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REVIEW ARTICLE

Anxiety disorder in adolescents and young adults versus millennials: a perspective from the multidisciplinary health team

Trastorno de ansiedad en adolescentes y adultos jóvenes versus millennials: una perspectiva desde el equipo de salud multidisciplinario

Transtorno de ansiedade em adolescentes e jovens adultos versus geração millennials: um olhar da equipe multiprofissional de saúde

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Abstract

This descriptive-qualitative study analyzed the multidisciplinary approach to managing anxiety disorders in adolescents and young adults through a review of articles from the BVS and SciELO databases (2017-2022). The results indicated a higher prevalence in females and the need to expand public policies in Brazil, with integrated actions between primary and tertiary care. The effectiveness of coordinated multidisciplinary interventions was evidenced, with emphasis on Cognitive-Behavioral Therapy and family psychoeducation as key strategies for reducing symptoms and improving treatment adherence. The conclusion is that there is an urgent need for professional training for early diagnosis, expansion of specialized services, and development of interventions adapted to generational particularities, aiming at comprehensive and effective care for this population.

Descriptors: Anxiety Disorder; Health Professionals; Youth; Adolescents; Mental Health.

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Resumén

Este estudio descriptivo-cualitativo analizó el enfoque multidisciplinario para el manejo de los trastornos de ansiedad en adolescentes y adultos jóvenes, mediante una revisión de artículos de las bases de datos BVS y SciELO (2017-2022). Los resultados indicaron una mayor prevalencia en mujeres y la necesidad de ampliar las políticas públicas en Brasil, con acciones integradas entre la atención primaria y la terciaria. Se evidenció la efectividad de las intervenciones multidisciplinarias coordinadas, con énfasis en la terapia cognitivo-conductual y la psicoeducación familiar como estrategias clave para la reducción de los síntomas y la mejora de la adherencia al tratamiento. Se concluye que existe una necesidad urgente de capacitación profesional para el diagnóstico precoz, la expansión de servicios especializados y el desarrollo de intervenciones adaptadas a las particularidades generacionales, con el objetivo de brindar una atención integral y eficaz a esta población.

Descriptores: Trastorno de Ansiedad; Profesionales de la Salud; Jóvenes; Adolescentes; Salud Mental.

Resumo

Este estudo descritivo-qualitativo analisou a abordagem multiprofissional no manejo do transtorno de ansiedade em adolescentes e jovens adultos, mediante revisão de artigos das bases BVS e SciELO (2017-2022). Os resultados apontaram maior prevalência no sexo feminino e a necessidade de ampliação de políticas públicas no Brasil, com ações integradas entre atenção primária e terciária. Evidenciou-se a eficácia de intervenções multiprofissionais coordenadas, destacando-se a Terapia Cognitivo-Comportamental e a psicoeducação familiar como estratégias-chave para redução de sintomas e melhoria da adesão ao tratamento. Conclui-se pela urgência de capacitação profissional para diagnóstico precoce, expansão de serviços especializados e desenvolvimento de intervenções adaptadas às particularidades geracionais, visando um cuidado integral e efetivo dessa população.

Descritores: Transtorno de Ansiedade; Profissionais de Saúde; Jovens; Adolescentes; Saúde Mental.

Introduction

Anxiety is one of the most prevalent disorders in childhood, adolescence, and adulthood, characterized by exaggerated fear and anxiety reactions when faced with the anticipation of situations perceived as threatening. Although these sensations are common during personality development, they become pathological when they are disproportionately intense concerning the stimulus, abnormally persistent, or significantly impair the quality of life. In children and adolescents, anxiety is considered clinically relevant when it directly interferes with emotional stability, daily performance, or the typical development process. The occurrence of anxiety disorders in parents constitutes a significant risk factor for the early development of these disorders in children. From a neurobiological point of view, evidence indicates that individuals with a genetic predisposition are more vulnerable to the initial onset of anxiety disorders[1,2].

The characteristic talents of Savant syndrome are invariably associated with exceptional memory, although often accompanied by limitations in contextual understanding. Although diagnosis is most common in childhood, savantism can also manifest later in life because of traumatic brain injuries, infectious processes (such as meningitis), neurological disorders (epilepsy), and cerebrovascular events[3].

Generalized Anxiety Disorder (GAD) in children and adolescents is characterized by disproportionate and persistent emotional responses to everyday situations, manifesting excessive fears and worries that go beyond the parameters expected for typical development. Patients present a constant state of hypervigilance and tension, experiencing a chronic negative anticipation of events, as if each situation could represent an imminent threat. A pathognomonic characteristic of this disorder is the difficulty in distinguishing between real dangers and distorted perceptions of risk, leading to patterns of circular and irrational worry that persist for months. The onset of the condition is usually insidious, with nonspecific symptoms that often go unnoticed by caregivers, and it is common for people to seek professional help only when the disorder is already in a phase of symptomatic progression. This delay in recognition and intervention is directly related to the worsening of functional impairment, affecting several areas of psychosocial development. The initial clinical presentation often includes somatic complaints such as headache and abdominal pain, which mask the psychological nature of the problem, contributing to underdiagnosis and late treatment[4].

Separation Anxiety Disorder (SAD) is characterized by an excessive and clinically significant fear of separation from primary attachment figures, the intensity and persistence of which are incompatible with the expected developmental stage for the child's or adolescent's age. For the diagnosis to be established, this pattern of anxiety must persist for a minimum period of four consecutive weeks, manifesting itself through intense suffering and functional impairments that compromise several areas of the child or adolescent's life. Clinical manifestations range from persistent resistance to attending school to recurrent

concerns about the possibility of catastrophic events occurring with attachment figures, often accompanied by somatic complaints such as nausea, abdominal pain, and headaches, in addition to significant disturbances in sleep patterns. The functional impact extends beyond the family environment, negatively affecting academic performance, social relationships, and participation in age-appropriate activities, configuring a situation of significant psychosocial impairment when not adequately identified and treated[4,5].

Autism is currently classified as an Autism Spectrum Disorder (ASD), a category that encompasses global developmental disorders. Savant Syndrome, in turn, is generally understood as a variation of the autism spectrum that presents peculiar characteristics: exceptional cognitive abilities in specific areas (such as extraordinary memory or advanced mathematical skills) that coexist with significant intellectual deficits and marked difficulties in social interaction. Epidemiological studies indicate that this condition occurs in approximately two individuals in every ten thousand diagnosed within the autism spectrum. The first documented scientific reports date back to 1789, described by Benjamin Rush, recognized as the founder of American psychiatry. The prevalence of the disorder shows an unequal distribution between the genders, being significantly more frequent in males than in females, a pattern that remains consistent with the general characteristics of autism spectrum disorders. The condition presents a remarkable clinical paradox, where islands of exceptional ability contrast with global cognitive and social limitations, a characteristic that continues to challenge current paradigms of developmental neuropsychology. This dichotomy has been the subject of numerous studies seeking to understand the neurobiological mechanisms underlying this peculiar phenomenon of human development[4-6].

Intergenerational differences require specific approaches from health teams, particularly in the management of anxiety disorders. Separation anxiety disorder, characterized by the refusal to attend school or visit friends, has a persistence rate of approximately 4%, with an equal distribution between genders. Panic disorder manifests itself through acute crises marked by an intense feeling of imminent danger, accompanied by somatic symptoms such as tachycardia, sweating, dyspnea, chest pain, tremors, and emotional manifestations, being more prevalent in late puberty (with a persistence rate of 0.6%) and with a notable predominance in females. These conditions require special attention due to their impact on psychosocial development and mental health of children and adolescents, requiring differentiated interventions according to the clinical characteristics and maturational stage of the patients[6].

Methodology

This study adopted a qualitative-descriptive approach, conducting a bibliographic review of the literature to examine the particularities of anxiety disorder in adolescents, young adults, and the millennial generation, with an emphasis on the perspective of the multidisciplinary health team. Data collection was performed through a systematic search in the BVS and SciELO databases, covering publications in Portuguese and English between 2016 and 2022. The descriptors were selected according to the DeCS and MeSH standards, using combinations such as "Anxiety Disorders" associated with "Adolescents", "Young Adults", and "Millennials", in addition to "Mental Health" crossed with "Multidisciplinary Team".

Free full-text articles that addressed the role of healthcare teams in managing anxiety in the age groups investigated were included, with the exclusion of studies published outside the defined period or without a direct relationship with the topic. The analytical process involved three main stages: pre-selection based on titles and abstracts, full reading of the selected texts, and thematic synthesis of the content. This last stage allowed the organization of the evidence into analytical categories centered on the clinical profile of the different generations, diagnostic and therapeutic challenges, and multidisciplinary intervention strategies. The interpretation of the results considered the triangulation between the scientific evidence and the practical experiences reported by healthcare professionals, to identify both convergences and gaps in the current knowledge on the topic.

Results and Discussion

Mental disorders in childhood are characterized by the manifestation of excessive and uncontrollable anxiety, directed at specific objects or situations, including fear of public exposure or panic attacks, which are significantly different from typical fears of childhood development. While normal child fears involve temporary reactions to stimuli such as small animals, loud noises, or heights - adaptive and temporary responses - anxiety disorders present disproportionate, persistent, and disabling reactions, which are out of control and generate significant functional impairments. Among the therapeutic approaches, Cognitive-Behavioral Therapy stands out as the most recommended psychotherapeutic intervention and with proven efficacy in the management of these conditions, being widely used by psychology professionals in the treatment of anxiety disorders in childhood[1].

Social phobia is more persistent in females, manifesting itself through an intense and chronic fear of situations of social evaluation, in which the individual anticipates behaviors that may be judged as humiliating or shameful. This condition, clinically like social phobia observed in adults, as well as panic disorder, is less recognized among anxiety disorders, with a prevalence of approximately 1%, and is more frequent in adolescents than in children. The central characteristic of this condition involves cognitive distortion in the interpretation of social situations, leading to avoidance behaviors that significantly impact psychosocial development[1,4].

Posttraumatic Stress Disorder (PTSD) manifests in individuals who have experienced traumatic events involving threats to their physical or psychological integrity, either personally or by witnessing dangerous situations involving others, particularly in contexts of community violence or sexual abuse. In children and adolescents, these traumatic

experiences often trigger profound and persistent consequences, characterized by a symptomatological framework that includes reactions of exacerbated anxiety, feelings of helplessness, panic episodes, and behavioral patterns of avoidance - psychophysiological responses directly linked to the nature of the original trauma. The clinical presentation tends to vary according to the developmental stage, with younger children often exhibiting behavioral regressions or difficulties in verbalizing the trauma, while adolescents may demonstrate a greater tendency towards hypervigilance and reliving the traumatic event[7].

The diagnosis of anxiety disorders in childhood and adolescence must necessarily consider the temporal relationship with stressful events, since symptoms emerge in response to situations of high levels of stress. It is crucial to highlight that anxiety disorders not adequately treated at this stage of development tend to take a chronic course, even with subtle or intermittent manifestations. In particular, separation anxiety disorder not addressed in childhood can evolve into more complex conditions in adulthood, such as panic disorder or specific phobias. Additionally, adolescents with generalized anxiety, panic disorder, or depression have a significantly increased risk of developing persistent anxiety disorders or psychiatric comorbidities in adulthood, highlighting the importance of early intervention and longitudinal monitoring of these cases. This developmental trajectory highlights the progressive nature of anxiety disorders when neglected during critical periods of neurodevelopment[7,8].

Generation Y, also known as the Millennial Generation, comprises individuals born between 1981 and 1999, representing the first cohort to experience the emergence and rapid evolution of digital technology on a global scale. Succeeded by Generation Z (born after 2000), characterized by a marked social awareness, this latest generation has a paradoxical difficulty in face-to-face interpersonal relationships, often associated with anxiety resulting from technological acceleration and the constant transformation of digital communication media. This phenomenon reveals a significant psychosocial impact, in which permanent adaptation to technological innovations generates adaptive stress in adolescents, manifesting itself through anxiety symptoms related to the pressure for constant connectivity and the new dynamics of social interaction mediated by digital platforms[8].

Depression manifests itself through a set of symptoms that include depressed mood, anhedonia (loss of interest or pleasure in activities), significant changes in sleep (hypersomnia or insomnia) and appetite (hyperphagia or hyporexia), constant fatigue, difficulty concentrating, feelings of hopelessness, irritability, psychomotor changes (agitation or retardation) and recurrent thoughts about death or suicide. In the context of child mental health, Primary Health Care (PHC) adopts a differential classification between dysthymia and major depression. Dysthymia is characterized as a persistent depressive disorder of lesser intensity, but with prolonged duration (at least two years in adults and one year in children and adolescents), while major depression presents more acute and disabling symptoms, although generally with episodes that are more limited in time. This clinical distinction is essential for therapeutic planning and adequate management of cases in childhood and adolescence, considering the differentiated impact of these conditions on cognitive and emotional development[7,8].

Major depression in children and adolescents presents distinct clinical characteristics depending on the developmental stage. In children, it often manifests through unexplained somatic symptoms (headache, abdominal pain, myalgia), marked irritability, psychomotor agitation and dysregulated emotional crises, accompanied by sleep disturbances such as recurrent nightmares. In adolescents, the condition assumes contours closer to the adult presentation, but with particularities such as exacerbated emotional lability, hostility, accentuated feelings of hopelessness and suicidal ideation, associated with neurovegetative alterations (sleep pattern disorders - both insomnia and hypersomnia - and significant variations in appetite and body weight). A characteristic feature in this age group is the presence of global negative cognitions, manifested through low expectations regarding the future and persistent self-devaluation. This symptomatic differentiation reflects the maturational processes of the central nervous system and the capacities for emotional regulation throughout development, requiring specific therapeutic approaches for each age group[8].

Adolescent depression presents a complex network of risk factors and comorbidities that require specialized clinical attention. The use of psychoactive substances, particularly alcohol and psychotropic drugs, emerges as a frequent dysfunctional self-medication strategy among depressed adolescents. The multifactorial etiology of the disease includes the convergence of psychosocial stressors, psychiatric comorbidities (especially anxiety disorders, which coexist in approximately 50% of cases), and chronic medical conditions such as diabetes mellitus. A significant gender disparity is noted, with female adolescents demonstrating greater vulnerability to the development of depressive disorders. Clinical investigation must include a careful assessment of the family history of mood disorders, given the well-established genetic component of depression. The therapeutic approach requires combining pharmacological and psychotherapeutic strategies adapted to the developmental stage. Cognitive-behavioral therapy and family psychoeducation have proven particularly effective. It is crucial to emphasize that the lack of adequate treatment often results in the chronicity of the condition, with marked impairments in the psychosocial functioning and developmental potential of the adolescent. Therapeutic evolution, when it occurs, follows a gradual course, dependent on consistent adherence to the proposed interventions and the implementation of adaptive symptom management strategies[8,9].

GAD is highly prevalent in the adolescent population, manifesting itself through persistent and difficult-to-control anxiety symptoms that often compromise connection with immediate reality. Young

people affected by this condition tend to develop cognitive patterns characterized by excessive concern with social evaluation and a catastrophic view of the future. Considering the etiological complexity of these conditions, which integrates biological, psychological, and social factors, an individualized assessment is imperative to determine the most appropriate therapeutic approach. Multidisciplinary intervention emerges as the strategy of choice, bringing together complementary skills of psychiatrists, psychologists, psychoeducators, occupational therapists, physiotherapists, nutritionists, and social workers. This integrated approach has demonstrated particular effectiveness in the management of GAD in adolescents, as it allows: (1) adequate characterization of biological components through specialized medical evaluation; (2) work on cognitive distortions through evidence-based psychological interventions; (3) psychosocial rehabilitation through inclusion strategies and development of adaptive skills; and (4) the family and educational support necessary to ensure the maintenance of therapeutic gains[9].

Social Anxiety Disorder (SAD) manifests itself in young people through intense discomfort and anxious reactions in contexts of social interaction, often triggering physiological symptoms such as tremors, excessive sweating, verbal dysfluency (stuttering), nausea, and, in more severe cases, avoidance behaviors that can lead to social isolation. Research shows that many adolescents and young adults with SAD develop patterns of systematic avoidance of interpersonal situations, restricting their social circle, and presenting significant impairments in academic performance. It is also noted that some of these individuals resort to the dysfunctional use of alcohol and other psychoactive substances as a maladaptive coping strategy, which can aggravate the clinical picture. The most recommended therapeutic approach involves psychotherapeutic interventions focused on training social skills, particularly CBT, which has shown efficacy in managing symptoms by working on: (1) the cognitive restructuring of dysfunctional beliefs about social evaluation; (2) gradual exposure to feared situations; and (3) the development of specific social skills. This approach, when implemented systematically, enables the reduction of avoidance behaviors and a significant improvement in the quality of life and social functioning of patients[7-9].

Anxiety disorders are among the most prevalent psychiatric conditions in childhood and adolescence, with studies indicating that approximately 10% of individuals in this age group develop clinically significant anxiety disorders. Advances in the neurobiological understanding of these disorders, particularly through neuroimaging studies, have revealed specific alterations in neural circuits involved in fear processing and emotional regulation. Effective treatment requires an integrated approach that combines cognitive-behavioral interventions, focused on modifying dysfunctional thought patterns and gradual exposure to anxiety-provoking situations, with a solid component of family psychoeducation. In more severe cases, the combination of carefully selected pharmacotherapy may be considered, always adapted to the individual characteristics of the patient. At the same time, it is essential to encourage the construction of healthy social relationships that favor the development of adaptive coping strategies. The implementation of these therapeutic strategies must be carefully personalized, considering the particularities of each case, the available resources, and the possible limitations imposed by the clinical picture. The central objective remains the reduction of psychological suffering and the promotion of healthy development, with special attention to improving the patient's overall quality of life.

Conclusion

Early detection and appropriate treatment of anxiety disorders in childhood and adolescence are essential to mitigate negative impacts on psychosocial development and prevent the persistence of psychiatric conditions in adulthood. Advances in neurobiological research, especially in understanding the role of the amygdala and the neural circuits involved in emotional regulation, have contributed significantly to elucidating the pathophysiological mechanisms underlying these disorders, paving the way for more precise and effective interventions. Despite their high prevalence, anxiety disorders in children and adolescents are still underdiagnosed and neglected, which can result in significant impairments in family, social, and academic interactions. Effective therapeutic management requires a multimodal approach, integrating cognitive-behavioral interventions (CBT) – recognized as the most effective psychotherapeutic strategy –, family psychoeducation, and, when necessary, pharmacological support. The coordinated action of multidisciplinary health teams is essential to ensure comprehensive and individualized care, promoting symptom reduction and improving quality of life. Implementing these strategies, combined with greater recognition of the importance of children's and adolescents' mental health, can transform the developmental trajectory of these individuals, enabling them to overcome emotional challenges and reach their full potential. Investing in prevention, early diagnosis, and specialized treatment not only benefits young patients but also positively impacts society, reducing the global burden of mental disorders.

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