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Opinion

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Anxiety Disorders in Early Childhood

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Introduction

Childhood and adolescence are the most vulnerable years for the onset of anxiety symptoms and syndromes, which can range from minor annoyances to full-blown anxiety disorders. From a research standpoint, challenges include determining its prevalence and patterns of incidence through a reliable and clinically valid assessment, as well as longitudinal characterization of its natural course to better understand which characteristics are strong predictors of more malignant courses and which are more likely to be associated with benign patterns of course and outcome.

Anxiety refers to the brain response to danger, stimuli that an organism will actively attempt to avoid. This brain response is a basic emotion that can be felt as early as infancy and youth, with expressions ranging from mild to severe. Anxiety is not always unhealthy because it is adaptive in many situations where it helps people escape danger [1].

These adaptive components of anxiety are likely reflected in strong cross-species parallels—both in organisms' responses to risk and in the underlying brain circuitry engaged by threats [2]. 1 One widely held belief is that anxiety becomes maladaptive when it interferes with functioning, such as when it is linked to avoidance behaviour, which is most likely to occur when anxiety becomes excessive.

Pathological anxiety can affect people of any age and is defined by persistent or extended levels of anxiety and avoidance, as well as subjective distress or impairment. However, distinguishing between normal and pathological anxiety in children can be challenging because children experience many concerns and anxieties as part of their natural development [3]. As a result, given that such worry occurs in the majority of children and usually does not last, distress is an insufficient criterion for discriminating between normal and abnormal anxiety states in children. When trying to discern between normal, subclinical, and pathological anxiety states in children, this problem presents particular problems. Children of a younger age may have difficulty articulating cognition, emotions, and avoidance, as well as the accompanying distress and impairments, to the diagnostician, which is one of the obstacles in the assessment of juvenile phobias and anxieties.

Anxiety disorders are documented and classified in diagnostic systems like the Diagnostic and Statistical Manual of Mental Disorders (DSM, currently version IV-TR, American Psychiatric Association) and the International Classification of Diseases (ICDS) (ICD, currently version 10, World Health Organization).

Many anxiety disorders have clinical aspects across multiple systems, such as high levels of anxiety, physiological anxiety symptoms, behavioral problems such as severe avoidance of fearful items, and related discomfort or impairment. When assessing anxiety symptoms in children, it's important to remember that the basic diagnostic criteria may manifest differently in children, necessitating new assessment methodologies and the recognition of aspects that are exclusive to or distinctive of this age group. The DSM-IV recognizes this by including, albeit not consistently, some of the traits that may appear differently in children and adolescents for various disorders. All anxiety disorders in DSM-IV, with the exception of separation anxiety disorder, are classed together regardless of the age at which the condition develops; separation anxiety disorder, on the other hand, is characterised as manifesting before the age of 18.

For example, in the DSM-IV, the threshold for diagnosing generalized anxiety disorder in children is lower than in adults (1 out of 6 symptoms instead of 3); in phobias, children are not required to judge their anxiety as excessive or unreasonable, but the duration must be at least 6 months among those under the age of 18 years.

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