

# The Psychological treatment of panic disorder in adolescents

Holly Baker | Dr Polly Waite | Prof Kath Ryan

Contact email: h.j.baker@pgr.reading.ac.uk

## Background: adolescent panic disorder identification and treatment

The current research will explore panic disorder in adolescents using a mixed methods approach, incorporating a systematic review and meta-analysis, a survey of CAMHS clinicians and qualitative interviews with adolescents with panic disorder.

#### Why panic disorder in adolescents?

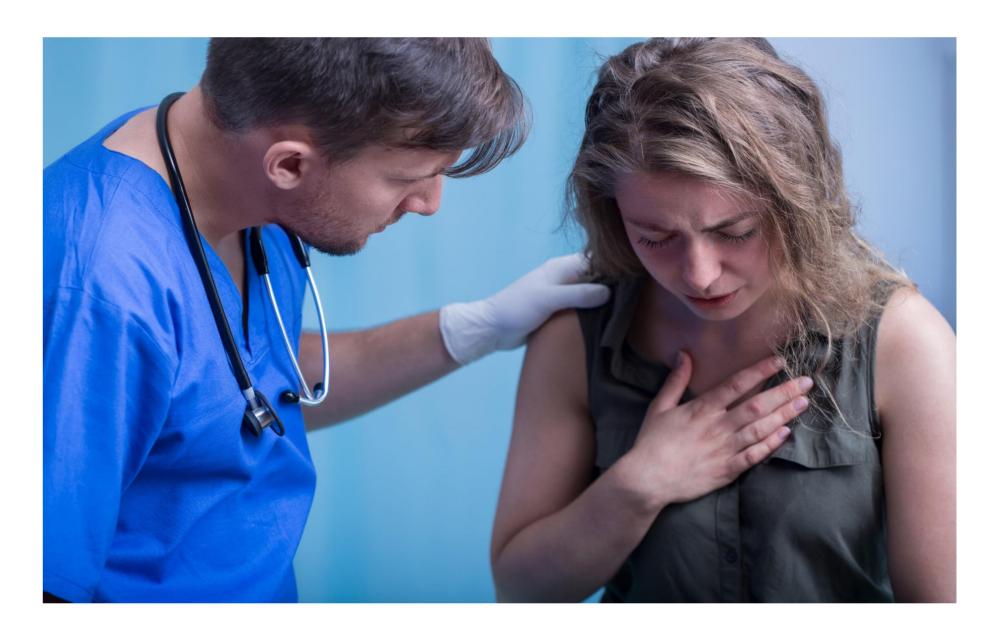
- Anxiety disorders are the most prevalent mental health problem in the general population<sup>1</sup>,18.8% of children and adolescents experience an anxiety disorder<sup>2</sup>. Despite this there is a lack of research into the effectiveness of treatments for adolescent anxiety specifically.
- Panic disorder (PD) is one of the least researched anxiety disorders.
- PD is characterised by spontaneous, unexpected panic attacks, defined as a period of intense fear, combined with physiological symptoms peaking rapidly, combined with associated catastrophic thoughts.
- It has a peak onset of between 15-19 years of age <sup>3</sup>.
- Early onset of PD correlates with increased comorbidity with other disorders, and poorer long term life outcomes<sup>4</sup>.
- PD affects 2% of the adolescent population<sup>5</sup>, has a debilitating effect and if untreated, continues into adulthood<sup>6</sup>.

#### Towards a treatment for adolescents

Despite the debilitating and enduring nature of the disorder, there are currently no guidelines or treatments specifically for adolescents with panic disorder.

Cognitive therapy based on Clark's model of PD is effective in adults with both full<sup>7</sup> and brief versions of treatment<sup>8</sup>.

The brief version of the treatment, involving self-study modules, is currently being adapted for adolescents by researchers in AnDY. A feasibility trial will examine the suitability and acceptability for adolescents, carers and clinicians, and whether it can be delivered within routine clinical care settings. Qualitative research will provide a patients view of the experience of receiving this treatment.



### Systematic review & meta-analysis

systematic review and meta-analysis of psychological treatments for anxiety disorders in adolescents.

The review will provide a quantitative synthesis of the data from multiple studies on treatments for anxiety, including panic disorder, giving a more precise measure of the effect sizes established in treatment.

#### Elements of the research

#### **CAMHS** clinician survey

Survey of CAMHS clinicians exploring identification and treatment of panic disorder in children and adolescents in CAMHS services.

The survey will be distributed throughout CAMHS services in England and completed by clinicians from a range of professional backgrounds.

#### **Qualitative studies**

Qualitative interviews with adolescents with PD who have received cognitive therapy as part of the feasibility trial will explore:

1. the experience of having PD and 2. receiving brief cognitive therapy for PD as part of a feasibility trial being undertaken within AnDY.

Results will be analysed using thematic analysis and Interpretive Phenomenological analysis

#### **Outcomes**

- Meta-analysis will provide an understanding of what treatments have been evaluated in adolescent populations and their effectiveness
- Gain a picture of standard care in CAMHS for panic disorder
- Understand the experience of having PD
- Understand if brief CBT for PD is acceptable for patients
- Patient participation and involvement in research

#### References

- 1. Wittchen, H.-U., et al., The size and burden of mental disorders and other disorders of the brain in Europe 2010. European neuropsychopharmacology, 2011. 21(9): p. 655-679.
- 2. Murphy, M. and P. Fonagy, Mental health problems in children and young people. Annual report of the Chief medical officer, 2012: p. 1-13.
- 3. Von Korff, M. R. (1985). The Epidemiology of panic attacks and panic disorder: results of three community surveys. American journal of epidemiology, 122(6), 970-981. doi:10.1093/oxfordjournals.aje.a114201
- 4. Ramsawh, H. J., Weisberg, R. B., Dyck, I., Stout, R., & Keller, M. B. (2011). Age of onset, clinical characteristics, and 15-year course of anxiety disorders in a prospective, longitudinal, observational study. J Affect Disord, 132(1-2), 260-264. doi:10.1016/j.jad.2011.01.006
- 5. Kessler, R.C., et al., Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of general psychiatry, 2005. 62(6): p. 593-602.
- 6. Moreau, Panic disorder in children and adolescents: a review. The American journal of psychiatry, 1992. **149**: p. 1306.
- 7. Clark, D.M., A comparison of cognitive therapy, applied relaxation and imipramine in the treatment of panic disorder. British journal of psychiatry, 1994. **164**(6): p. 759.
- 8. Clark, D.M., Brief cognitive therapy for panic disorder: A randomized controlled trial. Journal of consulting and clinical psychology, 1999. 67(4): p. 583-589.