Panic Disorder in Children and Adolescents

Panic disorder is a common and treatable disorder. Children and adolescents with panic disorder have unexpected and repeated periods of intense fear or discomfort, along with other symptoms such as a racing heartbeat or feeling short of breath. These periods are called “panic attacks” and last minutes to hours. Panic attacks frequently develop without warning.

Symptoms of a panic attack include:

- Intense fearfulness (a sense that something terrible is happening)
- Racing or pounding heartbeat
- Dizziness or lightheadedness
- Shortness of breath or a feeling of being smothered
- Trembling or shaking
- Sense of unreality
- Fear of dying, losing control, or losing your mind

More than 3 million Americans will experience panic disorder during their lifetime. Panic disorder often begins during adolescence, although it may start during childhood, and sometimes runs in families.

If not recognized and treated, panic disorder and its complications can be devastating. Panic attacks can interfere with a child's or adolescent's relationships, schoolwork, and normal development. Attacks can lead to not just severe anxiety, but can also affect other parts of a child's mood or functioning. Children and adolescents with panic disorder may begin to feel anxious most of the time, even when they are not having panic attacks. Some begin to avoid situations where they fear a panic attack may occur, or situations where help may not be available. For example, a child may be reluctant to go to school or be separated from his or her parents. In severe cases, the child or adolescent may be afraid to leave home. As with other anxiety disorders, this pattern of avoiding certain places or situations is called "agoraphobia." Some children and adolescents with panic disorder can develop severe depression and may be at risk of suicidal behavior.

As an attempt to decrease anxiety, some adolescents with panic disorder will use alcohol or drugs.

Obsessive-Compulsive Disorder

Obsessive-Compulsive Disorder (OCD) is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and behaviors (compulsions) that he or she feels the urge to repeat over and over.

Signs and Symptoms:

People with OCD may have symptoms of obsessions, compulsions, or both. These symptoms can interfere with all aspects of life, such as work, school, and personal relationships.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety.

Common symptoms include:

- Fear of germs or contamination
- Unwanted forbidden or taboo thoughts involving sex, religion, and harm
- Aggressive thoughts towards others or self
- Having things symmetrical or in a perfect order

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning and/or handwashing
- Ordering and arranging things in a particular, precise way
- Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- Compulsive counting

Not all rituals or habits are compulsions. Everyone double checks things sometimes. But a person with OCD generally:

- Can't control his or her thoughts or behaviors, even when those thoughts or behaviors are recognized as excessive
- Spends at least 1 hour a day on these thoughts or behaviors
- Doesn't get pleasure when performing the behaviors or rituals, but may feel brief relief from the anxiety the thoughts cause
- Experiences significant problems in their daily life due to these thoughts or behaviors
Some individuals with OCD also have a tic disorder. Motor tics are sudden, brief, repetitive movements, such as eye blinking and other eye movements, facial grimacing, shoulder shrugging, and head or shoulder jerking. Common vocal tics include repetitive throat-clearing, sniffing, or grunting sounds.

Symptoms may come and go, ease over time, or worsen. People with OCD may try to help themselves by avoiding situations that trigger their obsessions, or they may use alcohol or drugs to calm themselves. Although most adults with OCD recognize that what they are doing doesn’t make sense, some adults and most children may not realize that their behavior is out of the ordinary. Parents or teachers typically recognize OCD symptoms in children.

**Treatment**

Obsessive-compulsive disorder treatment may not result in a cure, but it can help bring symptoms under control so that they don’t rule your daily life. Some people need treatment for the rest of their lives.

The two main treatments for OCD are cognitive behavioral therapy and medications. Often, treatment is most effective with a combination of these.

**Cognitive Behavioral Therapy**

Cognitive behavioral therapy (CBT) is effective for many people with OCD. Exposure and response prevention (ERP), a type of CBT therapy, involves gradually exposing you to a feared object or obsession, such as dirt, and having you learn healthy ways to cope with your anxiety. ERP takes effort and practice, but you may enjoy a better quality of life once you learn to manage your obsessions and compulsions.

Therapy may take place in individual, family or group sessions.

**Medications**

Certain psychiatric medications can help control the obsessions and compulsions of OCD. Most commonly, antidepressants are tried first.

Antidepressants approved by the Food and Drug Administration (FDA) to treat OCD include:

- Clomipramine (Anafranil) for adults and children 10 years and older
- Fluoxetine (Prozac) for adults and children 7 years and older
- Fluvoxamine for adults and children 8 years and older
• Paroxetine (Paxil, Pexeva) for adults only
• Sertraline (Zoloft) for adults and children 6 years and older

However, your doctor may prescribe other antidepressants and psychiatric medications.

**Medications: What to consider**

Here are some issues to discuss with your doctor about medications for OCD:

• **Choosing a medication.** In general, the goal is to effectively control symptoms at the lowest possible dosage. It's not unusual to try several drugs before finding one that works well. Your doctor might recommend more than one medication to effectively manage your symptoms. It can take weeks to months after starting a medication to notice an improvement in symptoms.

• **Side effects.** All psychiatric medications have potential side effects. Talk to your doctor about possible side effects and about any health monitoring needed while taking psychiatric drugs. And let your doctor know if you experience troubling side effects.

• **Suicide risk.** Most antidepressants are generally safe, but the FDA requires that all antidepressants carry black box warnings, the strictest warnings for prescriptions. In some cases, children, teenagers and young adults under 25 may have an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. If suicidal thoughts occur, immediately contact your doctor or get emergency help. Keep in mind that antidepressants are more likely to reduce suicide risk in the long run by improving mood.

• **Interactions with other substances.** When taking an antidepressant, tell your doctor about any other prescription or over-the-counter medications, herbs or other supplements you take. Some antidepressants can cause dangerous reactions when combined with certain medications or herbal supplements.

• **Stopping antidepressants.** Antidepressants aren't considered addictive, but sometimes physical dependence (which is different from addiction) can occur. So stopping treatment abruptly or missing several doses can cause withdrawal-like symptoms, sometimes called discontinuation syndrome. Don't stop taking your medication without talking to your doctor, even if you're feeling better — you may have a relapse of OCD symptoms. Work with your doctor to gradually and safely decrease your dose.

Talk to your doctor about the risks and benefits of using specific medications.
Other treatment

Sometimes, medications and psychotherapy aren't effective enough to control OCD symptoms. Research continues on the potential effectiveness of deep brain stimulation (DBS) for treating OCD that doesn't respond to traditional treatment approaches.

Because DBS hasn't been thoroughly tested for use in treating OCD, make sure you understand all the pros and cons and possible health risks.

All of the previous information was provided by the Mayo Clinic Staff.