Treatment of Resistant Anxiety Disorders in Children and Adolescents: Focus on Pregabalin

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Abstract

Background: Anxiety is the most common Mental Health Disorder in Children and Adolescents in British Columbia and Canada in general. Many children and adolescents often present with severe anxiety interfering with their functioning and causing severe distress. Younger children often suffer from tremendous separation anxiety, unable to attend school to the distress of the parents. Many adolescents suffer from incapacitating social anxiety which interferes with their ability to go out in public comfortably, missing a lot of school or community activities and eventually missing out on life in general. Pushing them to attend school or go out for social activities often create tremendous resistance and feelings of panic which cripple them further. To date, apart from cognitive behavior therapy, the most common treatment of these children, in an attempt to get them to function better seems to be pharmacological Most commonly used medication seems to be a Selective Serotonin Reuptake Inhibitor (SSRI) such s fluoxetine (Prozac), with varying results. These medications are often used for years without a lot of effectiveness and many children remain psychologically very crippled by the disorder. Although some children initially respond to an SSRI such as fluoxetine, over time the response tends to be lost, yet many of them remain on the same medication for years while still not attending school, social gatherings or other activities in the community. Some clinicians tend to increase these medication to the maximum with increasing side effects without more effectiveness. To-date, SSRIs remain the main pharmacological treatment of anxiety and panic in children and adolescents although their effectiveness tends to be limited. Besides, clinicians North America also have the duty to inform parents of the black box warning regarding suicidal behavior in children taking SSRIs.

Objective: To find out if Pregabalin can be more effective and used as a safe alternative to treat severe anxiety and panic reactions in Children and Adolescents ages 10 to 18 years with mixed anxiety disorders.

Methodology: Data were collected through a literature search accessing several data bases followed by a systematic review of pertinent literature related to treatment of Anxiety in children and the use of Pregabalin. Data were also collected through an open label trial on 60 children and adolescents age 10 -18 years of age, attending an outpatient Child and Adolescent Mental Health Clinic. Children diagnosed with Autism who satisfied the inclusion criteria were mostly selected for this 16 week study. The “SCARED” anxiety rating scale (Parent and Child versions) was used to assess the severity of the Anxiety and panic reactions. Pre and Post treatment ratings on the SCARED were compared to evaluate the impact.

Findings: The collected data were analyzed using statistical methods appropriate for the study design. The pre and post treatment SCARED rating scales were compared to evaluate the effect of Pregabalin on Anxiety and Panic behaviors. Other relevant data from the literature reviewed was synthesized to provide a comprehensive overview of the evidence.

Conclusion: Pregabalin showed significant potential as a safe alternative treatment for children exhibiting severe anxiety and panic reactions. The positive effects outperformed commonly used SSRIs in terms of effectiveness, quicker onset of action and a favorable side effect profile. Furthermore, there was a high level of parental satisfaction seeing their children and teens becoming more functional after being disabled for years.

Although this was a small pilot study without a control group, the response was fairly robust but it is hard to generalize the findings. A larger Randomized Control Trial (RCT) is recommended and being contemplated for further generalization. Pregabalin can likely offer a more rapid and effective treatment of Anxiety and Panic in children and adolescents.