CONDITION

Generalized anxiety disorder in children

Generalized anxiety disorder causes persistent, hard-to-control worry that interferes with a child's daily life.

WHAT IT IS
Persistent, hard-to-control worry across many parts of life

BODY SYSTEM
Nervous system and mental health

MAIN SYMPTOMS
Excessive worry, irritability, poor concentration, sleep problems

WHAT CAUSES IT
Genes, temperament, and stressful experiences

HOW IT IS DIAGNOSED
Clinical interviews and diagnostic criteria

MAIN TREATMENT
Cognitive behavioural therapy; sometimes antidepressant medicine

CAN IT BE CURED?
Sometimes - symptoms can fully resolve

IS IT AN EMERGENCY?
Sometimes - immediate danger of self-harm or suicide

LONG-TERM OUTLOOK
Often improves with treatment, though symptoms may return

Overview

Generalized anxiety disorder, or GAD, causes frequent and excessive worry about several parts of life. A child may worry about school, health, family safety, friendships, mistakes, world events, or everyday responsibilities.

The worry is difficult to control. It lasts for months and causes distress or interferes with school, sleep, relationships, or family life. This differs from the temporary fears and worries that are a normal part of growing up.

Children with GAD often expect something to go wrong, even when there is little evidence of danger. They may repeatedly ask for reassurance, avoid uncertain situations, or try to do everything perfectly. Headaches and stomach aches are also common.

Younger children may have trouble explaining their thoughts, so anxiety may appear as clinginess, irritability, tears, repeated questions, or refusal to take part in activities.

GAD is treatable. Support may involve therapy, changes at home and school, and sometimes medicine. Help can be useful before symptoms have lasted long enough to meet every diagnostic criterion.

Symptoms

The main feature is excessive worry about several activities or events. The worries happen on most days, are hard to stop, and are greater than expected for the situation. Their subject may change often.

Other possible symptoms include:

Symptoms may become more noticeable before school, tests, social events, medical appointments, or changes in routine. Some children hide anxiety at school and release their distress at home.

GAD can occur alongside depression, attention-deficit/hyperactivity disorder, autism, sleep problems, and other anxiety conditions. Coexisting conditions can change how symptoms appear.

- Restlessness or difficulty relaxing
- Irritability, frustration, or emotional outbursts
- Tiredness
- Trouble concentrating or a mind that feels blank
- Muscle tension, headaches, or jaw pain
- Difficulty falling asleep, staying asleep, or sleeping alone
- Stomach aches, nausea, or other physical discomfort
- Repeated requests for reassurance
- Perfectionism, procrastination, or avoiding tasks for fear of mistakes

Causes and risk factors

There is no single cause of GAD. It is thought to develop through a combination of biology, temperament, learning, and life experiences.

Anxiety can run in families because of inherited traits and learned responses to risk and uncertainty. Having a relative with anxiety does not mean a child will develop GAD.

Some children are naturally more cautious, sensitive to uncertainty, or likely to avoid unfamiliar situations. These traits may increase vulnerability but are not faults or proof of a disorder.

Stressful experiences can contribute, including bullying, family conflict, illness, bereavement, academic pressure, discrimination, housing problems, or changes in caregivers or schools. GAD can also develop without a clear stressful event.

Caffeine, some medicines, substance use, poor sleep, and certain medical conditions may cause or worsen anxiety symptoms.

Parenting does not have a simple relationship with anxiety. Protecting a child from every uncomfortable situation can unintentionally strengthen avoidance, but parents do not cause GAD by caring for or comforting their child.

Diagnosis

There is no blood test, brain scan, or questionnaire that confirms GAD. Diagnosis is based on a detailed clinical assessment and recognised diagnostic criteria.

A health professional usually speaks with the child and a parent or caregiver. With older children, part of the conversation may happen privately. Information from school can help show how symptoms affect daily life.

For a diagnosis, worry generally needs to occur on more days than not for at least six months. It must involve several events or activities, be difficult to control, and cause meaningful distress or impairment. Children need at least one associated symptom, such as irritability, restlessness, fatigue, poor concentration, muscle tension, or disturbed sleep.

Questionnaires can measure symptoms and track progress, but they do not establish the diagnosis alone.

The assessment also considers other explanations, including another anxiety condition, obsessive-compulsive disorder, trauma-related symptoms, depression, attention or learning difficulties, autism, substance use, or a medical condition. Physical examinations or laboratory tests are used when the history suggests a possible physical cause.

Treatment and management

Treatment depends on the child's age, symptoms, preferences, development, family

circumstances, and level of impairment. Mild symptoms may first be managed with education, practical support, and monitoring. More persistent or disruptive symptoms usually need structured treatment.

Cognitive behavioural therapy, or CBT, is a well-studied treatment for childhood anxiety. It helps children understand connections between thoughts, feelings, physical sensations, and actions.

CBT often includes gradual exposure: safely and repeatedly facing manageable versions of feared situations instead of always avoiding them. The pace is planned so the child can learn that anxiety can rise and then fall without escape or repeated reassurance.

Parents or caregivers may take part, especially with younger children. They can learn to acknowledge distress while encouraging coping and age-appropriate independence.

School support may include a predictable routine, a named staff contact, planned breaks, or gradual help returning to avoided activities. Adjustments should support participation rather than remove every source of uncertainty indefinitely.

A clinician may consider an antidepressant when symptoms are moderate to severe, CBT is unavailable, or therapy alone has not provided enough relief. Selective serotonin reuptake inhibitors like sertraline or fluoxetine , or SSRIs, are commonly considered. Some serotonin-norepinephrine reuptake inhibitors, or SNRIs, may also be used. Approval for children differs between medicines and countries, and some use is off-label.

These medicines can cause side effects. Children starting an antidepressant need monitoring for changes in mood, agitation, unusual behaviour, or suicidal thoughts, particularly early in treatment and after dose changes. Medicine should not be stopped suddenly without clinical advice.

Healthy sleep routines, physical activity, balanced meals, and limiting caffeine may support recovery. They do not replace treatment when GAD significantly affects daily life.

Complications

Persistent anxiety can interfere with learning, attendance, friendships, sleep, hobbies, and family activities. Avoidance can gradually make the child's world smaller and reinforce the belief that ordinary situations are dangerous.

Some children develop low confidence, become dependent on reassurance, or miss school because of physical symptoms. GAD may occur with depression, other anxiety conditions, or behavioural and attention difficulties. Older children may use alcohol, nicotine, or other substances to manage distress.

These outcomes are not inevitable. Early recognition and appropriate support can reduce impairment and help rebuild confidence.

Prevention

There is no proven way to prevent every case of GAD. Inherited traits, temperament, and unavoidable experiences cannot be fully controlled.

Adults can reduce anxiety's effects by noticing persistent symptoms early and responding consistently. Helpful approaches include listening without dismissing the child's feelings, modelling calm problem-solving, and encouraging gradual participation instead of long-term avoidance.

Stable routines and preparation for expected changes may help children manage uncertainty. Bullying, learning difficulties, family stress, and sleep problems should be addressed when present.

The goal is not to remove all worry. Some anxiety is normal and protective. The aim is to help the child tolerate uncertainty, use coping skills, and continue age-appropriate activities.

Living with it and what to expect

GAD often changes over time. Symptoms may become stronger during school transitions, examinations, illness, family changes, or other stressful periods and become less noticeable at calmer times.

Improvement is usually gradual. A child may first attend an avoided activity while still feeling anxious. Confidence often grows through repeated experiences of coping.

Some children have one period of significant anxiety and later have few symptoms. Others have symptoms that return during stress or continue into adolescence and adulthood. An individual child's course cannot be predicted with certainty.

Follow-up may track sleep, attendance, physical complaints, avoidance, family stress, and participation in normal activities. If treatment is not helping, the plan can be reviewed for barriers, coexisting conditions, or a different diagnosis.

Therapy skills can remain useful after formal sessions end. A temporary increase in symptoms does not necessarily mean all progress has been lost.

With effective support, many children continue with school, friendships, interests, and family life. The aim is not a life without anxiety, but the ability to manage worry without letting it

control daily choices.

When to get medical help

Arrange a routine appointment if worry has lasted several weeks, keeps returning, or affects sleep, school, friendships, physical comfort, or family life. Help is also appropriate if a child increasingly avoids activities, repeatedly seeks reassurance, or has frequent unexplained headaches or stomach aches.

You do not need to wait six months to seek support. That period is part of formal diagnostic criteria, not a requirement for receiving help.

Contact the child's treatment team promptly if symptoms suddenly worsen, medicine causes concerning changes, or the child develops marked agitation, unusual behaviour, hopelessness, or thoughts about death.

Seek urgent or emergency help if the child:

Do not assume serious physical symptoms are caused by anxiety. Use local emergency services or go to the nearest emergency department when there is immediate danger.

- Says they intend to harm or kill themselves
- Has made a suicide attempt or cannot be kept safe
- Is severely confused, agitated, or behaving dangerously
- Has chest pain, fainting, or severe breathing difficulty

Common questions

Is my child anxious, or do they have GAD?

Normal anxiety is usually linked to a specific situation and settles when it passes. GAD involves broad, hard-to-control worry that persists for months and meaningfully interferes with daily life. A clinical assessment is needed to tell the difference.

Can a child have GAD without panic attacks?

Yes. Panic attacks are sudden episodes of intense fear with strong physical symptoms. They can occur with GAD but are not required for diagnosis. GAD more often causes ongoing tension and worry.

Why does my child keep asking the same worried question?

Reassurance can briefly lower anxiety, but the relief may not last. The child then asks again to

feel safe. Treatment can help families respond with empathy while gradually reducing repeated reassurance and building coping skills.

Does GAD cause stomach aches and headaches?

It can. Anxiety may affect muscles, digestion, sleep, and pain sensitivity. New, severe, or persistent physical symptoms still need appropriate medical assessment rather than being assumed to be anxiety.

Will my child grow out of generalized anxiety disorder?

Some children's symptoms resolve, while others continue to have anxiety or experience it again during stressful periods. Early support and evidence-based treatment can improve functioning, but no individual outcome can be promised.

Should my child stay home when anxiety is high?

Occasional rest may be reasonable during illness or overwhelming distress, but repeated avoidance can strengthen anxiety. A gradual return plan developed with the family, school, and relevant professionals can help the child participate safely.

Sources

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