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A Brief Note on Adolescence Anxiety

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Description

Anxiety disorders are the most frequent mental health condition among today's generation, and they go untreated far too often. This is particularly concerning that, there is some evidence to support an evidence-based approach to the diagnosis and treatment of anxiety, as well as the fact that anxiety disorders can remain and worsen in adulthood if left untreated. To that end, this article provides a comprehensive overview of anxiety disorder diagnosis and therapy for primary care physicians. Subtypes, clinical presentation, aetiology and biology, efficient screening devices, evidence-based interventions (medication and counselling), and long-term prognosis for adolescents with anxiety are just a few of the themes mentioned.

Anxiety disorders are common in children and adolescents, prompting awareness among those who deal with them. The median age of beginning for most anxiety disorders is 11 years, according to information from the National Comorbidity Survey Replication, a nationally representative epidemiologic research. To begin with, adolescent girls are more prone than boys to experience anxiety. Furthermore, rather than the patient's cognitive or conscious endorsement, which is more common in adults, children may display more behavioural signs of anxiety.

Multiple co-occurring anxiety disorders, such as generalised anxiety disorder and social phobia, are another common feature of anxiety disorder presentation. Comorbidity is common among adolescents and adults who suffer from anxiety disorders. The data on comorbid drug use and abuse is mixed, with some research indicating that anxious teens are at decreased risk and others indicating that they are at higher risk.

In primary care professionals and parents, distinguishing problems that are part of normal development from anxiety disorders is a critical subject. During their development, children may be afraid of certain items or circumstances. Stranger anxiety is common among babies and toddlers aged 12–18 months, as well as school-aged children aged 5–7 years who are afraid of germs and teenagers who are worried about peer approval or rejection. Normal worries, on the other hand, are typically transient and do not interfere with an adolescent's functioning at home, school, or with friends, unlike anxiety disorders, which persist and interfere with an adolescent's functioning at home, school, or with friends.

When people perform particular cognitive or emotional activities, their brain activity is measured, and functional magnetic resonance imaging has been used to study brain function in anxious teenagers. Because the amygdala is involved in both the fear circuit and face processing, several studies have investigated the role of face processing in anxiety disorders in children and adolescents.

According to studies, witnessing scared faces causes increased amygdala reactivity in children with anxiety problems. When compared to healthy controls and depressive children, Thomas discovered that anxious children showed more amygdala activity in reaction to frightened faces versus neutral faces. Similarly, McClure discovered that when comparing healthy control teenagers to adolescents with generalised anxiety disorder, there was a bigger difference in amygdala reaction while viewing a scary versus a happy face.

Given the high prevalence of anxiety disorders among adolescents, it is critical to screen adolescents for anxiety disorders in primary care settings, but this is difficult due to primary care physicians few and brief interactions with adolescents. Patients self-report measures, parent/teacher report measures, and extensive interviews done by experienced clinicians (physicians, psychologists, social workers, or nurses) are all used to screen adolescents for anxiety disorders and other psychiatric concerns.