Treating Anxiety in Children With Life-Threatening Anaphylactic Conditions

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Children with anxiety disorders have higher than expected rates of allergies, placing them at risk of severe anaphylactic reactions (Kovalenko et al., 2002). Conversely, children with allergies, especially those associated with severe anaphylaxis (most typically peanut or other severe food allergies or allergies to insect stings), are often anxious and are increasingly coming to the attention of child and adolescent psychiatrists. In the past, this anxiety was considered part of living with a life-threatening condition, but increasing numbers of these children are being referred for psychiatric assessment because their primary physicians observe anxiety that seems extreme or restricts the child's life beyond what is considered medically necessary. For the child and adolescent psychiatrist, these children can be challenging to assess and manage for several reasons including diagnostic confusion, heightened parental anxiety, and reluctance on the part of the family to see the issues as psychiatric. This article describes an approach to these challenges, based on our experience managing numerous such children in our specialized Anxiety Disorders Clinic. Although the majority of allergic children who present to an anxiety clinic have significant anaphylactic conditions, sometimes children with even simple allergies may develop anxiety symptoms.

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ASSESSING THE ANXIOUS ALLERGIC CHILD

Children who present with allergies and secondary anxiety require a comprehensive assessment. Use of semistructured interviews such as the Anxiety Disorders Interview Schedule for *DSM-IV*: Child and Parent Versions (Silverman and Albano, 1996) and self-report instruments such as the Multidimensional Anxiety Scale for Children (March et al., 1997) and the Screen for Child Anxiety Related Emotional Disorders (Birmaher et al., 1997) are helpful to clarify diagnostic issues. It is important to ascertain whether the child has heightened anxiety solely in allergy-related situations or meets criteria for another anxiety disorder in addition to the allergy-related anxiety. Given the high comorbidity among anxiety disorders (Bernstein et al., 1996) and between anxiety disorders and anaphylactic conditions (Kovalenko et al., 2002), many children with allergies may have one or more anxiety disorders. A review of the child's history of anxiety symptoms is helpful in clarifying this question; however, even children without a history of anxiety may be vulnerable to anxieties unrelated to their allergic condition. Equally important is understanding the story about how the allergy was first discovered. When did the first allergic reaction occur? Under what circumstances did it occur? Who was present? These are important questions in understanding underlying issues, feelings, and reactions family members may have about the allergic reactions.

The diagnostic difficulties often encountered are exemplified by the case of an 8-year-old boy with a severe peanut allergy who avoided separations from his mother because "she knew what was best." This behavior was initially seen as being related primarily to his peanut allergy as he articulated fear and worry about being away from his mother in case he had an

allergic reaction. Education about his allergy and cognitive-behavioral therapy focusing on his allergy-related fears allowed him to become more independent in many situations, but he continued to sleep with his mother and have nightmares about harm coming to her. Only with further assessment did it become clear that he had a *DSM-IV* separation anxiety disorder in addition to his allergy-related anxiety because his fears of separation were broader based than just related to fear about having an allergic reaction. The focus of cognitive-behavioral therapy shifted to deal with these separation worries with good effect.

In addition to interviewing the child and parent(s), it is often helpful to have a discussion with the referring physician regarding his or her concerns. It is important to be familiar with restrictions of age-appropriate activities that are warranted and those that are unwarranted, resulting in unnecessary impairment. For example, although it may be prudent for a child with severe food allergies to avoid meals at the homes of others, avoiding those homes entirely is excessive.

PLANNING FOR INTERVENTION

Engaging the child and family is often difficult. Most parents need to be reassured that referral to a child and adolescent psychiatrist does not imply that physicians are dismissing their child's difficulty or not considering it a real medical problem. It is important to discuss the fact that living with allergic conditions, especially those associated with anaphylaxis, is both frightening and potentially debilitating, and that your goal is to ensure that the child is not suffering more fear or disability than is necessary. Families must have a full understanding of the role of child and adolescent psychiatry before beginning to plan for intervention.

Determining the child's and family's understanding of the allergic condition and its impact on the child's life is an important first step in planning for intervention. Detailed information about day-to-day activities at home, at school, and in social situations is important. What is the child allowed or not allowed to do? Are there any situations that children with similar allergies may enter that this child avoids? What preparations have been made for the possibility of an anaphylactic reaction? Older children who may carry an EpiPen need to know how to use it correctly, whereas with younger children, it is important to know whether individuals with whom the child spends time (i.e., day care or school personnel) know how to deal with a reaction.

Such discussion provides both an educational opportunity and a chance to plan initial steps of the intervention. Intervention typically begins with situations in which avoidance is greater than warranted or the child could be given more information or a greater role in managing the problem, thus encouraging mastery and reducing fear.

HELPING THE PARENT OF THE ALLERGIC CHILD

Although parents need to provide appropriate reassurance and reminders to their child, their own heightened anxiety may interfere with their child's need for increased independence, thus restricting their child's abilities and making them more fearful. Parental anxiety may be related to an anxiety disorder or overprotection of their child and it is important that such parental anxiety is identified and addressed (Manassis, 1996). A goal is to help parents envision their child as a capable, competent individual who is able to handle situations.

The importance of decreasing parental anxiety and encouraging parents to model effective and healthy coping strategies for their children is exemplified in the case of a 7-year-old boy with a severe peanut allergy who had begun to restrict his food intake because he was fearful that somehow his food may have become contaminated with peanuts. His food restriction and significant weight loss prompted a referral to our clinic. After a comprehensive assessment, it was clear that it was his mother's heightened anxiety that was precipitating the boy's avoidance of food rather than any significant anxiety coming from him. Working with his mother to help her understand the impact her anxiety was having on her son alleviated his excessive worry. His food restriction decreased, and he began to gain weight. Although it is important for parents to help their children plan for situations in which there is potential for allergic exposure, it is equally important that they provide a realistic assessment of the risk.

Education about what is developmentally appropriate at different ages is critical. Many parents struggle with the normative need for increased independence and associated risk-taking behavior of adolescence, and helping parents find safe ways of allowing their