Spina Bifida, Anxiety, & Anxiety Disorder

SBANT Education Day

February, 23 2019

Plano Conference Center

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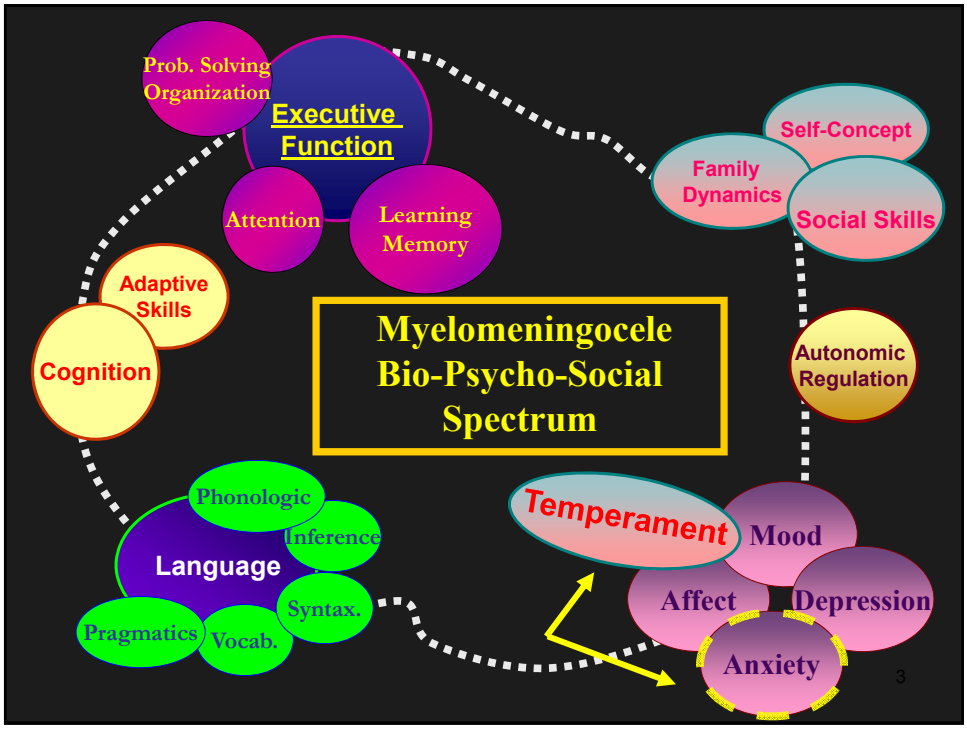
Spina Bifida, Anxiety, & Anxiety Disorder

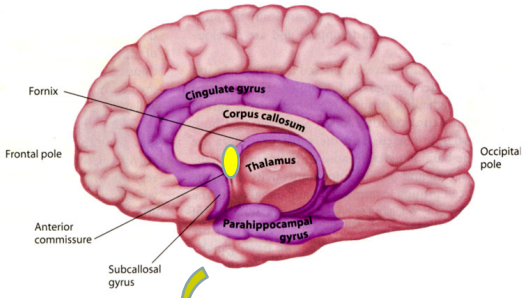
SBANT Education Day

February 23, 2019

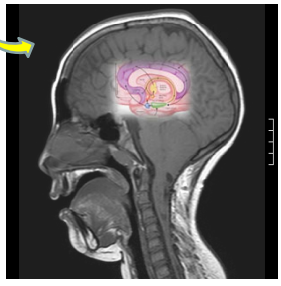
- ***Let's be clear: there is "anxiety" and there are "anxiety disorders"***
- ***Describe the relationship between anxiety and Spina Bifida***
- ***Identify core concepts of intervention***
- ***Explain how symptoms of anxiety disorders can go unrecognized in children with Spina Bifida.***
- ***Approaches to care***

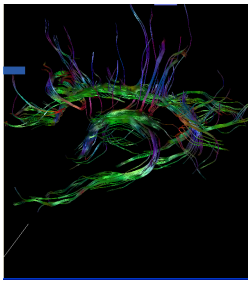


Anatomy & Anxiety / Temperament



Vachha B, **Adams RC**, Rollins NK. Limbic Tract anomalies in pediatric myelomeningocele and Chiari II malformation
Vachha B, **Adams RC**. Myelomeningocele, Temperament Patterns, and Parental Perceptions
Vachha B, **Adams RC**. A temperament for learning: limbic system in myelomeningocele
Etc.
Etc.





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Anxiety

- "Future-oriented emotion"
- Perceptions of lack of control &
- Unpredictability over potentially aversive events
- Rapid shift of attention to the focus of potentially "dangerous" events

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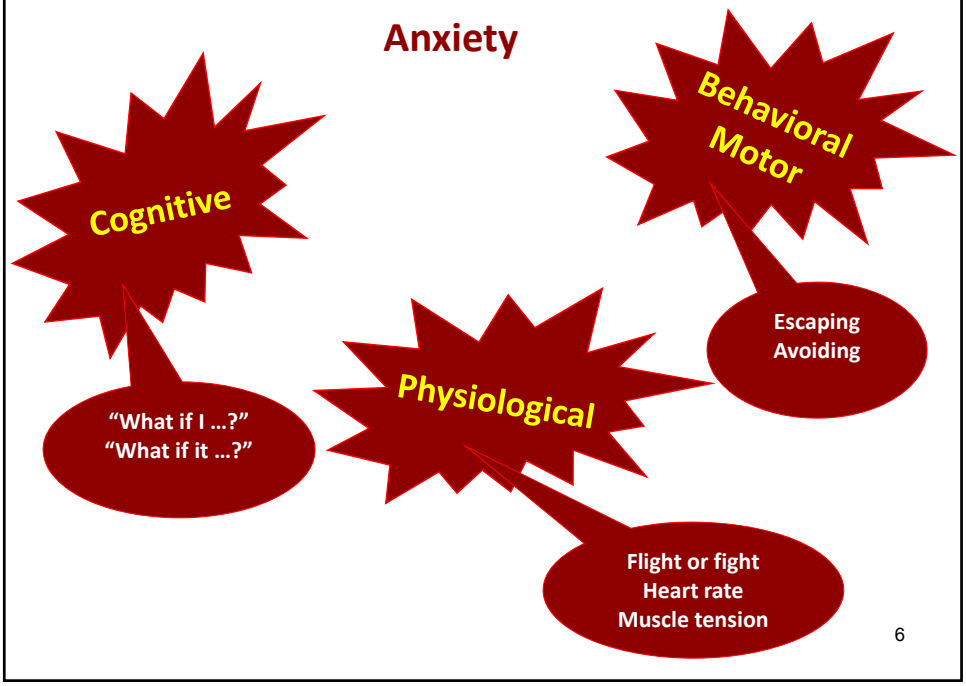

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Worry

- Involves thoughts / images that cause anxiety
- Content of concern differs from time to time

Fear

- Part of the bodily response system
- Essential in focusing on escaping *immediate* situations / threats

Anxiety

Disorder	Prevalence	Age
Generalized anxiety	3-12 %	> In adolescents
Separation anxiety	4-13 %	> In children
Specific phobia *(dog, crowds, clowns)*	3 – 9 %	Child=Adolescent
Social phobia	1- 6 %	> In Adolescents
OCD	1 -4 %	Child~Adolescent
Panic Disorder	4 -5 %	> In adolescents
Post-traumatic stress disorder	1 – 3 %	???

Generalized Anxiety Disorder

A. Excessive anxiety / worry more days than not for at least 6 months about a number of events or activities

B. Sense of lack of control

C. 1 or more:

- Restlessness {Keyed up}
- Easily fatigued • Sleep Disturbance
- Difficulty concentrating
- Irritability
- Muscle Tension

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Differential Diagnoses	Co-Existing Conditions
• *Pervasive Dev Disorders (PDD)* • *Oppositional Defiant Disorder* • *ADHD* • *"Normal" anxiety*	• Other anxiety disorders •Depression * •Disruptive Behavior Disorders •Tic Disorders

Spina Bifida – specific. Example: Shunt issues

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Anxiety - - - *Why Should We Talk About This?*

1. Longitudinal studies: *association between* anxiety disorders & educational underachievement

2. Occurrence of Anxiety Disorders p*recede* *depressive disorders / substance abuse disorders*

3. Anxiety disorders can be related to *difficulties in social and peer relations which can contribute to feelings of loneliness , low self-esteem → depression.*

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Anxiety --- "Why"

1. Genetics / Temperament
2. Attachment to Caretakers
3. Parenting Styles
4. Life Experiences

Spina Bifida

Anxiety --- Genetics / Temperament

"behavioral inhibition" –

child's tendency to approach unfamiliar or new situations with *distress, restraint, avoidance"*
Kagan 1999

* "enduring temperament trait"

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"Myelomeningocele, Temperament Patterns, and Parental Perceptions"

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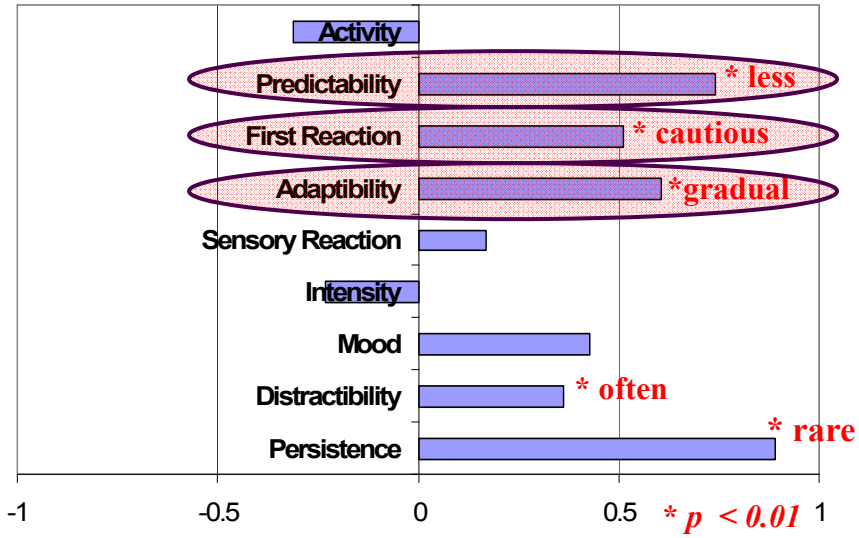
Temperament in children with SB



Anxiety --- "Why"

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Anxiety **--- Attachment**

Warren et. al Longitudinal Study

Follow–up at 12 months & through 17 years

High-risk attachment:

*** predicted anxiety disorders in adolescence**

*** in scientific analysis – stronger even than maternal anxiety or infant's temperament**

It's the dynamic interaction

Anxiety --- "What can impact (up or down)?"

1. Genetics / Temperament
2. Attachment to Caretakers
3. *Parenting Styles*
4. Life Experiences

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Anxiety --- Parenting Styles

Parental Control

Siqueland et al

Parents of children with anxiety disorders were rated by independent observers as

less granting of autonomy

than parents of control children

{Study among typically developing children }

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Anxiety --- Parenting Styles

Parental Control *Observational studies*
Parents of anxious children were

More involved in directing the child's moment to moment activities

More "intrusive" – answering on their behalf, making decisions for them, etc

More negative – fearful of potential harm

More likely to agree with and encourage the child's avoidance

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Anxiety --- "Why"

1. Genetics / Temperament
2. Attachment to Caretakers
3. Parenting Styles
4. Life Experiences {Plus: Spina Bifida-specific}

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Anxiety --- Life Experiences

Anxiety can be related to exposure to negative life events

Research reviewed… supports the conclusion that

- *temperament (style of response to stimuli)*
- *attachment issues*
- *parental clinical anxiety (diagnosed)*
- *parenting styles*

all play a part in the development of anxiety in children

Bernstein & Layne, 2006; etc

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Temperament profile in Osteogenesis Imperfecti

Suskauer. *Pediatrics.*

Anxiety --- What to do?

- **Exposure**
- **Modeling**
- **Cognitive-Behavioral Therapy**

In review of over 200 investigations, the protocols that consistently demonstrate strongest results in children / adolescents include these 3 components

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Anxiety → Exposure

Strategy:

real or imagined confrontation with a feared stimulus

Variations in Approach:
Intensity
Duration
Order of stimuli
Relaxation
Rewards

> 35 RCT's
Exposure shown effective in reducing childhood fears /anxieties

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Anxiety → Modeling

Strategy:

Child's observation of another person interacting successfully with a feared stimulus

Variants:

Live Model

Symbolic

Participant

Rewards

Modeling has been shown more effective compared to no treatment

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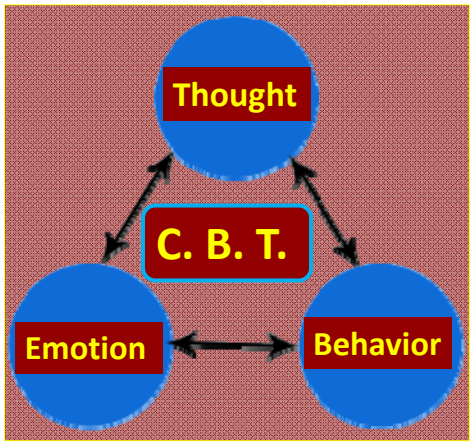
Anxiety → Cognitive- Behavioral Therapy (CBT)



EXPOSURE is a central component in CBT

Summary

What Your Spina Bifida Team Can Do To Help

1. **Help identify list of fears { *Listen* }**
2. **Education about Anxiety**
3. **Cognitive processing of fears:**

   ideas & accuracy; coping; control techniques
4. **Practice feared situations {real or imagined}**
5. **Support over time to help new skills**
6. **Dev Peds: Medications management *if needed***