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A Critical Review on Different Types of Anxiety in Children and Adolescents

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Abstract

The Pediatric Anxiety Scale was discovered to be a kid self-report tool used to assess symptoms of generalized anxiety disorder, panic agoraphobia, separation anxiety, social anxiety disorders, obsessive-compulsive disorder, and worries of bodily harm. Anxiety disorders impact 6% to 20% of children and adolescents in developed nations, making it one of the most prevalent psychiatric illnesses in younger patients. Separation anxiety is the only anxiety that solely affects children, adolescents, or infancy. The current work aims to review the present state of knowledge on childhood and adolescent anxiety disorders, signs-symptoms, and risk factors for childhood anxiety.

Introduction

One of the most prevalent types of child psychopathology is anxiety disorders. According to studies using population samples, 8–12% of youngsters exhibit an anxiety condition severe enough to impede everyday functioning, according to diagnostic criteria [1,2]. Separation anxiety, social phobia, generalized anxiety, panic disorder, with or without agoraphobia, obsessive-compulsive disorder, and specific phobias are just a few of the different ways that anxiety disorders in children can manifest. A variety of detrimental effects on social, academic, and personal adjustment are linked to child anxiety disorders [3,4]. Additionally, there is information to show that many children's childhood anxiety problems are not passing trends and that, if addressed, they may last well into adulthood and adolescence [5,6]. Therefore, it is crucial to spot clinically anxious kids as soon as possible and offer the right kind of help.

Negative outcomes, including avoiding developing appropriate activities and having problems in social and academic contexts, are linked to anxiety-related conditions and higher rates of anxiety symptoms [7]. Finding the etiological elements that may contribute to the emergence of anxiety is crucial.

They are linked to a variety of negative psycho-social outcomes that have an impact on how well the family, peer interactions, and educational domains work [8]. A majority of anxious individuals claim that their anxiety started before the age of 15, and younger people with anxiety-related conditions are more likely to have further disorders such as anxiety, depression, and drug abuse as adults if untreated [9]. There are certainly a variety of anxiety disorders, including anxiety about separation, social anxiety disorder, generalized anxiety

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disorder (GAD), panic disorder, and specific phobias, etc., and symptoms include planning, avoiding common situations that are common, having trouble falling or staying asleep, thumbs sucking, nail-biting, feeling queasy, etc. Some risk factor-related anxiety has been observed in children.

Children can exhibit a variety of symptoms, including persistent worry that something awful will happen, trouble sleeping, impatience, a quick heartbeat and shallow breathing, perspiration, tight muscles, lack of saliva, nausea, rumination, and difficulty focusing, among others.

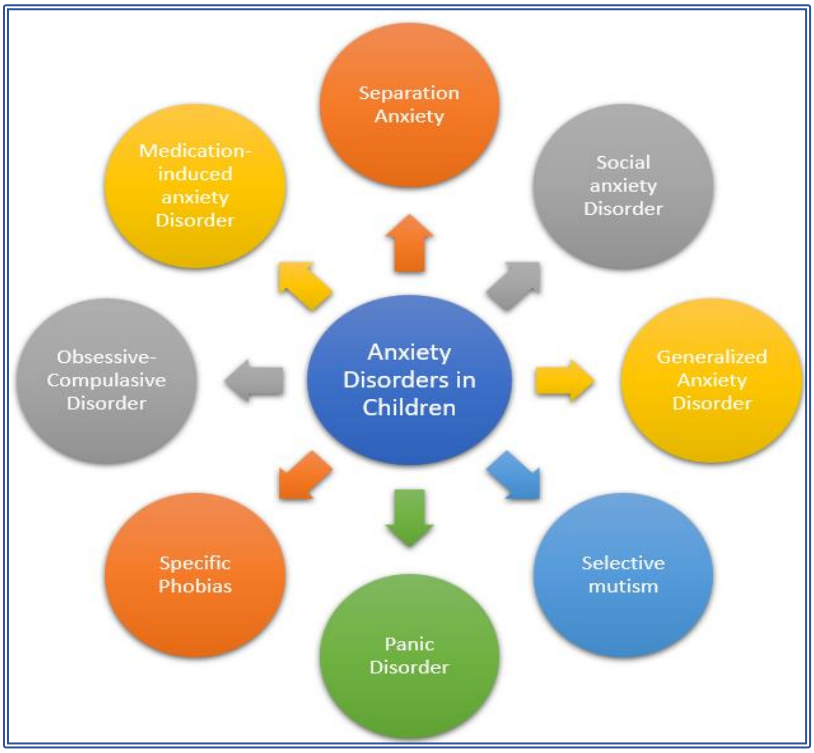

Figure 1: Different types of Anxiety Disorders in Children

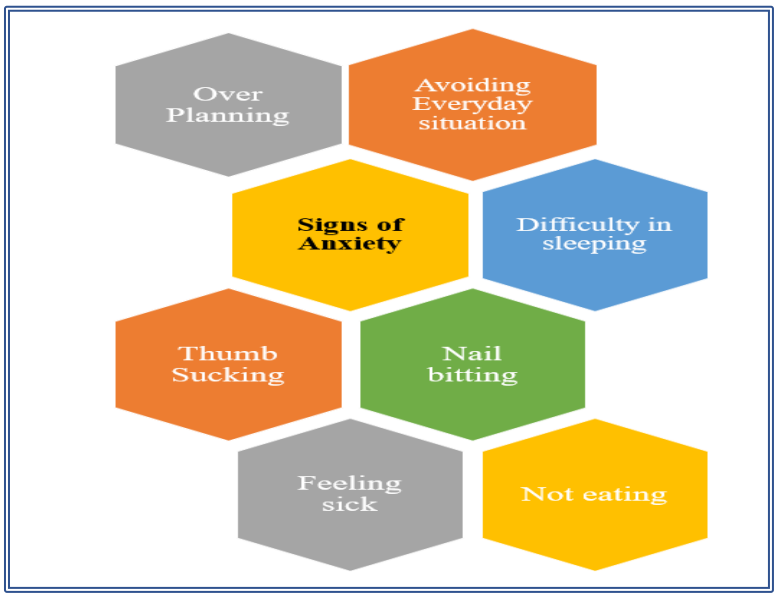

Figure 2: Signs of Anxiety Disorders in Children

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The temperamental characteristics, unfavourable environmental effects, unfavourable attachment events, parental psychopathology, and unfavourable sociocultural elements all have a role in the aetiology of anxiety [10]. The child's temperament and genetics are examples of biological risk factors. Relationships between children and parents and parental anxiety have received the most attention in research examining environmental risk factors in the emergence of childhood anxiety disorders. Additional reasons for risk for anxiety include genetic impact, temperament, parent-child bonding, changes in the environment, and economic considerations..

Separation anxiety disorder :

Excessive worry about leaving home or important attachment figures is the defining characteristic of separation anxiety disorder (SAD)[11,12]. The symptoms of this anxiety include frequent anguish before or after departure from people with whom you are attached, a persistent want to know where attachment figures are, or intense homesickness when far from home. Children with SAD are frequently obsessed with thoughts that harm may come to these individuals or themselves when they get separated from attachment figures. Additionally, they may exhibit difficulties leaving feelings of attachment to going to school or visiting friends' homes, fear of being lost or abducted, or difficulty being alone. Children with SAD frequently display "clingy" behaviour, maybe even doing their parents' bidding. Additionally, these kids frequently struggle to fall asleep by themselves and may experience nightmares including themes of separation. When separation happens or is expected, it's normal to have physical problems including, headaches, nausea, and stomachaches[13–16].

Panic disorder :

There was considerable debate up until recently over the existence of panic disorder in kids and teenagers[17]. Some studies questioned whether young children were able to catastrophize the physical symptoms that spontaneous panic attacks are characterised by. The question of whether PD occurs in youth has changed, however, in light of the current upsurge in studies on anxiety in youth, and now focuses on the physiology of panic in kids and teenagers [18,19]. Recurrent, sudden panic episodes with at least one of them being followed by a monthly or more persistent anxiety about suffering another attack, the consequences of the attack, or a substantial change in behavior as a result of the attack are the hallmark of PD in both children and adults. It's important to note that the panic episodes that characterize panic disorders are random; they are not triggered exclusively by social events, as they may be in a condition called social anxiety, or due to a particular cue, as they could be in specific phobia.

Social anxiety disorder:

A prevalent anxiety illness known as social anxiety disorder (SAD), commonly referred to as social phobia, is characterized by a strong fear of being humiliated and negatively judged by others in social circumstances and a propensity to avoid those situations. A 4th edition of the Diagnostic & Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994) lists both social anxiety disorder (SAD) and social phobia, however, there is a movement towards using the SAD abbreviation [20]. A 3-month prevalence rate of 2.5% of children aged 8 to 17 years old were reported using the DSM, Third Edition, Revised (-III-R) criteria ; this is according to the DSM, III-R criteria [21,22]. Prevalence rates increased to around 5% in children aged 12 to 18 using a 6-month interval, with somewhat higher rates for females than for boys [23,24]. A social anxiety disorder in children and adolescents may cause one or more social concerns. When opposed to a single narrowly focused social fear (such as public speaking, sports performance, writing, or visiting public restrooms), the existence of many social fears within both interacting and performing settings appears to represent a qualitatively separate state. Sub-typing systems have been developed as a result, such as those for generalized and nongeneralized disorders of social anxiety. Generalized anxiety about social situations in children seems to be more common and incapacitating than nongeneralized disorders of social anxiety, which is in line with results from the adult literature[25–27].

Specific Phobia:

Specific phobias, often known as "simple," "mono-symptomatic," or "focal" phobias, are unfounded, persistent fear of a particular thing or animal. Although the term "specific phobia" is a contemporary invention, the disorder it describes is not [28]. Hippocrates, for

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instance, mentioned a guy who had an unreasonable fear of bridges. The International Classification of Disorders (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) [29, 30] both include specific phobias that are largely consistent with the criteria Miller and colleagues [31] proposed 30 years ago for separating excessive and maladaptive phobias from more "normal," non-maladaptive fears.

According to these criteria, a phobia differs from a fear in that it is excessive (i.e., out of proportion given the situation), cannot be rationalized away, is beyond the scope of voluntary control, causes avoiding of the feared stimulus, lasts for an extended period of time, is maladaptive, and is not age-related or stage-specific.

Selective mutism:

Even after the primary signs of selective mutism have subsided, people frequently continue to struggle with social interaction and anxiety. The disorder of selective mutism has a condition that first manifests in early childhood and frequently leads to significant social as well as academic impairment across a long period of time. Several different pediatric mental disorders have been linked to selective mutism (SM), an uncommon and intriguing illness. Although many children talk and interact more naturally in comfortable settings, some show serious deficiencies when removed from their "comfort zone." These kids might have a type of selective disorder that seriously impairs kid's social and academic development and frequently lasts for years [32].Selective mutism is characterized by a person's persistent refusal to talk in social contexts when doing so is expected (such as at school), although doing so in other contexts [33].

Conclusion

The many forms of anxiety that affect kids and teenagers have been addressed in this review. Evidence is gradually becoming available to aid experts and researchers in choosing developmentally appropriate instruments that are developmentally appropriate, have robust psychometric features, and are suitable for their intended use. Instead of being simply backward projections of measurements that were developed for adults, there are now a wide variety of devices that have been particularly constructed for particular usage with kids and teens. The many forms of anxiety, the signs, & risk factors in kids and teens have been addressed in this study.

Conflicts of interest

There are no conflicts of interest.

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