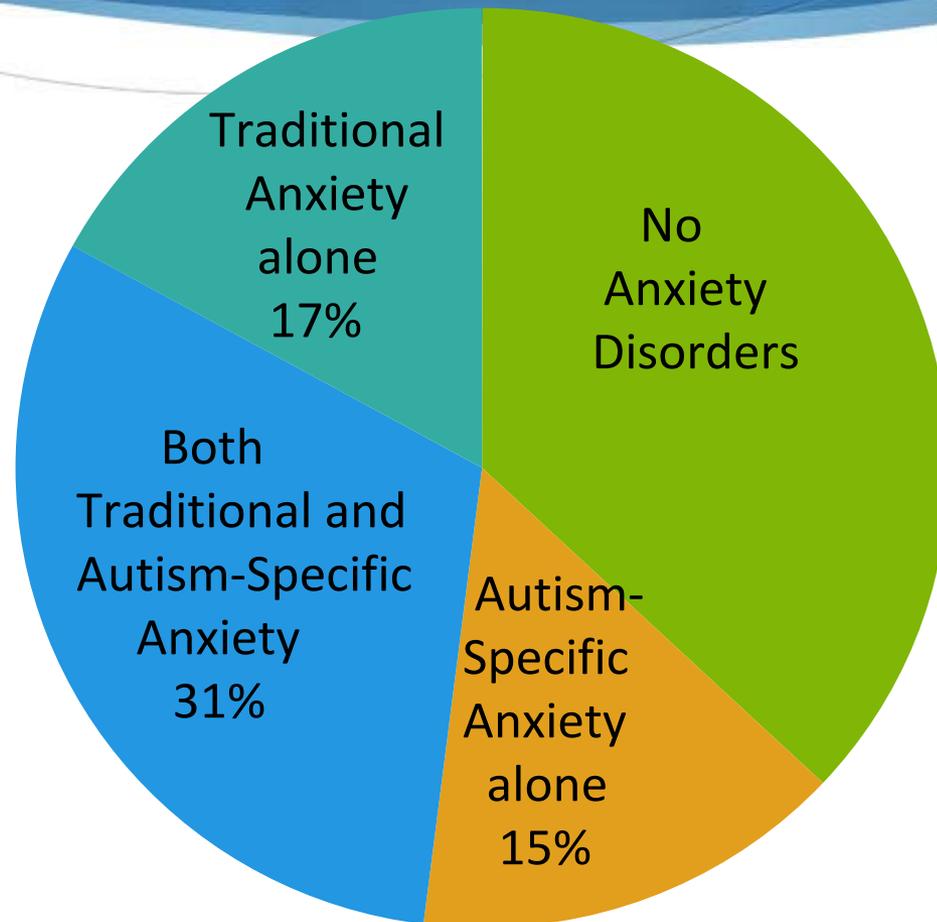
Distinguishing Traditional anxiety from Autism-Specific Anxiety

- ◆ Preliminary work at CAR (Kerns et al., in preparation):
 - ◆ 59 children with ASD (age 7-17), unselected for anxiety symptoms
 - ◆ ADIS with followup questions about autism specific anxiety within each traditional anxiety category
 - ◆ Separated the descriptions of traditional v. autism-specific anxiety
 - ◆ Assigned severity ratings for autism-specific anxiety
 - ◆ Assigned diagnoses to both traditional and autism-specific anxiety

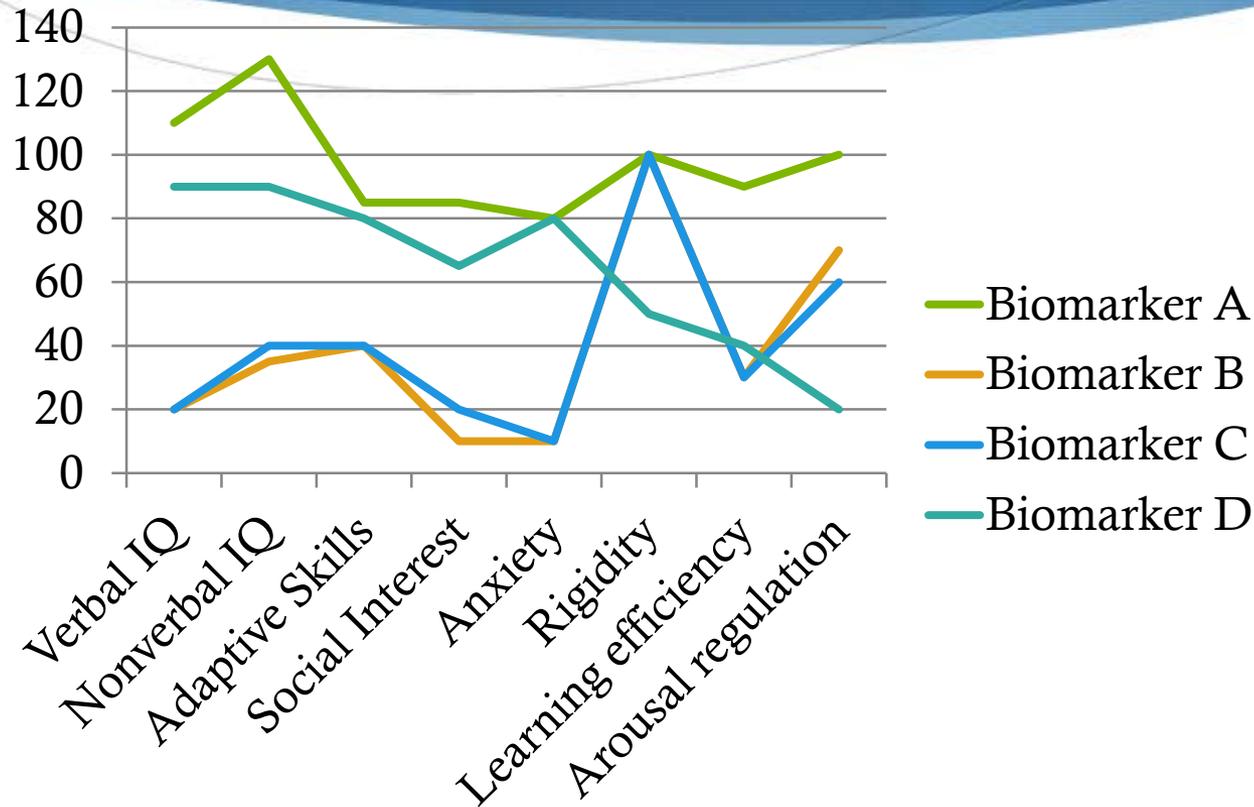
Anxiety within ASD

Preliminary Results (n=59)

Kerns et al. (in preparation)



Research can identify dimensions of ASD



We will need to connect behavior, brain, and genetics to identify meaningful subgroups of ASDs

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