

# PSYCHIATRIC DISORDERS IN CHILDREN

# Collect information

- ❖ Obtain information from a suitable source :

Gather and integrate collateral information from multiple sources to obtain as accurate a clinical picture as possible

- ❖ Make sure that you use a suitable method for gathering information that is appropriate with the child's developmental stage

# Methods of Gathering Information

- Play therapy: Utilizes the child's symbolic play, storytelling, or drawing as a forum for expression of emotions and experiences.
- Classroom observation: A window into the child's functioning in school.

# Safety Assessment

Always screen for safety (e.g., suicidal/homicidal ideation and psychotic thoughts, particularly command auditory hallucinations) in a developmentally appropriate manner. Also screen for self-injurious behavior as this may indicate an increased risk for suicidal behavior.

Suicide is a leading cause of death among children in the US

# Neurodevelopmental disorders

Neurodevelopmental disorders are a class of psychiatric disorders characterized by childhood-onset.

These disorders affect the development of the nervous system, leading to abnormal brain function which may affect personal, social, academic and occupational function, effects of neurodevelopmental disorders tend to last for a person's lifetime.

# Intellectual Disability

- involves problems with general mental abilities that affect functioning in two areas: Intellectual functioning (such as learning, problem solving, judgement). Adaptive functioning (activities of daily life such as communication and independent living).

# Diagnostic Criteria

Deficits in intellectual or cognitive functioning (such as learning, problem solving, judgement), Intellectual deficits are confirmed by clinical assessment and standardized intelligence testing.

deficits in adaptive functioning, such as communication, social participation, and independent living, they require ongoing support for activities of daily life.

Onset occurs during the developmental period.

# Epidemiology

- Overall: 1% of population.



# Etiology

Causes include genetic (Down syndrome Fragile X syndrome), prenatal (Infection and toxins), perinatal (Anoxia, prematurity, birth trauma, meningitis), and postnatal ( malnutrition, toxin exposure, trauma) conditions.

- Fifty percent of ID cases have no identifiable cause.
- Fragile X Syndrome is the most common inherited form of ID and the second most common cause of ID.

# Specific Learning Disorder (LD)

- Characterized by delayed cognitive development in a particular academic domain and **are typically diagnosed in early school-aged children, although may not be recognized until adulthood**. They are characterized by a persistent impairment in at least one of three major areas: reading, written expression, and/or math.

# Diagnostic Criteria

- impaired academic skills which are below expectation for chronological age.
- Begins during school but may become more impairing as demands increase.
- Affected areas: reading (e.g., dyslexia), writing, or arithmetic (e.g., dyscalculia).

# Epidemiology

- Prevalence in school age children: 5-15%.
- Males > females affected

# Etiology

- Environmental factors: Increased risk with prematurity, very low birth weight, and prenatal nicotine exposure.
- Genetic factors: Increased risk in first-degree relatives of affected individuals.
- co-occurs with other neurodevelopmental disorders, such as ADHD and autistic spectrum disorder.

# Treatment

- individualized education tailored to child's specific needs
- Behavioral techniques may be used to improve learning skills.

# Communication Disorders

- Communication disorder includes impaired speech, language or social communication that are below expectation for chronological age.

# Communication Disorders

- Language disorder—difficulty acquiring and using language due to:
  1. Expressive impairment that affects child's ability to communicate his thoughts and feelings through words
  2. Receptive impairment that affects the “input” of language and the ability to understand and comprehend spoken or written language.
- More common in females.



# Communication Disorders

- Speech sound disorder (phonological disorder)—difficulty producing articulate, intelligible speech and difficulty in using sound or sounds patterns.
- Childhood-onset fluency disorder (stuttering), speech motor production problems with abnormal flow and speed of speech.
- Social (pragmatic) communication disorder—challenges with the social use of verbal and nonverbal communication. If restricted/repetitive behaviors, activities, or interests are also present, consider diagnosis of ASD.

# Communication disorders

Treatment :

- Speech and language therapy
- educational supports to meet the individual's needs

# Attention Deficit/Hyperactivity Disorder (ADHD)

- characterized by persistent inattention, hyperactivity, and impulsivity inconsistent with the patient's developmental stage
- Three subcategories: predominantly inattentive type, predominantly hyperactive/impulsive type, and combined type.

# Diagnostic Criteria

- Two symptom domains: inattentiveness and hyperactivity/impulsivity.
- At least six inattentive symptoms (and/or) At least six hyperactivity/impulsivity symptoms.
- Symptoms more than 6 months and present in two or more settings (e.g., home, school, work).
- Symptoms interfere with or reduce quality of social/academic/occupational functioning.
- Onset prior to age 12.
- Symptoms not due to another mental disorder.

- Does not pay attention to details or makes careless mistakes.
- ■ Has difficulty sustaining attention. ■ Does not appear to listen.
- ■ Struggles to follow instructions.
- ■ Unorganized. Avoids or dislikes tasks requiring high cognitive demands.
- ■ ■ ■
- Misplaces or loses objects frequently. Easily distracted.
- Forgetful in daily activities.
- and/or ■
- At least six hyperactivity/impulsivity symptoms: ■
- Fidgets with hands/feet or squirms in chair. ■ Has difficulty remaining seated. ■ ■
- Runs about or climbs excessively in childhood (extreme restlessness in adults).
- Difficulty engaging in activities quietly.
- ■ Acts as if driven by a motor (may be an internal sensation in adults). ■ Talks excessively.
- ■ ■ ■
- Blurts out answers before questions have been completed. Difficulty waiting or taking turns.
- Interrupts or intrudes upon others

# Epidemiology

- Prevalence: 5% of children.
- Males > females with 2:1 ratio.
- Females present more often with inattentive symptoms

# Etiology

- The etiology of ADHD is multifactorial and may include:
- Genetic factors: Increased rate in first-degree relatives of affected individuals.
- Environmental factors: Low birth weight, smoking during pregnancy, childhood abuse/neglect, neurotoxin/alcohol exposure.

# Treatment

- Multimodal treatment plan: medications and educational therapy.
- Pharmacological treatments:
  - First-line: Stimulants e.g., methylphenidate compounds, Alpha-2 agonists (e.g., clonidine) can be used instead of or as adjunctive therapy to stimulants.
  - Second-line choice: Atomoxetine, a norepinephrine reuptake inhibitor