Common Anxiety Disorders

Separation Anxiety Disorder - Characterized by developmentally inappropriate and excessive anxiety about being apart from the individuals to whom a child is most attached.
   A. Normal part of development.
   1. Beginning around 6-7 months, peaking around 18 months, and decreasing after 30 months of age.
   2. Features may persist into childhood and early adolescence while remaining subclinical.
   B. Frequently consists of persistent reluctance or refusal to go to school or elsewhere due to fear of separation.
   C. Frequent complaint of multiple physical symptoms: headaches, stomachaches, nausea, or vomiting. These can be the result of anxiety or designed to support the need for avoidance of separation.
   D. Interferes with normal development so as a result, academic achievement, peer relationships, and overall maturation are compromised.

Generalized Anxiety Disorder - Characterized by marked worry and anxiety that the individual finds difficult to control and causes impairment in functioning.
   A. Can be a normative part of development- fears, worries, and scary dreams are common in healthy children, occurring at rates of 76%, 68%, and 81% respectively in one study.
   B. Worries are numerous and diffuse, not limited to a specific stimulus or environment.
   1. Specific worries include future events, peer relationships, social acceptability, competency, and pleasing others.
   2. Often described by parents as “worry warts” and as overly conscientious.
   C. Physiological symptoms increase with age and include: feeling keyed-up or restless, muscle tension, feeling fatigued, and difficulty concentrating.
   D. Higher prevalence rates for girls than boys have been demonstrated in a number of studies, 9% versus 4% respectively.

Panic Disorder – Characterized by recurrent, unexpected panic attacks.
   A. Panic attacks are discrete periods of fear or discomfort that develop abruptly and reach a peak rapidly.
   B. The most commonly reported somatic symptoms among adolescents are trembling, dizziness or faintness, pounding heart, nausea, shortness of breath, and sweating.
   C. May occur with or without Agoraphobia.
   1. Characterized by “anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of a panic attack.”
   2. Can result in school avoidance.

Social Anxiety Disorder involves a persistent fear of one or more social situations in which a person is exposed to unfamiliar persons or to scrutiny by others.
   A. Commonly feared situations include speaking in front of others, attending social gatherings, dealing with authority figures, performing in public, and speaking to strangers.
   B. Exposure to the social situation elicits marked anxiety, resulting in interference with functioning or marked distress about experiencing the fear.
   C. Somatic symptoms are common and may be indistinguishable from a full-blown panic attack.
   D. Adolescents and young adults with social phobia may drop out of school or college or avoid classes in which classroom participation or presentation would be required.
   E. Increased incidence of alcohol abuse in adolescence and early adulthood, more suicide ideation and suicide attempts, and more physical and mental health problems.

For more information call 513-536-HOPE (4673).
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