

## **Anxiety - Blazer Editorial May 2014**

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I think that we're all aware that children can get anxious. Tests at school, changing teachers, friendship problems and home stresses all take their toll. Anxiety can present in an overt manner with restlessness, expressed stress and fears, tears, obsessive behaviour etc. It can also present in an entirely different way - in physical symptoms that worry the family intensely. Sometimes, anxiety is the main problem and at other times, it heralds an underlying diagnosis that nobody is yet aware of.

I simply don't believe that young, preschool children have innate significant anxiety. We are not born with a completely clear slate and many children can be sensitive and not as emotionally robust as others depending on their inherited emotional make-up and the parenting they have received. When significant issues ensue in a preschool child however, above and beyond any stressor that can be identified, this is far more likely to be due to an underlying condition.

A very important thing then to consider with an unduly anxious young child would be Autistic Spectrum Disorder (ASD) which can be very subtle, especially in a bright child, and especially in girls, even at a young age. Bright ASD children work out that they are different in some way and they then 'act' and try to compensate to keep their difference below the parapet. This means that they can appear absolutely fine at school. Keeping up the act places a vast amount of stress on the child with ASD and they often release this stress in their 'safe place' – when they get to the parent, when they get to the car, when they walk in the door at home, often in an extraordinarily explosive manner. This can happen even at a young age as bright children know the consequences of releasing their feelings at school, hence 'hold on'. These children tell me 'I know I will get into trouble...nobody will like me...my parents always forgive me'. I have met many families who say that nobody believes them, as their child is fine at school yet they get the brunt of it at home. Some families have had Social Services involved as they are seen to be 'manufacturing a diagnosis' or exaggerating problems.

Older children and young people with undiagnosed Attention Deficit Hyperactivity Disorder, (or more likely Attention Deficit Disorder) and ASD can 'decompensate' when the demands of life, especially at school, start to overwhelm them and demand more coping than they can afford. I find that this 'decompensation' presents as anger, anxiety or depression, and such emotions are often the first suggestion that something is wrong. Simply attempting to treat the presenting emotion rarely works, and the driving forces behind those emotions have to be understood diagnostically – it is not rare for me to find the diagnosis that explains everything, and that is generally then the start of understanding, the removal of blame and catalysing the process of making life work for the child and family. I met a 16 year old boy, found to

have high functioning ASD, who presented with immense physical aggression at home but the mildest of demeanours at school. He agreed that he had developed the coping mechanism of 'tucking repeated stresses into his pocket' throughout the school day and then releasing them in the form of spectacular violence at home as soon as he walked through the door.

Anxiety can also present in the form of physical symptoms in children and young people. All of us will remember our own physical symptoms that tend to precede stressors such as exams or driving tests etc. Children are no different and the variability of symptoms is astonishing. Tummy aches, headaches, feelings of weakness, general aches and pains, diarrhoea, sore throats and 'glands up' – you name it, it can be generated by anxiety and we call it 'somatisation'! Good pointers to school-derived anxiety symptoms may be the settling of symptoms at weekends and in the holidays. Bright children may worry that there is something actually wrong with them especially if they have been aware of ill-health in other family members. This then exacerbates the anxiety and ramps up the physical symptoms even further so that the child ends up in a vicious cycle.

I have come across some children who have sunk into a 'rut' with their symptoms of anxiety and have adopted them as a 'comfort blanket' that they don't know how to let go of – these children need conscious or subconscious 'permission' to stop and this can be done sensitively via a careful examination, sometimes blood tests and then reassurance that it is 'all going to go away now' – it usually does.