

# Generalized anxiety disorder in children



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Generalized Anxiety Disorder In Children Generalized Anxiety Disorder (GAD) also includes Overanxious Disorder of Childhood (OAD) and when categorized with the other anxiety disorders, is “ one of the most frequent forms of child psychopathology, affecting about 10% of young people”, ( Muris Merckelbach, Mayer, and Snieder, 1998). It is characterized by excessive anxiety and worry that must be present for at least six months for the diagnosis to apply. There are several symptoms associated to GAD including: restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance.

And while at least three of these must be present for a diagnosis of GAD in adults, only one need be present in children or adolescents. One difference between adult GAD and childhood or adolescent GAD is the types of anxieties and concerns that manifest themselves. In adults the worries seem to be more social or occupational. In children or adolescents the anxieties and worries often concern the quality of their performance or competence at school or in sporting events, even when their performance is not being evaluated by others. There may be excessive concerns about punctuality.

They may also worry about catastrophic events such as earthquakes or nuclear war. Children with the disorder may be overly conforming, perfectionist, and unsure of themselves and tend to redo tasks because of excessive dissatisfaction with less-than-perfect performance. They are typically overzealous in seeking approval and require excessive reassurance about their performance and their other worries (American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, DSM IV

Text Edition 2002). So, while the symptoms may be similar, the issues and events that cause the symptoms can be quite different.

Another distinction that exists between childhood generalized anxiety and adult generalized anxiety is marked by the gender prevalence for each of these. In looking at the differences in gender in the diagnosis of GAD, it has been documented that “ through childhood there is no gender predominance, but in late adolescence onwards females are affected more commonly. [Also noted], rates [of GAD] increase in children living in social adversity and in inner city residents”, (Lask, Taylor, and Nunn, 2002). So it would be just as likely to find young males as it would to find females with diagnosable GAD.

Additionally, while GAD is said to be under-diagnosed in adults, it is thought to be over-diagnosed in children. A “ low proportion of [adult] individuals with GAD who present to specialist services [which] may indicate that the majority of these individuals are not sufficiently distressed to seek specific treatment or may consider their anxiety as part of their nature and hence not amenable to treatment”, (Rapee, as cited in Andrews, 2002). Alternately, in the case of children, “ GAD may be over diagnosed”, (Lask, Taylor, and Nunn, 2002). This may be due to the fact that parents tend to show more concern about their children’s needs and are more apt to take them to the doctor for a complaint than to go themselves.

It may also be due to the fact that “ in adults, everyday worries are much less likely to be accompanied by physical symptoms than in children”, (Masi, Favilla, Millepiedi and Mucci, 2000). Many adults report having had

symptoms of anxiety and nervousness all their lives, which would indicate that perhaps this is a disorder that they have had, undiagnosed, since childhood. " There is growing evidence that anxiety in children is significantly related to frequent negative feedback and parental restriction" (Scott, Mughelli, and Deas, 2005). As this early interaction and feedback forms one's subconscious tapes, this may account for the negative automatic thoughts that individuals with GAD report to have. " A greater number of negative self-statements (e.

g. , 'I'm going to make a fool of myself') is associated with higher levels of anxiety and fear", (Muris, Merckelbach, Mayer, and Snieder, 1998). These negative self- statements are usually regarding their own self value and their inner concerns about the judgments of the people around them. Persons with OAD are worried about the appropriateness of their own behavior and the adequacy of their own achievements", (Westenburg, Siebelink, Warmenhoven, and Treffers, 1999). They are " overly anxious about competence in a number of areas and, especially, about what others will think of [their] performance", (American Psychiatric Association [APA], 1987, p. 63 as cited in Westenburg, Siebelink, Warmenhoven, and Treffers, 1999).

Again, these characteristics point to a lack of self esteem or low self image in both children and adults with GAD that may refer back to parental or social interaction or both. When it comes to treatment of GAD, while there are " effective...psychopharmacological treatment modalities based on research with sound experimental design [with regards to adults, and yet]...there is a paucity of proven efficacious treatments for children and adolescents", (Scott, Mughelli, and Deas, 2005). It is known however, that Selective

Serotonin Reuptake Inhibitors (SSRIs) can have a reverse effect, particularly on adolescents, who exhibit a significantly higher suicide incidence due to the use of SSRIs than do adults. There have been findings that cognitive behavioral therapy is very effective in treating GAD in children and adolescents. “ Cognitive-behavioral therapy (CBT), both individual and group, has been shown to be efficacious when treating childhood anxiety disorders” (Scott, Mughelli, and Deas, 2005).

In CBT, the individual is helped to change the negative automatic thoughts that can plague their daily lives and create the anxiety from which they suffer. There has been significant research to support the long-term efficacy of this treatment for anxiety. In sum there are some distinct differences between children adults when it comes to the presentation, of GAD. Women are more likely to be diagnosed with GAD and yet in children it is equally as likely in both boys and girls.

Also, while children present more physical symptoms, adults seem to attribute the physical symptoms to the anxiety and so don't differentiate it as them as specific physical issues. And while there are differences in the way that GAD may present itself in children and adults, the underlying causes and psychological symptomology seem to be very similar. Both children and adults report negative self thoughts and a preoccupation with how others perceive them. And even as SSRI treatment may be effective in adults, it seems that a cognitive behavioral approach may be more effective in the long run for both children and adults in overcoming the symptoms and effects of Generalized Anxiety Disorder. References American Psychiatric

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