The Treatment of Anxiety Disorders in Adolescents

JCPP Advances Lecture
11\textsuperscript{th} May 2023

Polly Waite
Associate Professor of Clinical Psychology
<table>
<thead>
<tr>
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<th>5-10 year olds</th>
<th>11-16 year olds</th>
<th>17-19 year olds</th>
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<tbody>
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<td>2004</td>
<td>2.4</td>
<td>4.9</td>
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<td>2017</td>
<td>3.9</td>
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Prevalence of Anxiety Disorders

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<th>Age Group</th>
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<th>2017</th>
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Are anxious adolescents different to anxious children?

100 Children consecutively referred for treatment of an anxiety disorder

100 Adolescents consecutively referred for treatment of an anxiety disorder

Compared to children, adolescents with an anxiety disorder had:

<table>
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<th>Different anxiety disorders as primary</th>
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<td>More severe anxiety overall</td>
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<td>More frequent co-morbid mood disorders</td>
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<td>More frequent school non-attendance</td>
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Effectiveness of Psychological Treatments For Adolescent Anxiety Disorders

Age 11-18 years
k = 16 RCTs
n = 766 adolescents

Effectiveness of Psychological Treatments For Adolescent Anxiety Disorders

The psychological treatment group showed:
• Greater remission from the primary anxiety disorder (k=9): RR = 7.94, 95% CI 3.19–12.7
• Greater symptom reduction (k=16): SMD = 0.454, 95% CI 0.22–0.69

‘Impossible situation’ as child mental health referrals rise above 1m

‘Pressure on services continues to ratchet up’ as staff struggle to cope with rising need

More than one million referrals of children for specialist mental health services were made last year, official figures show, as the Royal College of Psychiatrists warn that the NHS is facing a ‘postcode lottery’.

By Laura Donnelly, HEALTH EDITOR
15 March 2022 · 6:00am

Number of children needing help for serious mental health problems soars

NHS data shows rise to more than a million referrals last year

Jane Kirby · Tuesday 03 January 2023

Parents go private to get children mental health help
Is it possible to improve the effectiveness and efficiency of treatments for adolescents with anxiety disorders?
OSCA (Online Social anxiety Cognitive therapy for Adolescents) with therapist support
14 weekly online sessions + 20-min phone calls
Developed from CT-SAD based on Clark & Wells (1995) model

Evidence for Brief Cognitive Therapy in Adolescents with Social Anxiety Disorder

OSCA (Online Social anxiety Cognitive therapy for Adolescents) with therapist support
14 weekly online sessions + 20-min phone calls

n = 43 (age 14-18 years)

- Mean patient time logged onto OSCA = 26.14 hours
- Mean therapist time per participant = 6.65 hours
- OSCA outperformed waitlist on all measures
- Associated with large effects that were maintained at 6-month follow-up
- 77% lost their SAD diagnosis post-treatment (compared to 14% in the waitlist)
- This increased to 91% at 6-months
Prevalence of Anxiety Disorders in Adolescents

Prevalence of Anxiety Disorders in Adolescents

Panic Disorder in Adolescents

NICE guidance
Evidence-based recommendations

Generalised anxiety disorder and panic disorder in adults: management

Clinical guideline
Published: 26 January 2011
nice.org.uk/guidance/cg113
Panic Disorder in Adolescents

NICE guidance
Evidence-based recommendations

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No guidance for children/adolescents
Brief Cognitive Therapy for Panic Disorder in Adults


No significant differences between full (12 sessions) and brief CBT immediately or at 12-month follow up.
The PANDA (Treatment of Panic Disorder in Adolescents) Feasibility Study

The PANDA (Treatment of Panic Disorder in Adolescents) Feasibility Study

- Young people aged 11-18 years
- Referred to an NHS-commissioned clinic
- DSM-5 panic disorder

Brief Cognitive Therapy (incl. workbooks)
5 sessions + 2 boosters
n = 16

General form of CBT (incl. materials)
5 sessions + 2 boosters
n = 18

The PANDA (Treatment of Panic Disorder in Adolescents) Feasibility Study

- Young people aged 11-18 years
- Referred to an NHS-commissioned clinic
- DSM-5 panic disorder

All sessions delivered by Children’s Wellbeing Practitioners (CWPs)

• Brief Cognitive Therapy (incl. workbooks)
  - 5 sessions + 2 boosters
  - n = 16

• General form of CBT (incl. materials)
  - 5 sessions + 2 boosters
  - n = 18

PANDA Feasibility Study Initial Findings

- Met all feasibility criteria
  - Recruitment, drop-out rates, retention to assessments, acceptability and adverse events

Waite, P. et al. (in preparation). Findings from a Randomised Controlled Feasibility Study Examining the Efficacy of Brief Cognitive Therapy For the Treatment of Panic Disorder in Adolescents (PANDA).
PANDA Feasibility Study Initial Findings

- Met all feasibility criteria
  - Recruitment, drop-out rates, retention to assessments, acceptability and adverse events
- Exploratory analyses of outcomes at 3-month follow-up
  - Brief Cognitive Therapy effect size $d=1.96$, 100% reliable change
  - General form of CBT effect size $d=1.29$, 56% reliable change

Waite, P. et al. (in preparation). Findings from a Randomised Controlled Feasibility Study Examining the Efficacy of Brief Cognitive Therapy For the Treatment of Panic Disorder in Adolescents (PANDA).
• Further development and evaluation of brief CT for panic disorder
  • Consideration of implementation issues
    • Including of training, supervision as well as delivery of treatment
• Development of brief, effective treatments for other adolescent anxiety disorders
• Adaptations/development of treatments for autistic adolescents and those with other neurodevelopmental disorders
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Trial Steering Committee: Tamsin Ford, Cathy Creswell, Rosie Hill, Hiroko Plant & Richard-Meiser-Stedman

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