

# Threat-biased Attention in Childhood Anxiety Disorder and Use of Exposure Therapy

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## Description

In population-based studies, it has been found that children with epilepsy are particularly susceptible to psychiatric and behavioral disorders. Adults with epilepsy have been found to have higher rates of depression, anxiety, and attempts at suicide. It is becoming increasingly clear that depression and anxiety in young people with epilepsy are common disorders that are often not recognized. To reduce the likelihood of suicide and improve quality of life, early diagnosis and treatment of both conditions are essential. A comprehensive epilepsy service should provide assessment and treatment for psychiatric issues as well as regular monitoring of children's psychological adjustment, given the reported frequency and severity of emotional and behavioral issues in epileptic children. However, these difficulties are frequently ignored or omitted from assessment and treatment options. Despite the fact that a clinic-based study found that sixty percent of children with epilepsy met the criteria for one or more psychiatric diagnoses, nearly two thirds of those with one or more diagnoses were not receiving treatment.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), which has had its text revised for its fourth edition, divides mood disorders into bipolar disorders, major depressive disorder (MDD), dysthymic disorder, and depressive disorder NOS (not otherwise specified), and depressive disorders. There hasn't been a lot of research done on bipolar disorders or the different types of depressive disorders in studies of children with epilepsy. A major depressive episode is characterized by a low mood or loss of interest in or enjoyment from most activities for at least two weeks. In children and adolescents, the mood may be irritable rather than sad. Changes in appetite or weight, changes in sleep and psychomotor activity, decreased energy, feelings of worthlessness or guilt, difficulty thinking, concentrating, or making decisions, recurrent thoughts of death, suicidal ideation, plans, or attempts, and psychomotor activity are additional possible symptoms. By the end of adolescence, approximately 1 in 5 adolescents will have experienced at least one depressive episode. The point prevalence of depression in children ranges from 1 to 2 percent, and it increases to 3 to 8 percent in adolescents.

Anxiety disorders are prevalent in childhood and adolescence, are associated with significant impairment and disability, and may progress over time. High levels of comorbidity between "different" anxiety disorders and other psychiatric disorders, particularly depression and alcohol use disorders, have been found in studies examining the lifetime comorbidity of childhood anxiety disorders.

## Localised Pain Syndromes

However, little prospective research has been done on anxiety disorders during childhood, adolescence, and beyond. The majority of prospective community studies have been able to take into account only adolescent anxiety disorders, and longitudinal community-based studies that cover both childhood and adolescent psychiatric disorders are uncommon. These indicate that a wide range of subsequent psychiatric disorders can be predicted by adolescent anxiety disorders.

Less attention has been paid to the effects that childhood anxiety disorders can have. Longitudinal community-based studies have traditionally focused on symptoms of anxiety rather than diagnoses, lumping internalizing disorders together. Attention should also be paid to behavioral inhibition, the recurrent tendency of children to withdraw from unfamiliar situations out of fear. According to this body of research, an inhibited temperament in infancy is linked to depression and anxiety disorders in later life. This, in turn, suggests that anxiety may have very long-lasting continuities between childhood and adulthood in at least some aspects.

## Effects on Musculoskeletal Body Structure

According to Kerne and Chapiesski, scores on the PAE were found to be negatively correlated with scores on the Communication, Daily Living Skills, and Socialization domains of the Vineland Adaptive Behavior Scale, indicating that paternal anxiety has a negative impact on child outcomes. However, the PAE scores on the three Vineland domains were found to have a negative correlation with child IQ scores as measured by the Wechsler Scales of Intelligence. Additionally, there was no significant correlation found between PAE scores and child IQ scores. The Quality of Life in Childhood Epilepsy (QoLCE) scale

measured the relationship between parental anxiety and child HRQoL. Adewuya reported a similar connection when she said that parental anxiety had a negative correlation with HRQoL as measured by the Quality of Life in Epilepsy Inventory for Adolescents. Adewuya also said that parental anxiety had a negative correlation with HRQoL as measured by the Impact of Childhood Illness Scale.

The HADS has seven items for measuring depression symptoms in addition to seven for measuring anxiety. The Self Rating Depression Scale (SRAS) is an equivalent measure of depression to the Beck Depression Inventory (BDI), the BAI, and the Self Rating Depression Scale (SRAS). When both instruments are used in the same study; it is possible to compare the

prevalence of symptoms of depression and anxiety because they share the same scoring scheme. Six studies used anxiety and depression measures that were comparable. However, none of the studies reported whether there was a statistically significant difference between anxiety and depression scores on the measures or percentages of people scoring in the at-risk range. Wojtas reported a mean anxiety score of 8.25 on the HADS, while the mean depression score was 6.02. According to Shariff, 42% of parents scored in the clinically significant range for depression on the HADS and 58% scored in this range for anxiety. On the other hand, 42% of parents scored in the clinically significant range for depression on the HADS and 55% of parents scored in this range for anxiety.