

Anxiety in Children and Teens with Anaphylaxis

Katharina Manassis, MD, FRCPC, Child & Adolescent Psychiatrist
Professor Emerita, University of Toronto

Disclosures

- ▶ Occasional unrestricted educational talks for Shire and Janssen-Ortho
- ▶ Publishing royalties from Barron's Educational Series, Routledge, and Guilford Publishing (e.g., "Keys to Parenting Your Anxious Child, 3rd Edition")

Note: Any antidepressant medications I might mention are off label in children.

My practice is full, so I am here to educate, not advertise for new patients.

Objectives

- ▶ Distinguishing anxiety reactions from realistic fear
- ▶ Addressing physical, mental, and behavioral signs of anxiety
- ▶ The role of parents' anxiety
- ▶ Differences between strategies for adolescents versus younger children
- ▶ Sharing and problem-solving your experiences!

- ▶ I will post my talk on my website www.katharinamanassis.com within a couple of days. The website also lists additional resources (books, other websites, mental health providers).

What's Known

- ▶ **Managing Anxiety Related to Anaphylaxis in Childhood: A Systematic Review** (Manassis, *Journal of Allergy*, Volume 2012, Article ID 316296, 7 pages, doi:10.1155/2012/316296)
- ▶ 24 Relevant papers were identified; emphasized effect of anxiety of quality of life in children with anaphylaxis
- ▶ **Conclusion:** Children with anaphylaxis can function well despite anxiety, but the physical, cognitive, and behavioral aspects of anxiety associated with anaphylactic risk must be addressed, and parents must be involved in care in constructive ways.

Anxiety versus Fear

- ▶ With anxiety, there is a “fight or flight” response even when risk is minimal
- ▶ With anxiety, a realistic perspective of risk helps
- ▶ Anxiety causes unnecessary impairment of day to day functioning relative to peers of similar age

Many children with anaphylactic conditions show both!

- ▶ With fear, there is a “fight or flight” response to significant risk
- ▶ With fear, the person must find ways to reduce the risk
- ▶ Any impairment related to fear is usually limited to the time it takes to reduce the risk

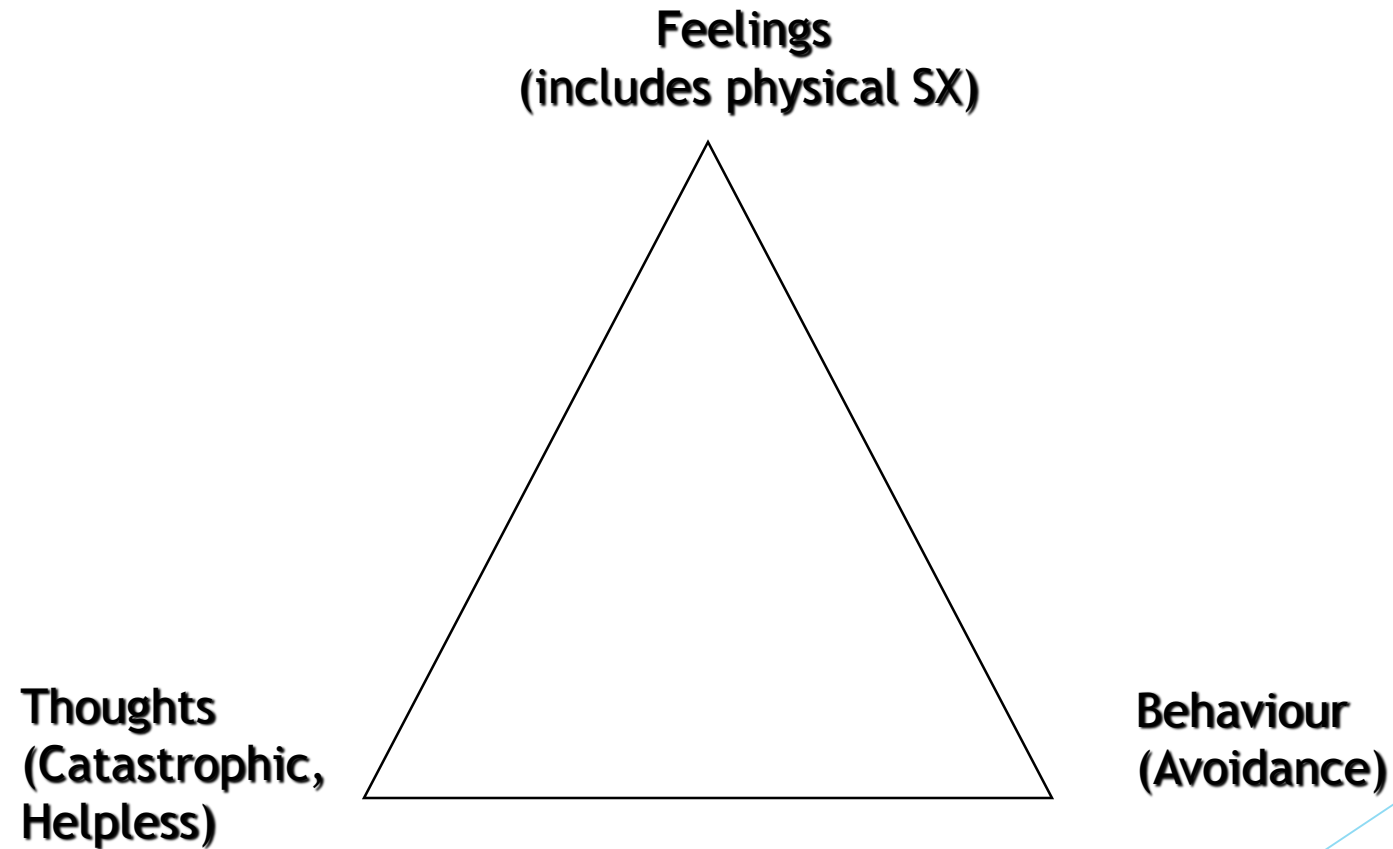
It's helpful to reduce risk, have a realistic perspective on remaining risk, and limit unnecessary impairment.

Which are anxiety and which are realistic fear?

- ▶ A child with bee sting allergy won't go to the park for fear of encountering a bee, even in the winter.
- ▶ An anaphylactic child fears going to school. The school insists on locking EpiPens in a special drawer in the office which is at the other end of the school from the child's classroom.
- ▶ An anaphylactic child insists on sleeping with his mother because "she's the only one who can keep me safe."
- ▶ A child with peanut-allergy won't go to any friends' homes in case there are peanut products there, even if parents have spoken and there will be little risk of exposure.
- ▶ A child with a severe allergy to eggs will only eat 3 foods.

Aspects of Anxiety

(all aspects affect the others)



Physical Aspects

- ▶ Hyperventilation and panic can mimic anaphylaxis (e.g., tingling and dizziness are common to both)
- ▶ When in doubt, be safe & treat for anaphylaxis
- ▶ When a child has recurrent episodes without anaphylaxis, help the child recognize the “fight or flight” symptoms of anxiety and practice relaxation
- ▶ “Box Breathing” is often used to interrupt hyperventilation, but requires daily practice for at least a couple of weeks at a calm time before becoming effective in stressful situations
- ▶ Return to usual activities quickly after a hyperventilation/panic episode to minimize impairment

Thinking Aspects

- ▶ Help develop a realistic assessment of degree of risk for different situations
- ▶ Emphasize the child's ability to manage the risk to reduce helplessness: even young children can look at product labels, participate in planning for safety around the house, and learn when to ask for help; older children can also learn about Epipens and advocating for themselves
- ▶ Express confidence in the child's ability to do age-appropriate activities
- ▶ Create predictable routines, consistent across environments if possible (predictability reduces anxiety)

Anxious Behavior

- ▶ Avoidance feels good in the short term but increases anxiety in the long term
- ▶ Common avoidance behaviors include: excessive food restriction, avoiding separation from parents even when safe, avoiding friends' homes, avoiding the outdoors (for insect sting allergies)
- ▶ The goal should be to engage in day to day, age-appropriate activities that entail low risk so there is no unnecessary avoidance
- ▶ Previously avoided situations may need to be approached in small steps with empathetic encouragement (“I know this seems hard, but you can do it!”), daily practice (ideally, long enough for anxiety to peak and start coming down again), and positive reinforcement (charting with rewards)

(see my book “Keys to Parenting Your Anxious Child” for details)

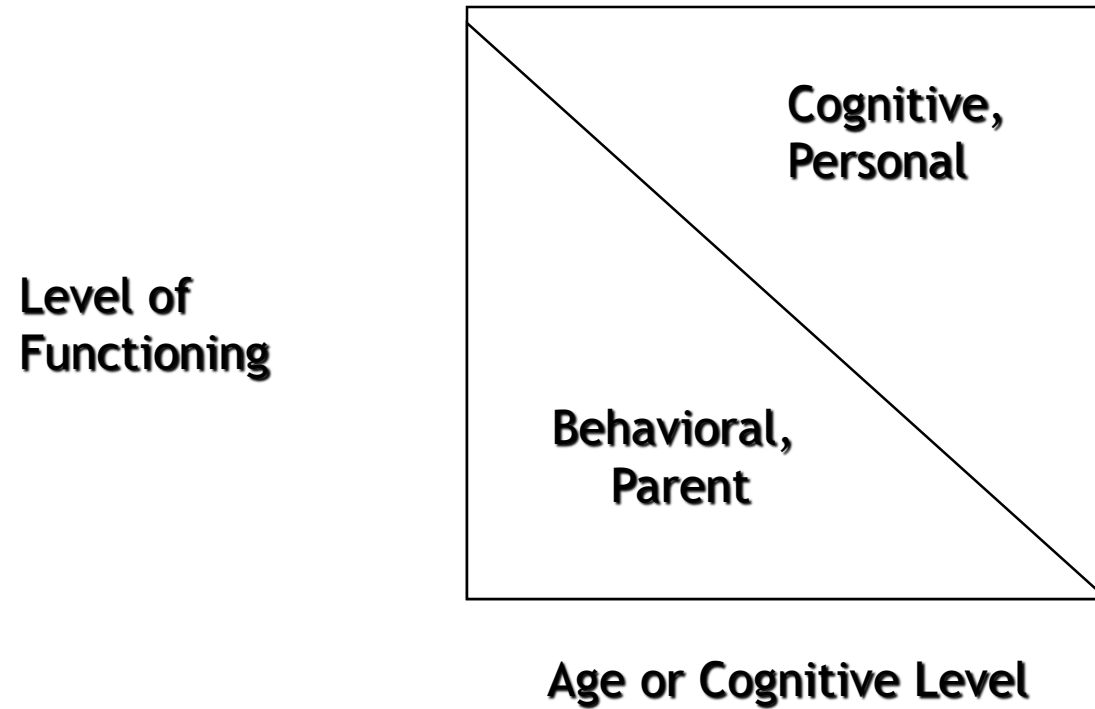
Constructive Parenting

- ▶ Diagnosis: It's normal to be anxious for at least a month after an anaphylactic event or a diagnosis of an anaphylactic condition
- ▶ It's tempting to overprotect, but managing one's own anxiety about the child will allow for both safety and age-appropriate independence
- ▶ Parents can both encourage and role model healthy coping with anxiety (i.e., if you don't avoid, have a realistic perspective, and emphasize what can be done to manage risk, your child is more likely to do this as well)
- ▶ Support groups can be reassuring, and also give a barometer of whether one is "overdoing it" relative to others in a similar position
- ▶ Knowledge is power: staying up to date on the child's condition and its management is empowering for most parents

Constructive Parenting (2)

- ▶ Advocacy may be needed, especially with schools
- ▶ Tell the school what is needed for safety, but expect that you will need to follow up regularly to make sure it happens
- ▶ Every time there is a school or school staff change, expect that you will go back and re-educate regarding your child's needs
- ▶ Some policies are stupid (e.g., the Epi-pen in the locked office drawer) but it's usually best to put up with them if it allows you to work with the school on what is truly helpful
- ▶ Gradual freedom comes with gradual demonstration of responsibility for ALL children and teens, but is especially important in this population

Emphasis of Strategies



Age Differences

Children

- ▶ Have a limited understanding of the condition
- ▶ Rely on parental management and advocacy
- ▶ May struggle with the idea of different levels of risk (e.g., think that all food not prepared by Mom is unsafe)

Adolescents

- ▶ Can understand their condition & its management better
- ▶ See parent as advisor or resource rather than coach/advocate
- ▶ Desire for autonomy may affect management of anaphylaxis, sometimes increasing risk-taking
- ▶ Adolescent 'myth of invincibility' and peer pressure can pose problems

Parenting across Development

- ▶ Responsibility for managing risk, limiting impairment, and having a realistic perspective gradually shifts from parent to child with development
- ▶ High school is different from public school (especially re: level of supervision), so usually requires further parental advocacy
- ▶ Siblings can feel neglected if the anaphylactic child requires a lot of attention
- ▶ Beware of “experts” and fads: find professionals that you trust, and work with them consistently over time
- ▶ It’s not a one-time discussion: living well with anaphylaxis requires ongoing communication with the child and ongoing adjustment of family routines
- ▶ Be proud of your child’s increasing ability to manage this chronic condition and participate safely in all aspects of life!

Your Experiences!

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text 'Your Experiences!' is centered in a clean, sans-serif font, with the 'Y' and 'E' being significantly larger than the other letters.