

Anxiety Common Among Teens in Pediatric ED

VITALS

Major Finding: Among adolescents presenting at the emergency department, 39% screened positive for a probable anxiety disorder by either parent or child report.

Data Source: Seventy-four adolescents assessed at the pediatric emergency department of a Southern California hospital.

Disclosures: The researchers had no disclosures relevant to this study.

BY MIRIAM E. TUCKER

ATLANTA — More than one-third of 74 adolescents who presented to the pediatric emergency department of a Southern California hospital screened positive for a probable anxiety disorder.

Anxiety disorders are common in medical settings, where they often co-occur with somatic complaints,

such as abdominal pain and headache. This early finding is from an ongoing study believed to be the first to examine anxiety disorders among adolescents in emergency department settings, Holly J. Ramsawh, Ph.D., said in an interview during her poster presentation at the annual meeting of the Anxiety Disorders Association of America.

“There does seem to be a high

prevalence of occult anxiety disorders among adolescents. It’s a lot more common than depression. Anxiety may not kill you or make you commit suicide, but it might lead to increased utilization of health care services for things like somatic pain,” said Dr. Ramsawh, of the department of psychiatry at the University of California, San Diego.

Study participants were medically stable English-speaking adolescents aged 13-17 who presented to the pediatric ED between February 2009 and February 2010 for nonpsychiatric chief complaints. They were screened with the validated 5-item Screen for Child Anxiety Related Emotional Disorders, Child and Parent versions (SCARED-C & -P). Children with scores of 3 or greater were considered positive for an anxiety disorder.

Twenty-two percent of the participants screened positive for a probable anxiety disorder by parent report on the SCARED-P, while 30% screened positive by child report on the SCARED-C. Agreement between the parent and child report on anxiety status was fair, with a kappa statistic of 0.298. Overall, 39% of the adolescents screened positive for a probable anxiety disorder by either parent or child report, Dr. Ramsawh and her colleague Dr. Murray B. Stein reported in their poster.

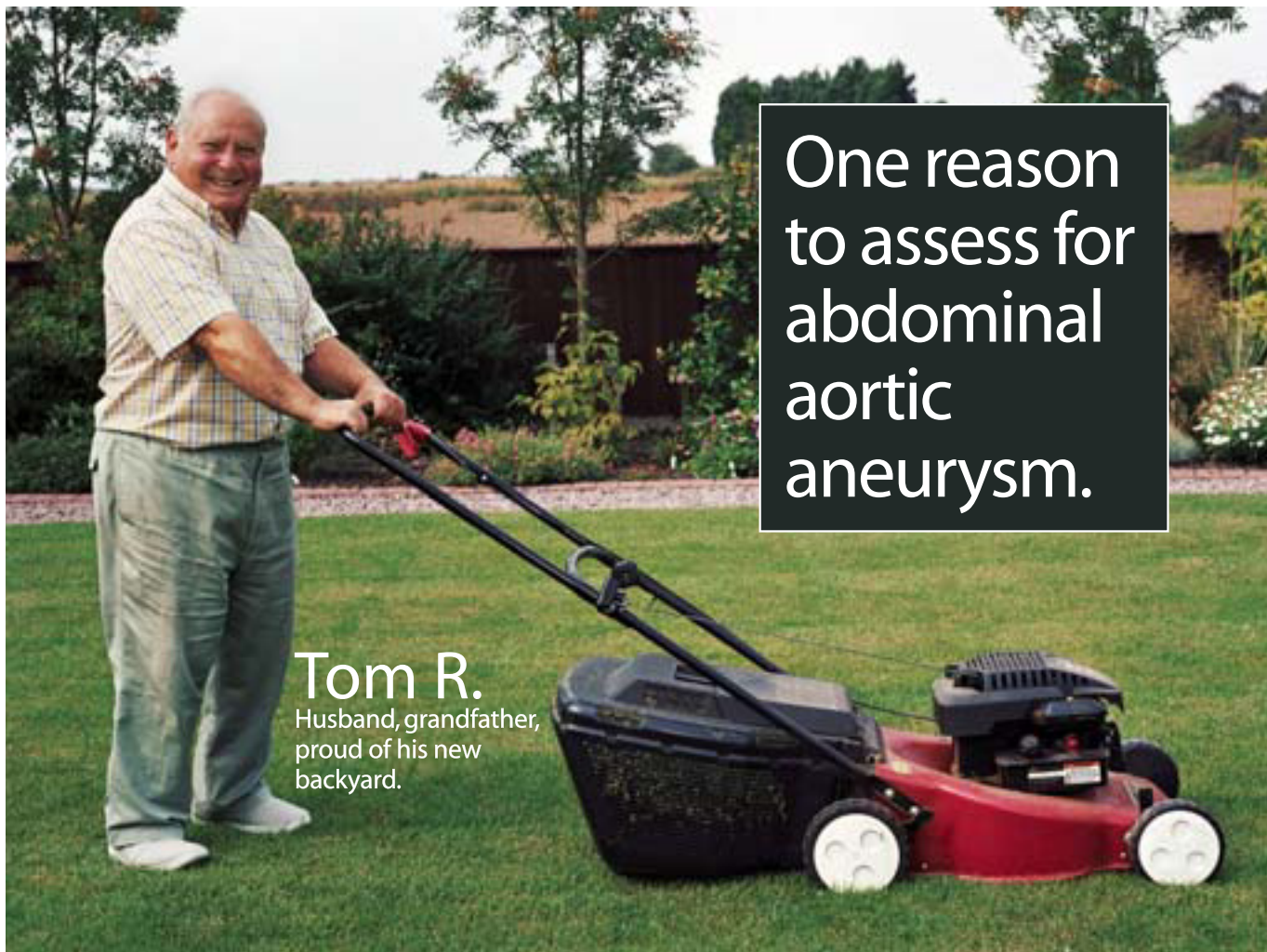
While it is possible that patients may have overreported anxiety symptoms in a stressful setting like the ED, the SCARED is designed to capture trait, rather than state symptoms of anxiety, she noted in the interview.

There was no difference in mean age between those who screened positive and those who did not (14 years for both), but there was a big gender difference: 23 of the total 29 who screened positive were female (79%), compared with 21 of the 45 (47%) of those screening negative. Anxious adolescents also were more likely to be non-Hispanic white (59%, vs. 38% of those screening negative).

The chief complaint among those screening positive compared with those screening negative were more likely to involve headache/migraine (31% vs. 14%) or any type of pain (65.5% vs. 45%). Surprisingly, there was no difference in those with a chief complaint of abdominal pain, accounting for about 14% of both the groups screening positive and negative for anxiety disorders. “Because of the functional abdominal pain literature, we thought that would be higher,” Dr. Ramsawh commented.

School absenteeism because of physical or emotional symptoms was reported more often by those who screened positive for anxiety (7.5% vs. 2%). Health care utilization also was greater in those positive for anxiety disorders, with medians of 5.5 vs. 4 visits in the past 6 months. That difference did not reach statistical significance but was in the expected direction, suggesting increased total health care use, Dr. Ramsawh and Dr. Stein said in their poster.

This study was supported by the National Institute of Mental Health. ■



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