

Childhood Anxiety Disorders Challenge Entire Family

BY MARY ELLEN SCHNEIDER
Senior Writer

ATLANTA — A significant burden is placed on the family members of children and adolescents with anxiety disorders, regardless of the age of the child, Catherine Mancini, M.D., said in a poster presentation at the annual meeting of the American Psychiatric Association.

The research shows that the burden affects various areas of family functioning, including the physical and mental health of family members and family closeness, wrote Dr. Mancini and her associates at McMaster University, Hamilton, Ont.

The study included 24 outpatient children (8-17 years old) with an anxiety disorder and 24 family members. The family members—4 fathers and 20 mothers—each completed self-rated questionnaires on the impact of the child's illness on various areas of family functioning.

Among the family members participating in the study, 50% reported some degree of family burden, 50% reported an effect on family health, and 25% re-

ported an impact on family closeness.

A total of 17 of the 24 family members reported that their ill child had become "distressed/anxious/angry when we have not provided assistance." Family members also reported disruption of routine activities due to the child's illness and care, or "irrational demands."

Ten of the 24 parents reported that they or another family member had experienced physical change because of the child's illness, including weight loss, back pain, headaches, or sleeping problems.

Dr. Mancini and her associates did not find any significant differences on family burden scales between children aged 9-12 and adolescents aged 13-17.

Although the type of primary diagnosis did not make a significant difference in the family's burden, the researchers did report that primary obsessive-compulsive disorder rated significantly higher on the overall family burden scale than other primary conditions.

Anxiety disorders in male youths also may be associated with higher rates of overall burden and impact on family closeness. ■

Comorbidities Don't Block Talk Therapy in Children

BY ROXANNE NELSON
Contributing Writer

SEATTLE — The presence of a comorbid anxiety disorder in children with phobias does not interfere with the child's ability to respond to cognitive-behavioral therapy.

The children who responded to cognitive-behavioral therapy (CBT) were also able to reduce the symptoms of their comorbid disorders, according to data presented by Thomas H. Ollendick, Ph.D., at the annual meeting of the Anxiety Disorders Association of America.

"The presence of a comorbid anxiety disorder made no difference and did not interfere with the ability to treat," reported Dr. Ollendick, in a poster presentation. "There was no difference as to the type of comorbidity, although we did exclude comorbid disorders such as autism and schizophrenia, which generally cause more severe impairment."

The rates of comorbidity in children with anxiety are significant. But the impact of comorbidity on treatment efficacy is relatively unknown, and this area has not been well studied, said Dr. Ollendick, professor of psychology and director of the Child Study Center at Virginia Polytechnic Institute and State University in Blacksburg.

In fact, no studies have been undertaken

en looking at the influence of specific treatments on nontargeted comorbid conditions.

The investigators evaluated treatment efficacy in 105 children aged 7-16 years, who met the DSM-IV criteria for a specific phobia based on a pretreatment structured interview.

Within the group, 22.8% had a specific phobia (SP) only, 42.8% had an SP as their primary diagnosis and another untreated SP as a secondary diagnosis, 29.5% had a generalized anxiety disorder as a secondary diagnosis, 17.1% were diagnosed with comorbid separation anxiety disorder, 17.1% had comorbid social anxiety disorder, and 12.4% had comorbid attention-deficit hyperactivity disorder.

The primary diagnosis was the one causing the greatest interference and distress for the child, based on the Anxiety Disorders Interview Schedule, Child and Parent versions (ADIS-C/P).

The intensive CBT for specific phobias called "One Session Treatment," included the techniques of in vivo exposure, participant modeling, social reinforcement, and cognitive restructuring in a single session.

Children with a specific phobia had a 62.5% response rate to CBT, compared with 53.8% of those with an accompanying comorbid anxiety disorder.

The study is ongoing, Dr. Ollendick said, but the numbers so far are robust. ■

Strong Association Found Between Anxiety and General Health

BY ROXANNE NELSON
Contributing Writer

SEATTLE — Anxiety disorders are associated with a wide range of physical health problems, even after adjusting for other common mental disorders such as depression, Jitender Sareen, M.D., said in a poster presentation at the annual conference of the Anxiety Disorders Association of America.

"There has long been an interest in understanding how depression affects physical health," said Dr. Sareen, of the department of psychiatry at the University of Manitoba, Winnipeg. "However, there have only been a few studies which have examined the relationship between anxiety disorders and medical conditions."

The researchers used data derived from the U.S. National Comorbidity Survey, a national representative sample of 5,877 individuals aged 15-54 years, to examine the relationship between anxiety disorders and a wide range of medical conditions. The researchers used the Composite International Diagnostic Interview to make DSM-III-R mental disorder diagnoses, and assessed participants' general physical conditions on the basis of self-report. Multiple logistic regression was employed to analyze the relationship between a past-year anxiety disorder diagnosis and

past-year chronic physical illness.

Anxiety disorders diagnosed among the survey participants during the previous year included posttraumatic stress disorder, panic attacks, agoraphobia, generalized anxiety disorder, social phobia, and simple phobia.

Dr. Sareen and his associates looked at disability and functional impairment, and controlled for factors such as depression, alcohol use, and pain. Even after adjusting for common mood and substance abuse disorders, pain, and sociodemographics, they found that anxiety disorders were associated with a high level of disability.

Among the anxiety disorders, posttraumatic stress disorder was linked to the widest range of physical conditions, with the most prevalent being any type of metabolic or autoimmune condition (adjusted odds ratio 3.26). Neurologic conditions, including epilepsy, multiple sclerosis, and stroke, were also highly prevalent (adjusted odds ratio 2.84).

The presence of an anxiety disorder among patients with physical disorders may confer a greater level of disability.

"We have found that anxiety disorders are related to physical health, much in the same way that depression is," Dr. Sareen said. "And what we are showing is that not only are they related, but they raise disability in the community." ■

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