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The Roots of Anxiety Disorder in Children and Teenagers; What It is in Detail

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Brief Biography of Achint Kaur
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***Abstract*:- Anxiety is a normal and often regarded as a healthy emotion. When individuals feel disproportionate levels of anxiety, it turns into a mental disorder. Anxiety disorders form a category of the mental health diagnosis that leads to apprehensiveness, vulnerability, worry and fear. These disorders alter how the individuals are required to behave and react to different kinds of situations Anxiety is a normal and often regarded as a healthy emotion. When individuals feel disproportionate levels of anxiety, it turns into a mental disorder. Anxiety disorders form a category of the mental health diagnosis that leads to apprehensiveness, vulnerability, worry and fear. These disorders alter how the individuals are required to behave and react to different kinds of situations Anxiety is a natural and typically seen as a beneficial emotion. When people experience excessively high amounts of anxiety, they develop a mental disorder. Anxiety disorders are a type of mental illness marked by apprehension, vulnerability, tension, and dread. These disorders change how people are supposed to act and react in various circumstances. Anxiety must be isolated from natural fear reactions. Anxiety disorders are one of the most common psychiatric illnesses in children and teenagers, however they are frequently undiagnosed and untreated. Due to a variety of reasons, anxiety in children may be underestimated. Many factors, including race and gender, influence the incidence of anxiety in a society.**

In schoolchildren, anxiety disorders are commonly linked with other psychiatric problems, including various other anxiety disorders. Individuals exhibit anxiety in a range of ways, including nightmares, panic attacks, and feelings of nervousness. An interdisciplinary team approach, comprising cognitive behavioral therapy and mindfulness-based psychotherapy, along with others, is recommended for treatment of anxiety disorders in children.

Keywords: -Anxiety, children, adolescence, anxiety disorder, comorbidity, generalized anxiety disorder

INTRODUCTION

Anxiety, as one of the most frequent mental disorders, is accompanied with somatic indications such as increased heart rate and trembling, as well as cognitive alterations such as perception distortion[1]. Anxiety might be a healthy reaction or a pathological one. In the latter situation, the person develops dysfunctional and inefficient responses to any action, actual or imagined, that generates anxiety during everyday events or routines [2].

Adolescence is a period of psychosocial, psychopathological, social, and cognitive maturation and alterations. It's also a moment when people are much more likely to acquire signs of anxiety disorders[3]. This higher risk of anxiety is most likely attributable to the multiple shifts that occur throughout this time. As a result, the beginning of anxiety symptoms in young people is frequently neglected as part of the stage transformation. Anxiety disorders hamper functioning (e.g., school performance, physical health) and raise the likelihood of developing other psychological issues[4,5]. Numerous studies have found that anxiety disorders have a long-term impact on many youngsters into adulthood[6,7,8,9]. The kind of fear and its strength are determined by the child's developmental stage, and they should appear relevant to hazards experienced frequently during human evolution, and they may be a part of a self-protective system. Toddlers are often frightened of fictional creatures, especially in cultures that nurture it. They may struggle with typical separation anxiety. Meanwhile, school-aged youngsters are frequently concerned about accidents and natural catastrophes (e.g., tornadoes) [10,11,12,].

Anxiety is not normally pathological since it is adaptive in many circumstances during adolescence, and it is natural for children to feel fearful and anxious from every now and then, such as when they initially attend school or daycare, or when they move to another location. Anxiety, on the other hand, becomes maladaptive when it interferes with one's ability to perform. Children who suffer from anxiety disorders are more likely to develop depression and sleep problems[13].

ETIOLOGICAL FACTORS

The interplay between heritable variables, developmental factors, cognitive and learning factors, neurobiological factors including genetic factors, and social and environmental factors performs a part in the development of anxiety disorder in children. Modification of risk factors and/or improvement of protective factors in children and adolescents may assist to reduce the incidence and prevalence of anxiety disorders [14].

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CHILD REARING:

Anxiety issues are linked to a variety of parenting styles. Anxiety condition in father and mother has been associated with a greater risk of anxiety problems in youngsters [15]. Overprotection and rejection by parents were found positively linked to higher incidence of social phobia in teenage children [16]. Parent-adolescent disputes were demonstrated to enhance the incidence of anxiety and depressive disorders indirectly through their clear connection to high symptom levels [17]. Despite their best efforts, anxious parents can unintentionally model anxiety and stress, encourage anxious coping behaviors, and maintain avoidance. Overly protective, domineering, and judgmental parenting methods that impede the formation of autonomy and mastery in children with temperamental susceptibility may also support the development of anxiety disorders [18]. Parental over-control and child rearing techniques tend to obstruct children's development of adequate problem-solving skills, culminating in inability to learn to cope well enough with stressful life events.

CHILDHOOD ADVERSITY AND TRAUMATIC EVENTS:

Children's anxiety problems may be prompted by unpleasant life situations. Natural disasters such as earthquakes, bushfires, and intense storms have been linked to an increased risk of anxiety disorders in children. Children who have lost a parent may be more susceptible to post-traumatic stress disorder (PTSD) or its symptoms. Parental loss, on the other hand, has a bigger impact on causing post-traumatic stress disorder than natural catastrophes and trauma. This is particularly noticeable in girls, younger children, and children living with a surviving parent who reported higher symptoms on a posttraumatic stress scale [19]. After a natural disaster, emotional suffering can last up to ten months, and girls are more affected than boys [20]. The level of anguish demonstrated by children during unpleasant surgical treatments has been reported to be impacted by anxious parental conduct [21].

CHILDHOOD SEX ABUSE:

Over the last two decades, an increasing amount of research have been performed investigating into the possible connection between child sexual abuse and subsequent anxiety difficulties. The bulk of these research and evaluations of the literature imply that child sex abuse is a significant risk factor for anxiety problems. Indeed, several researchers have discovered that victims of child sexual abuse have significantly larger levels of anxiety symptoms or disorders, particularly posttraumatic stress disorder [22, 23]. For example [24]. Furthermore, numerous studies have found that sufferers of early sexual trauma are more prone to experience anxiety symptoms or disorders, either shortly after the occurrence or years later. For example;[22,23,24,25,26,27,28,29, 30,31]Several characteristics, such as the victim's gender and the intensity of childhood sex exploitation, have been suggested to modulate the association between child sexual abuse and anxiety issues[31,32].

HOUSEHOLD FACTORS

Anxiety disorders are more prevalent in households with lower levels of educational mastery than in families with higher education levels. There is, nevertheless, little research showing that parental education plays a large part in anxiety aetiology. An increased occurrence of anxiety disorders is related to lower household income or bad financial situations. However, the precise nature of enlightenment is not fully defined. Anxiety problems are not frequently associated with the degree of urbanization (rural/urban).

COMORBIDITY

Other anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), oppositional defiant disorder, and other psychiatric disorders are frequently linked with anxiety disorders in adolescents. Patients who meet the DSM criteria for one anxiety disorder are increasingly inclined to fulfill the conditions for another. Numerous researchers have discovered a considerable link between having an anxiety disorder and having a serious depressive disorder[33]. It has even been linked to an increased risk of substance addiction. According to studies, people frequently take substances to cope with their worried feelings. [14]. Anxiety disorders are also linked to an increased likelihood of developing eating disorders, especially in young women[34]. Due to the sheer high levels of comorbidity, clinicians are advised to carry out a detailed assessment with adolescents attempting anxiety treatment. Approaches that are beneficial in treating anxiety have been used to treat comorbid cases in some situations, while comorbidity can potentially have a detrimental impact on treatment results[35]

VARIOUS ANXIETY DISORDERS

Each anxiety disorder is delineated by a fundamental fear that often causes avoidance or produces major distress. People' conduct is often directed by their fear, which results to avoidance of any scenario in which they might just have to confront or encounter the feared object/situation. As a result, distinguishing between the key fears that characterize each anxiety condition is crucial to comprehending it. Following is a short rundown of multiple disorders, with the intention of highlighting the characteristics of

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each that are unique to adolescents. On the anxiety symptoms continuum, about 10% of all youngsters are on the fairly benign self-limited tail end, and about 2% are on the extreme end, with substantial impairment of everyday activities. Many symptoms, especially in youngsters, might "overlap" between the two extremes.[36]. It's also worth bearing in mind that in the instance of anxiety disorders, evaluating a patient 's behavior without taking into account their particular fears can contribute to an erroneous diagnosis. For example, a psychiatrist may uncover during the evaluation process that a client avoids social functions because they make them anxious. However, recognizing whether this patient is avoiding this scenario because they are afraid of having evaluated adversely (and so experiencing SAD symptoms) or because they are terrified of experiencing a panic attack (and thus experiencing PD symptoms) is crucial..

SEPARATION ANXIETY DISORDER OR SAD

Separation anxiety seems to be the only anxiety disorder that is only encountered during teenage years[37]. Separation anxiety disorder (SAD) is marked by an excessive, enduring, and irrational fear of being separated from attachment models, most frequently mum and dad or other members of the family, from a young age. SAD causes distress in young people before or after separation attempts. When separated, these youngsters worry significantly regarding their own or their mothers ' and fathers' security and welfare, have trouble sleeping independently, have nightmares about separation, have recurrent somatic complaints, and may refuse to visit school. Youngsters with separation anxiety disorder engage in a range of avoidant behaviours that are proportional to the degree of their symptoms[38]. Worries about injury to a loved one, aversion to attending schools, or somatic issues are all significant symptoms (e.g., stomach discomfort, headaches, nausea, and puking). Irregular heartbeat, lightheadedness, fainting sensations, and other cardiovascular clinical signs are prevalent in older kids, which can interfere with their academic, social, and family events as well as create major private or family stress. The children who have been affected feel humiliated and afraid, and they have low self-esteem. Children may also be concerned about becoming lost or kidnapped[39]. The average age at which the illness manifests itself is around 7.5 years[7]. There have been reports of developmental disparities in the presentation of symptoms. Symptoms are more prevalent in younger children than in older children. Children aged 5 to 8 years old are more likely to express irrational concerns about attachment figures being harmed and school rejection. The disorder commonly reveals itself in youngsters aged 9 to 12 years old as extreme distress at periods of separation[32]. Somatic symptoms and school rejection are by far the most prevalent among adolescents. Separation anxiety disorder is most commonly seen in kids ages five to seven years old, and then again in children aged 11 to 14 years old. Many studies show that the prevalence of SAD decreases as children enter adolescence. Separation anxiety in youngsters who refuse to attend school causes people to be concerned about their future professional opportunities and social inclusion. Separation anxiety problems can start as early as infancy. Babies who necessitate neonatal intensive nursing are more likely to experience separation anxiety and may have behavioural issues down the road[40].

GENERALIZED ANXIETY DISORDER (GAD)

Estimated 3% of children struggle with generalised anxiety disorder (GAD). It commences with a gradual development of elevated worry about a broad spectrum of bad possible scenarios in various aspects of the child's life, as well as a deep feeling that maybe something terrible will happen. Children have irrational as well as exaggerated concerns and tensions about a variety of scenarios[41]. Worries regarding the future, schools and classwork, family connections, plus friendship and romantic relationships are prevalent among adolescents with this disorder[42]. According to epidemiological studies, GAD typically manifests itself in adolescent period[43]. This disorder is rarely diagnosed in infancy and early childhood, when children begin to cry with freezing, tantrums, desperately trying to cling, extreme timidity, and shrinking from contact with different individuals, as well as significant distress in new and unknown social environments. Anxiety symptoms may manifest physically in older children and adolescents (e.g., pallor, tachypnea, tachycardia, restlessness, muscle tension and recurring somatic complaints (for example, headaches) GAD has been linked to a variety of harmful interpersonal behaviors, ranging from excessive reliance to cold and unwelcoming personality traits, according to research[44]. The characteristics that distinguish adolescents with GAD look remarkably similar to those that identify adults with the illness, based on current research. Adolescents with GAD are likely to establish high academic achievement goals for themselves and be concerned about falling short of them. These perfectionistic tendencies might spill over into other spheres, such as meeting deadlines and maintaining social connections. As per findings, adolescents with GAD, like adults, frequently exhibit high levels of comorbid depression[45]. Furthermore, studies show that teenagers with comorbid GAD and depression are more prone to have suicidal behavior than those with either disorder separately[46,47]. Teenagers with GAD have been shown to start consuming alcohol at a relatively young age than their non-anxious friends, possibly as a self-medication strategy[48,49].

PANIC DISORDER

The fundamental fear of panic disorder (PD) is suffering a panic attack, which really is a short period of severe anxiety marked by increased heart rate, chest pressure, breathing difficulties, as well as other anxiety-related physiological symptoms[37]. The attacks are also marked by an intensified fear of death, which is supported by a variety of autonomic symptoms such as

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tachycardia, palpitations, sweating, light-headedness, a feeling of suffocating or being suffocated, nausea, stomach pain, and tremors.68. Panic attacks are somewhat common, with roughly one-third of persons suffering one at least once in their lifetime, usually in a stressful surroundings or when they are overworked or have drunk too much coffee. Even outside of panic disorder, it's a typical sign of psychiatric diseases[50].

People who are having a panic attack frequently have terrifying thoughts regarding their symptoms. Individuals with PD are too worried about prospective attacks as a consequence of these fears, and they are apprehensive about what these attacks entail for them.

Panic disorder happens more frequently in girls than in boys during adolescence, notably in individuals who are anxious or exhibit "avoiding personality" qualities but also have a depressed inclination[51]. Extreme distress, excessive crying, tantrums, freezing, clutching, or keeping near to a known person during a panic episode can all occur in early childhood. According to research, the cognition that teenagers have when they are panicking are similar to those of adults[52]. The Panic Disorder Severity Scale for Children is a clinically valuable and well-validated tool for assessing panic disorder in children and adolescents[53].

ACUTE STRESS DISORDER/POSTTRAUMATIC STRESS DISORDER (PTSD)

PTSD is an anxiety disorder that arise as a consequence of a very horrific or traumatic experience that was either experienced firsthand or seen[37]. Following an injury caused by pediatric accidental trauma, children are at risk for developing posttraumatic stress disorder (PTSD). The symptoms usually develop after the child or teenager has undergone or witnessed an extreme traumatic incident like real or threatened death, damage, or potential danger to the physical integrity of the child or teen or someone close to him/her, or after observing such an event (e.g., domestic abuse and rape or attack, a fighting, an earthquake) [54]. Symptoms of acute stress disorder disappear within a month of the traumatic incident, whereas manifestations of post-traumatic stress disorder linger for longer than a month[55]. It may originate as unpleasant dreams about event in early and middle childhood, then evolve into generic nightmares about monsters or other harms to oneself as well as others. A common presentation is persistent re-experiencing of the traumatic experience through repetitive play, sketching, or narrative; possibly limitation of other play.

Recurrent stomach ache, headaches, enhanced arousal or hypervigilance, and sleep issues are all typical obvious symptoms. Adolescents may have disturbing nightmares or flashbacks to the traumatic incident, as well as repeated re-experiencing of the traumatic incident, sometimes through major risk behaviour and avoidance of traumatic event-related activities. They may not make appropriate educational progress or possibly regress due to concentration challenges.

Adolescent PTSD is connected to almost the same risk factors as adult PTSD, such as issues with social functioning, worry and sadness, problems remembering the experience, and bad emotions about the trauma[56].After a traumatic event, acute stress disorder (ASD) is characterized by severe anxiety and dissociative symptoms[37]. Several of the symptoms of ASD are similar to those of PTSD, such as intrusive thoughts or pictures, aversion of trauma-related stimulations, and heightened arousal. ASD, on the other hand, is typified by dissociative symptoms that aren't linked with PTSD, such as a subjective experience of numbness or detachment, DE realization, and depersonalization. The manifestation of ASD in adolescents is poorly understood. According to certain studies, up to 28% of traumatized adolescents may develop ASD [57].

CONCLUSION

In children and adolescents, anxiety disorders are the most frequent type of psychiatric disorder. Anxiety disorders can be prevented in childhood if they are detected early and treated properly.

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