

## New study may help guide treatment of pediatric anxiety

1 February 2019, by Alison Sampson

Researchers from the University of Cincinnati (UC) examined common medications prescribed for children and adolescents with anxiety disorders, to determine which are the most effective and besttolerated. This study revealed that the selective serotonin reuptake inhibitors (SSRIs) performed best overall compared to other types of medications.

The results, available online in the *Journal* of *Clinical Psychiatry*, include the largest amount of data to date for analyses of pediatric anxiety disorder treatments. The study examined more than a dozen medications from 22 randomized controlled trials.

"Clinicians have limited data to help them select among evidence-based medication treatments for their patients with anxiety. This <u>meta-analysis</u> provides guidance in terms of medication-specific differences in efficacy and tolerability among medications that are commonly used to treat <u>pediatric patients</u> with anxiety <u>disorders</u>," says Jeffrey Strawn, MD, associate professor in the Department of Psychiatry and Behavioral Neuroscience at the UC College of Medicine and lead author on the study.

According to the American Academy of Pediatrics (AAP), anxiety disorders are the most common type of mental health disorder in children. Anxiety affects approximately 8 percent of all children and adolescents. Symptoms of anxiety can include having recurring fears, aversions to <u>social</u> <u>situations</u> or being unable to control worries and can manifest as serious medical conditions: trouble sleeping, difficulty concentrating, even heart and digestive problems.

"Our study synthesizes evidence from multiple individual trials to guide clinicians and patients in deciding which medication to use when treating children and adolescents with anxiety disorders," said Eric Dobson, MD, a psychiatry resident at the

Researchers from the University of Cincinnati (UC) Medical University of South Carolina in Charleston, examined common medications prescribed for who conducted the study while a medical student at children and adolescents with anxiety disorders, to UC.

> The authors identified trials published between 1971 and 2018, comparing 13 commonly used medications with placebo or with other medications—including antidepressants—for the acute treatment of anxiety disorders in children and adolescents. A total of 2,623 patients (average age: 11½ years) had been randomly assigned to receive a medication or receive placebo, and the patients had generalized, separation or social anxiety disorders that was of at least moderate severity.

> The researchers looked at the number of patients who responded to treatment as well as the proportion of patients who discontinued the study as a result of adverse events, i.e. side effects. In anxious youth, treatment response was more effective with SSRIs than with serotoninnorepineprhine reuptake inhibitors (SNRIs). SNRIs prolong the activity of the neurotransmitters serotonin and norepinephrine, while SSRIs act predominantly to prolong the effects of serotonin. In terms of discontinuation and tolerability, SSRIs were the most tolerable class of medication, while tricyclic antidepressants were the least tolerable. Tricyclic antidepressants increase levels of norepinephrine and serotonin, and block the action of the neurotransmitter acetylcholine, which may give rise to some of their side effects.

> "This comprehensive evaluation comparing efficacy and tolerability of treatments in pediatric <u>anxiety</u> <u>disorders</u> suggests that SSRIs are superior to SNRIs and all other classes of medications," says Dobson.

"These findings confirm the recommendations from the American Academy of Child and Adolescent Psychiatry that SSRIs be considered as the firstline <u>medication</u> treatment for <u>anxiety</u> in youth," adds Strawn.



**More information:** Eric T. Dobson et al, Efficacy and Tolerability of Pharmacotherapy for Pediatric Anxiety Disorders, *The Journal of Clinical Psychiatry* (2019). DOI: 10.4088/JCP.17r12064

Provided by University of Cincinnati Academic Health Center

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