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Pediatric Generalized Anxiety Disorder GAD

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What Is Pediatric GAD?



01



Definition

Pediatric Generalized Anxiety Disorder (GAD) is characterized by excessive and uncontrollable worry about everyday events. This worry is disproportionate to the actual threat and persists for at least six months.

Defining GAD

Pediatric

Physical Symptoms

Children with GAD often experience physical symptoms such as headaches, muscle tension, restlessness, gastrointestinal distress, and sleep disturbances.

Impact on Functioning

The disorder significantly impairs a child's functioning in social, academic, and family settings, causing notable distress.



Normal vs. Pathological Worry

○ Frequency and Intensity

Normal childhood worries are occasional and situational, while GAD worries are frequent, intense, and generalized across multiple aspects of life.

○ Impairment

The key differentiator is the level of impairment. GAD disrupts sleep, school attendance, and peer relationships, leading to significant functional deficits.





Prevalence & Age of Onset



Prevalence

GAD affects over 10% of youth, making it a relatively common disorder among children and adolescents.

Gender Differences

Girls are more frequently diagnosed with GAD than boys, though the reasons for this disparity are not fully understood.

Age of Onset

The average age of onset is around 8.5 years, though it can vary. Early onset is associated with a higher risk of chronic anxiety.

Long-term Risks

Early onset of GAD increases the risk for chronic anxiety and later depression, emphasizing the importance of early intervention.



Clinical Picture

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Core Worry Themes

Broad Worry Themes

Children with GAD worry about a wide range of topics, including future events, past mistakes, school performance, family safety, social acceptance, and personal competence.

Persistence and Intensity

These worries are persistent and intense, often leading to significant anxiety and difficulty in controlling the worry.





Physical & Emotional Signs

Physical Symptoms

Common physical symptoms include stomachaches, headaches, muscle tension, restlessness, and fatigue, which can often be misattributed to other medical issues.

Emotional Signs

Emotional signs encompass irritability, difficulty concentrating, sleep disturbances, nightmares, and an exaggerated startle response.

Misattribution

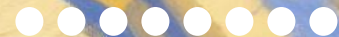
These symptoms are often mistaken for other conditions, leading to delays in accurate diagnosis and appropriate treatment.



Functional Impairment

Impact on Functioning

Persistent anxiety undermines academic performance, sports participation, and peer interactions. Children may seek constant reassurance, avoid new tasks, or refuse to attend school, significantly disrupting family routines.





Assessment Pathway

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Multi-Informant Evaluation

Evaluation Components

Diagnosis of GAD in children involves integrating information from parents, children, and teachers through clinical interviews, standardized rating scales, and DSM-5-TR criteria.



Tools and Scales

Tools such as the Anxiety Disorders Interview Schedule and questionnaires like SCARED are used to quantify symptom severity and rule out medical causes.



Comprehensive Approach

A multi-informant approach ensures a comprehensive understanding of the child's symptoms and functioning in different settings.



Differential Diagnoses



Overlapping Symptoms

Symptoms of GAD can overlap with those of ADHD, learning disorders, and other anxiety subtypes, making differential diagnosis crucial.



Key Differentiators

Careful history-taking helps distinguish GAD's pervasive worry from situational fears in social anxiety or separation anxiety, and from concentration lapses secondary to inattention.





Evidence-Based Treatment

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Cognitive Behavioral Therapy

○ CBT Overview

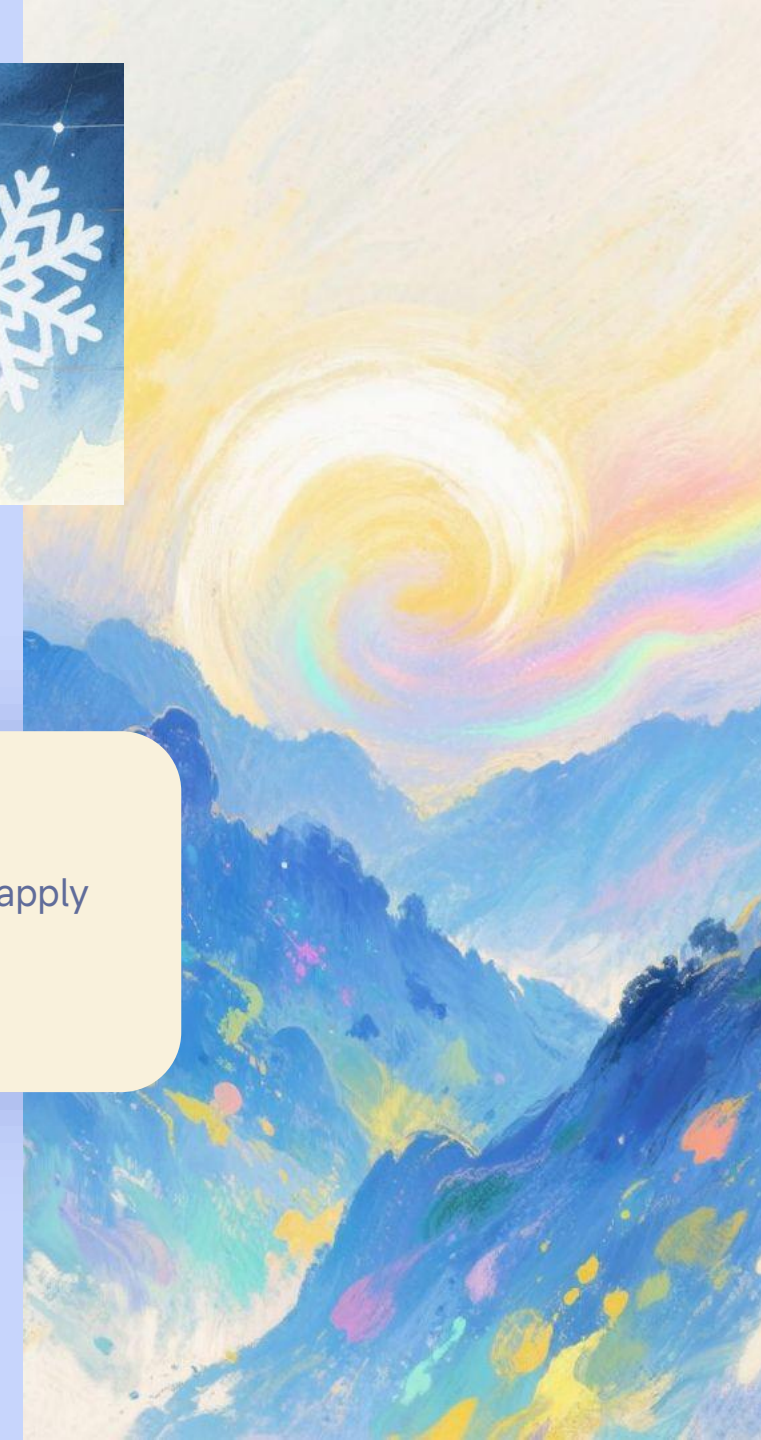
Cognitive Behavioral Therapy (CBT) is the first-line treatment for pediatric GAD, teaching children to identify anxious thoughts, practice relaxation, and gradually face feared situations.

○ Parent Involvement

Parent involvement is crucial in enhancing skill generalization, ensuring that children can apply what they learn in therapy to real-life situations.

○ Duration and Outcomes

Typical CBT protocols span 12–16 weekly sessions, with measurable reductions in symptom severity and significant improvements in functioning.



Pharmacotherapy Options



SSRIs

Selective Serotonin Reuptake Inhibitors (SSRIs) such as sertraline, fluoxetine, and fluvoxamine are FDA-approved for pediatric anxiety. They are effective in reducing symptoms.

Monitoring and Combination Therapy

When prescribing SSRIs, it is important to start at a low dose, titrate slowly, and monitor for activation, behavioral changes, or suicidal ideation. Combined CBT and SSRIs yield superior outcomes.

Family & School Integration

Family Therapy

Family therapy can reduce accommodation behaviors and model effective coping strategies, supporting the child's progress in therapy.

Communication

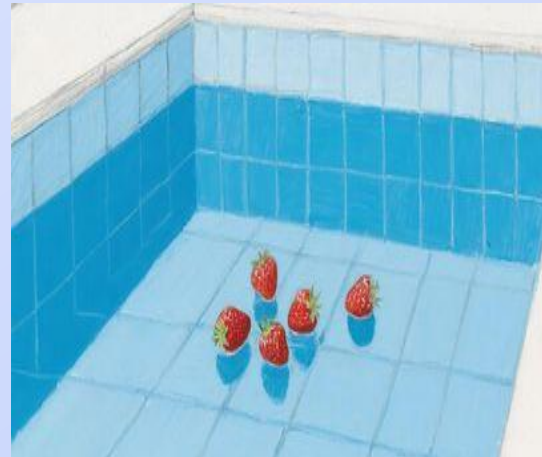
Regular communication among clinicians, educators, and parents is essential to sustain gains and prevent relapse.

School Plans

School-based interventions may include extra time for assignments, quiet spaces for self-regulation, and teacher prompts to help the child manage anxiety.

Holistic Approach

Integrating family and school interventions with clinical treatment ensures a comprehensive approach to managing pediatric GAD.





Prognosis & Prevention

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Long-Term Outlook



Prognosis

Without treatment, GAD often becomes chronic, increasing the risk for depression, substance use, and academic failure. Early, sustained intervention significantly improves long-term outcomes.



Thank You