Medication & Anxiety:

New Findings in Children

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Section on Development and Affective Neuroscience





- Current Standards
 - SSRIs
 - -CBT
 - Prevention with CBT
- Neuroscience
 - -Extinction Training
 - -Attention Retraining

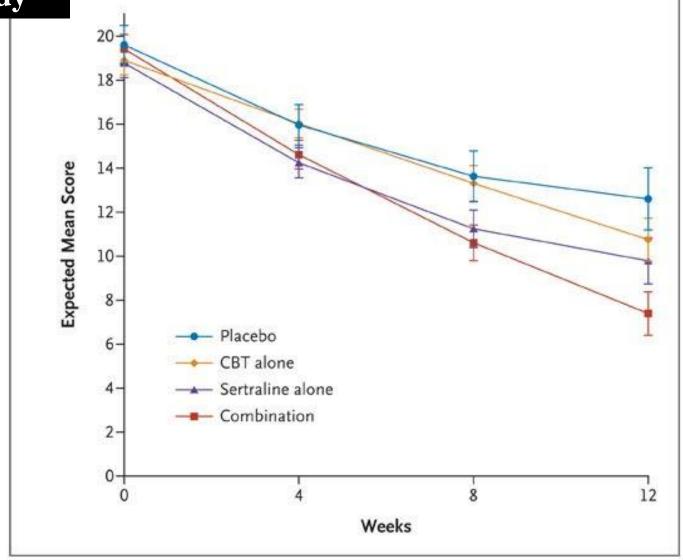
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Meta-Analysis: Rates of Improvement

Study	Difference	PBO	SSRI
RUPP Anxiety Study (2001)	47%	29%	76%
Birmaher et al. (2003)	25%	36%	61%
Rynn et al. (2001)	80%	10%	90%
Wagner et al. (2004)	40%	38%	78%
Walkup et al. (2008)	31%	24%	55%
Rynn et al. (2007)	12%	24%	36%
Total	30%	31%	61%

NNT=3.3



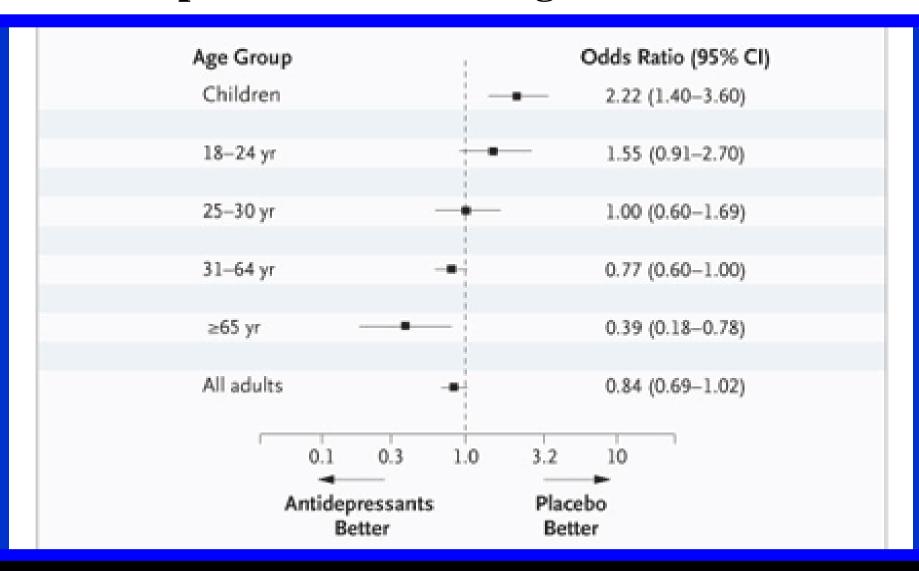


Treatment – Anxiety vs. MDD

- Response rates
 - Higher in anxiety than MDD

- Relapse
 - Higher in MDD than anxiety
- Implications for prevention
 - CBT in at-risk groups?

Antidepressants and Thoughts About Suicide

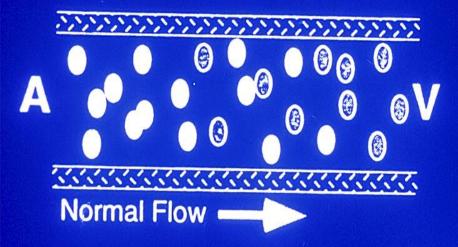


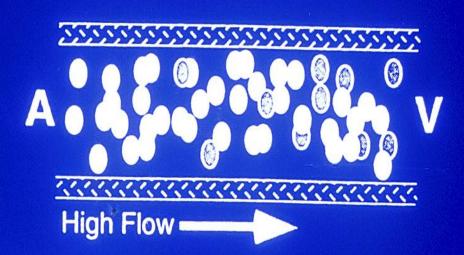
FDA Analysis from December, 2006

Conclusions

- SSRIs are very effective in the treatment of pediatric anxiety.
- Of the SSRIs, only fluoxetine and citalopram have been clearly shown to be effective in pediatric MDD.
- Increased risk of suicidality with SSRI treatment is real, but the magnitude of the effect is small.

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- Oxyhemoglobin
- O Deoxyhemoglobin

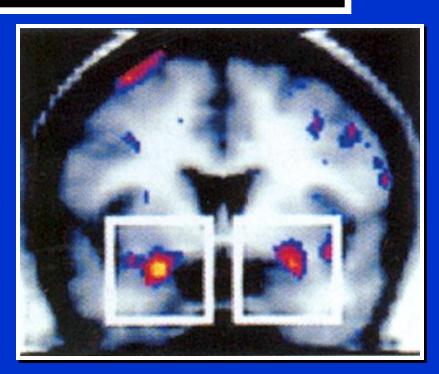
Amygdalar Activation Exposure to Fearful Face

Amygdala hyperactivity in adult MDD and anxiety



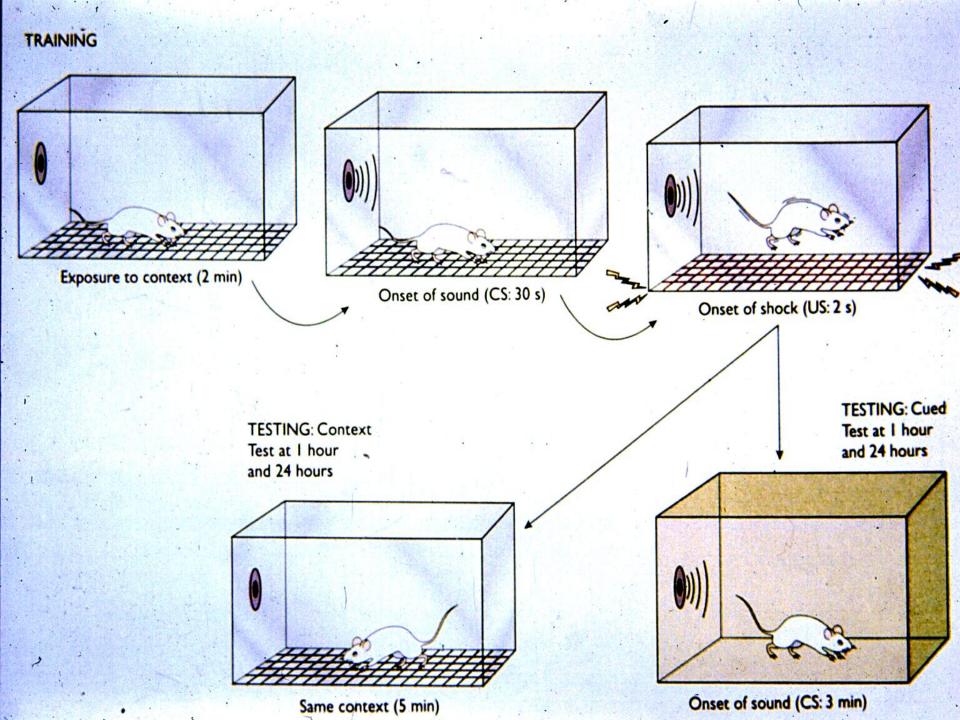
VS

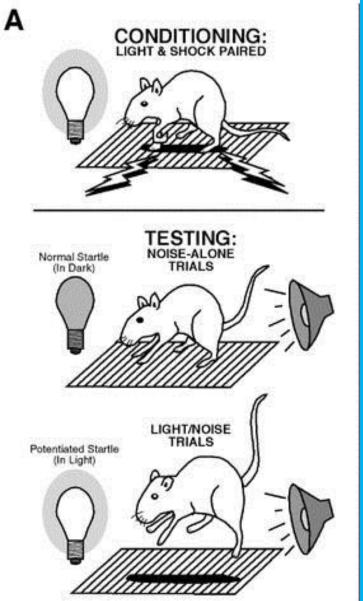




Bilateral Amygdala Activation

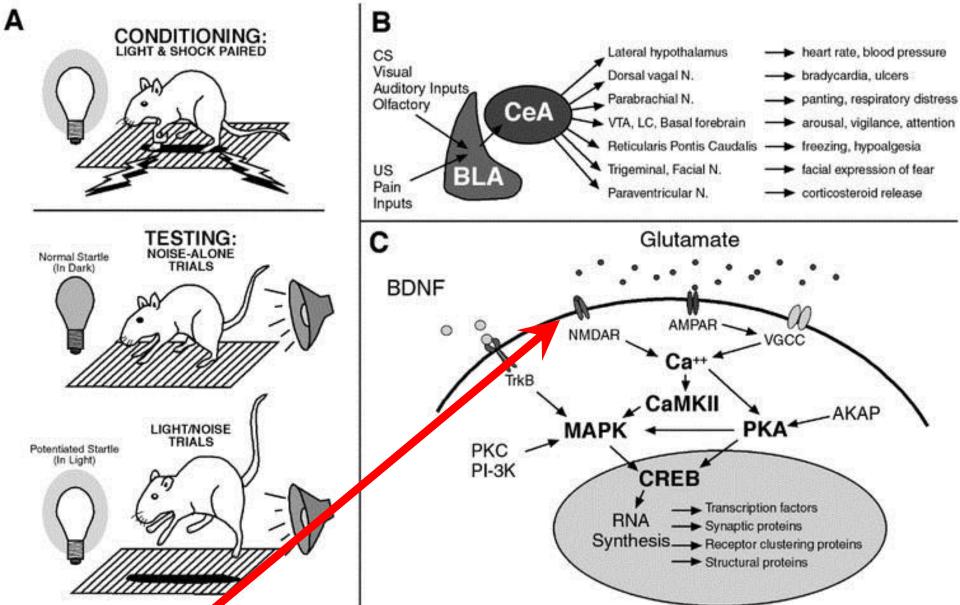
Breiter et al. 1996; Whalen et al. 1998

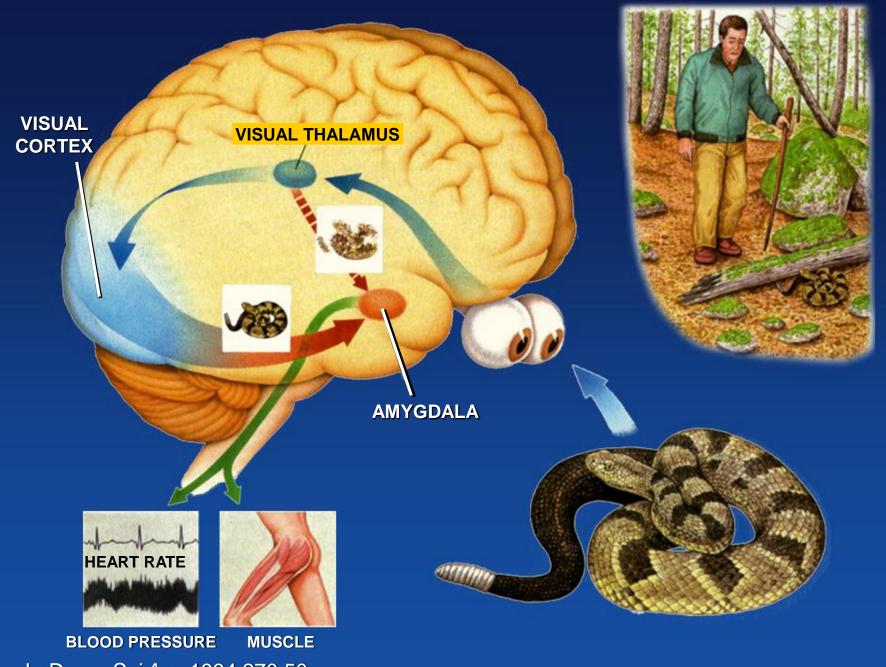




Extinction Recall: Remembering the Boundary Between Danger and Safety

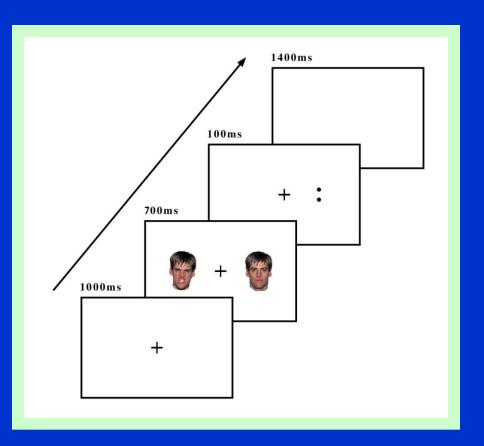
Ressler & Davis 2003

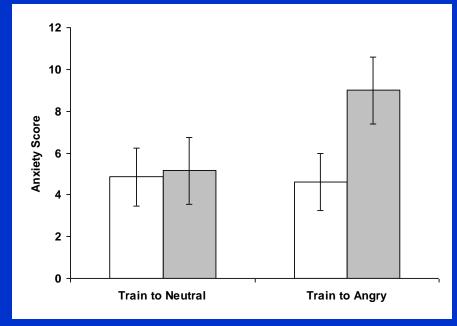




LeDoux. Sci Am. 1994;270:50.

Attention Retraining Therapy





Training of Attention

Altered Response to Stress

Eldara, Ricona, & Bar-Haim in press

Randomized Controlled Trial

Four-Week Treatment Outcomes in Pediatric Anxiety Disorders

Tel-Aviv University/National Institute of Mental Health

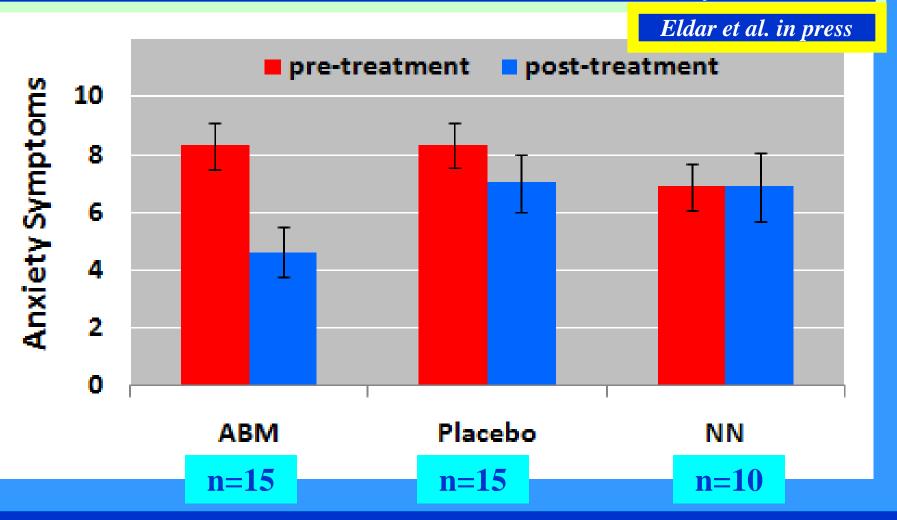
Attention Bias Modification Treatment

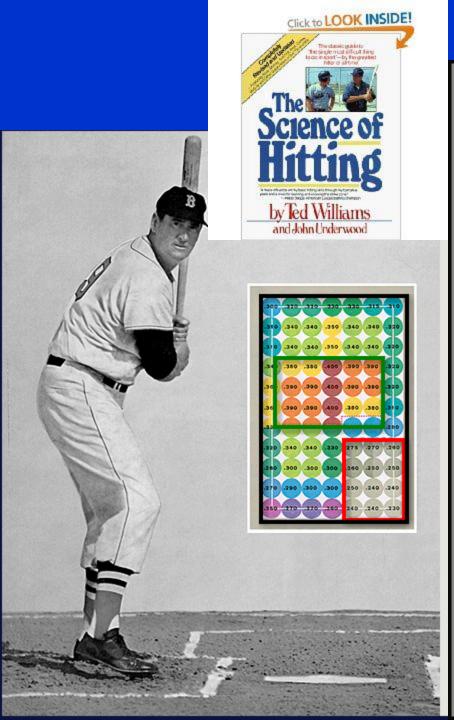
http://tau.ac.il/~yair1/index.html

Screened 117 children
n=71 identified
n=40 with Pre-Treatment Bias Towards Threat

Randomized Controlled Trial

Four-Week Treatment Outcomes in Pediatric Anxiety Disorders





300 .320	.320	330	.330	315	.310
.310 .340	.340	.350	.340	.340	320
.310 .340	.340	.350	340	.340	320
.340 .380	.380	400	.390	.390	.320
.360 ,390	.390	400	.300	.390	320
.360 .300	.390	.400	.380		3.0
.320 340	:340	330	.300	.300	.280
.320 .340	340	.330	.276	.270	.260
.280 .300	\succeq	.300	.280	.250	.250
270 .290	\mathbf{X}	300	.250	.240	.240
.250 .270	-200	200	240	-240	.230

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