

# Child psychiatry part 2

# Table of contents

01

**ASD**

02

**Disruptive  
and conduct  
disorder**

03

**TICS disorders**

04

**Elimination  
disorders &  
child Abuse**

01

ASD

Autism spectrum disorder



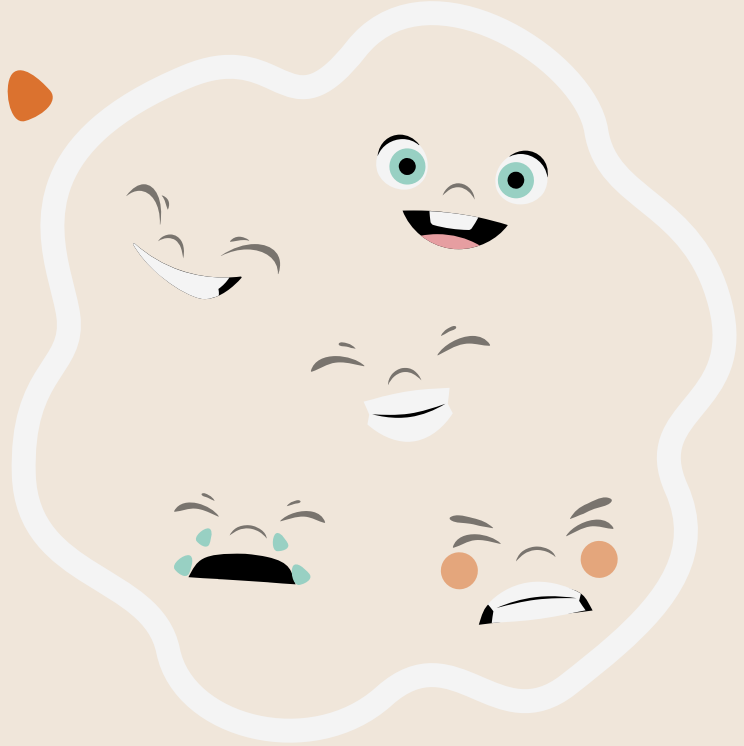


# SPECTRUM!

Autism , aspergers disorder , childhood  
disintegrative , pervasive developmental  
disorder ...



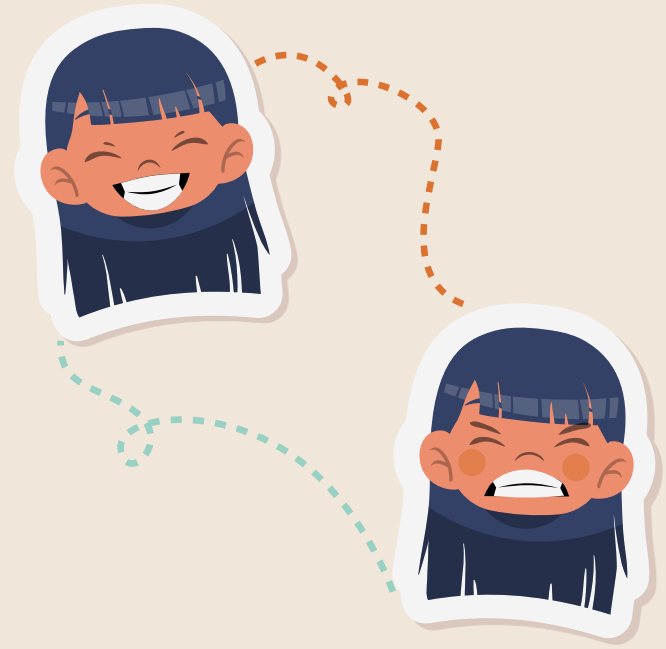
# What is ASD ?



# Definition of ASD

ASD characterized by

- Impairment in social communication \ interaction
- Restrictive m repetitive behavior \ interests



# Diagnosis and DSM-5 criteria



## Social

- Impaired social/emotional reciprocity (e.g., inability to hold conversations).
- Deficits in nonverbal communication skills (e.g., decreased eye contact).
- Interpersonal/relational challenges (e.g., lack of interest in peers)



## Behavior interest and activities

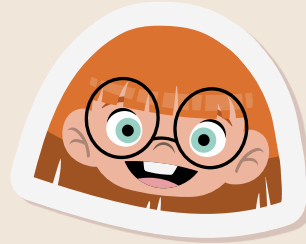
- Intense, peculiar interests (e.g., preoccupation with unusual objects).
- Inflexible adherence to rituals (e.g., rigid thought patterns).
- Stereotyped, repetitive motor mannerisms (e.g., hand flapping).
- Hyperreactivity/hyporeactivity to sensory input (e.g., hypersensitive to particular textures).





## EARLY

Abnormalities in functioning begin in the early developmental period.



## ID

Not better accounted for by ID or global developmental delay. When ID and ASD co-occur, social communication is below expectation based on developmental level.



## Social & occupational

Causes significant social or occupational impairment.



1%

Recent increase in prevalence to one percent of population. Could be related to expansion of diagnostic classification and/or increased awareness/recognition.



4:1

Males : females



12-24

Symptoms typically recognized between 12 and 24 months old, but varies based on severity

# Etiology



## Prenatal

Infections \ drugs  
- LBW and  
advanced  
paternal age

## ID

High comorbidity

## Genetic

15%  
Fragile X syndrome  
(most common single  
gene cause )  
Down syndrome  
Rett syndrome  
Tuberous sclerosis

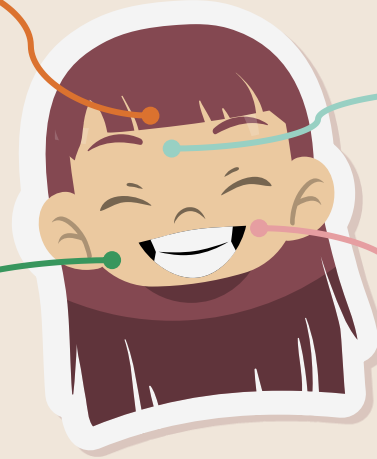
## Epilepsy



# Treatment

**EARLY  
INTERVENTION**

**Behavioral  
therapy**



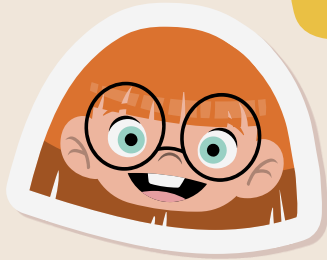
**Psychoeducation  
+ remedial  
education**

**Atypical  
Antipsychotic**

Risperidone,  
aripiprazole  
(help reduce  
disruptive behavior,  
aggression,  
irritability)

2

# Tics disorder



# Defined as

**Sudden**

**Rapid**

**stereotyped**

**involuntary**

**movements**

**vocalizations**



**Prior to the tic, patients may feel a premonitory urge (somatic sensation), with subsequent tension release after the tic. Anxiety, excitement, and fatigue can be aggravating factors for tics. Tics may present as simple or complex, depending on length of time, purpose, and orchestration**





**TOURETTE  
DISORDER**



# TOURETTE DISORDER



**Most severe**



**One vocal tic**

At least  
Vocal tics may appear  
many years after the  
motor tics, and they  
may wax and wane in  
frequency



**Multiple  
motor Tics**

The most common motor tics  
involve the face and head  
, such as  
eye blinking and throat clearing.



**1 year**

At least



# Examples of vocal tics

- **Coprolalia**—utterance of obscene, taboo words as an abrupt, sharp bark or grunt.
- **Echolalia**—repeating others' words



# Diagnosis and DSM-5 criteria



Multiple motor and at least 1 vocal tics present (not required to occur concurrently) for more than 1 year since onset of first tic.

Onset prior to age 18 years.

Not caused by a substance (e.g., cocaine) or another medical condition (e.g., Huntington disease).



# Transiet Tic

Common in children



**Boys > girls**



**3 per 1000**

Tourette's disorder in school age children  
prevalance

# Etiology



## Genetic

Genetic factors: >55% concordance rate in monozygotic twins




## Prenatal \ perinatal factors

Older paternal age, obstetrical complications, maternal smoking, and low birth weight.



## Psychological factors

Symptom exacerbations with stressful life events.



# Course and prognosis

- Onset typically occurs between 4 and 6 years, with the peak severity between ages 10 and 12.
  - Tics wax and wane and change in type.
- Symptoms tend to decrease in adolescence and significantly diminish in adulthood.
- High comorbidity with OCD, ADHD, LD, and ASD.

# Treatment

## #1 first choice Alpha 2 agonists **GUANFACINE !**

Clonidine more  
sedating

## Behavioral intervention

habit reversal


★ therapy



Psychoeducation

Medications

utilize only if tics become severely impairing or also treating comorbidities. Due to the fluctuating course of the disorder, it can be difficult to determine medication efficacy

A decorative header at the top of the slide features a series of colorful, irregular shapes and dots in shades of orange, yellow, pink, teal, and purple.

In severe cases, can consider treatment with atypical (e.g., risperidone) or typical antipsychotics (e.g., pimozide)“

**—in severe cases**



# Other tic disorders

s







## Persistent

(chronic )Single or multiple motor or vocal tics (but not both) that have never met criteria for Tourette's

## Provisional

Single or multiple motor and/or vocal tics less than 1 year that have never met criteria for Tourette's.

3

# Disruptive and Conduct disorder

اضطراب السلوك التخريبي





## **Problematic interactions**

## **Inflicting harm**

While disruptive behaviors may appear within the scope of normal development, they become pathologic when the frequency, pervasiveness, and severity impair functioning of the individual or others.

# Oppositional defiant disorder

اضطراب التحدي المعارض \ العناد الشارد



# Diagnosis and DSM-5 criteria



## Anger \ irritable mood

loses temper frequently; often angry and resentful



## Argumentative \ defiant behavior

- breaks rules, blames others, argues with authority figures, and deliberately aggravates others.



## Vindictiveness

spiteful/vindictive at least two times in the past 6 months



## الغضب والمزاج الانفعالي:

- كثرة الغضب العارم وسهولة إثارته
- سرعة الغضب بكثرة وسهل الإصابة بالإزعاج بسبب الآخرين
- غالباً يكون مصاباً بالغضب والاستياء

## السلوك الجدي والعنادي:

- يجادل غالباً البالغين والأفراد في موقع السلطة
- يمارس العناد بحماس ويرفض الانصياع لطلبات وقواعد البالغين
- يزج الآخرين ويضايقهم عمداً
- يلوم الآخرين على أخطائه أو سوء سلوكه

## محب للانتقام:

- يكون حاقداً أو محباً للانتقام
- مارس السلوكيات الحاقدة أو الانتقامية مرتين على الأقل خلال الستة أشهر الماضية

3%

Prevalence

preschool

Seen more often in boys before  
adolescence.

**COMORBID**

- Increased incidence of comorbid substance use and ADHD.
- Although ODD often precedes CD, most do not develop CD



# Treatment

## Behavior modification

conflict management training, and improving problem-solving skills

## Parent management training

Parent Management Training (PMT) can help with setting limits and enforcing consistent rules.



## Medications

Medications are used to treat comorbid conditions, such as ADHD



# Conduct disorder

اضطراب التصرف



CD includes the most serious disruptive behaviors, which **violate the rights** of other humans and animals. These individuals inflict cruelty and harm through physical and sexual violence. They **may lack remorse** for committing crimes or **lack empathy** for their victims.



# Diagnosis and DSM-5 criteria

A pattern of **recurrently** violating the basic rights of others or societal norms. The individual has displayed exhibited over at least three of the following behaviors the last year and at least one occurring within the past 6 months:

## Aggression to people and animals

Bullies/threatens/intimidates others; initiation of physical aggression, including use of a weapon; rape; cruelty to animals; robbery

## Destruction of property

(e.g., fire setting).

## Deceitfulness or theft

Burglary; lying to obtain goods/favors

## Serious violations of rules

Runs away from home, stays out late at night, and often truant from school before age 13 years old

9%

Lifetime prevalence



**Males**

**Comorbid**

- High incidence of comorbid ADHD and ODD.

**Antisocial personality disorder**

# Treatment

## Behavior modification

A multimodal treatment approach with behavior modification, family, and community involvement

## PMT

PMT can help parents with limit setting and enforcing consistent rules



## Medications

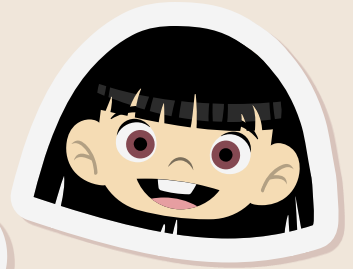
Medications can be used to target comorbid symptoms and aggression (e.g., SSRIs, guanfacine, propranolol, mood stabilizers, antipsychotics)

4

## Elimination disorders and child abuse



Characterized by developmentally inappropriate elimination of urine or feces. Though typically involuntary, this may be intentional. The course may be **primary** (never established continence) or **secondary** (continence achieved for a period and then lost). Incontinence can cause significant distress or impair social or other areas of functioning.





## Enuresis

Recurrent urination into clothes or bed-wetting.

- Occurs **two times per week for at least 3 consecutive months** or results in clinical distress or marked impairment.
- At least 5 years old developmentally
- Can occur during sleep (**nocturnal**), waking hours (**diurnal**), or both
- Not due to a substance (e.g., **diuretic**) or another medical condition (e.g., urinary tract infection, neurogenic bladder, diabetes)



## encopresis

Recurrent defecation into inappropriate places (e.g., clothes, floor).

- Occurs at least **one time per month for at least 3 months.**
- **At least 4 years old developmentally.**
- Not due to a substance (e.g., laxatives) or another medical condition (e.g., hypothyroidism, anal fissure, spina bifida) except via a constipation related mechanism.



# Decrease

Incidence decrease with age  
5-10% of 5 year olds; 3-5% of 10 year olds; 1% of > 15 year olds



## Boys

Nocturnal enuresis more common in boys;

diurnal enuresis more common in girls.

## Girls



Prevalence of encopresis: 1% of 5-year-old children; boys > girls

4X

Maternal urinary incontinence



10X

Paternal urinary incontinence



# Psychological stressors

- Encopresis: often related to constipation/impaction with overflow incontinence

# Treatment

## psycheducation



Psychoeducation is key for children and their primary caregivers; provide information about high spontaneous remission rates.

- Only treat if symptoms are **distressing and impairing**. Engage the patient as an **active participant in the treatment plan**. Encourage investment in a waterproof mattress.
- Parent management treatment (PMT) for managing intentional elimination

# Treatment \ Enuresis

**Limit fluids intake  
and caffeine at  
night**

## **Bladder training**

Behavioral program with monitoring and reward system, “bladder training” exercises, or urine alarm (upgrade from the “bell and pad” method).



## **Medications**

Pharmacology can be used if the above methods **are ineffective** or for **diurnal** enuresis.

- **Desmopressin (DDAVP)**, an antidiuretic hormone analogue, is the first-line medication.
- **Imipramine**, a tricyclic antidepressant, can be used at low doses for **refractory cases** but has less tolerable side effects.

# Treatment \ Encopresis

## With constipation

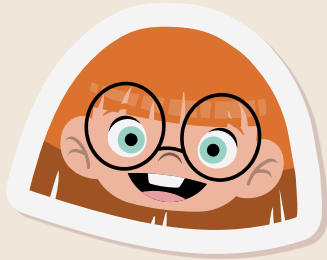
Initial bowel cleaning followed by stool softeners, high-fiber diet, and toileting routine in conjunction with a behavioral program



## Without constipation

Comprehensive behavioral program ("bowel retraining") for appropriate elimination\*

# Child abuse





**Physical**

**sexual**

**Emotional**

psychological Abuse Non-accidental  
verbal or symbolic acts that result in  
psychological damage

**neglect**

**Toxic stress**

Toxic stress may result when children endure prolonged, severe trauma and adversity without the buffer of supportive caregivers This can disrupt a child's development and lead to a spectrum of pathologic sequelae.



# 1 million

About 1 million cases of child maltreatment  
in the United States

## 2,500 deaths

Up to 2,500 deaths per year caused by  
abuse in the United States.

**These numbers may be an underestimation as  
many cases go undetected and unreported**





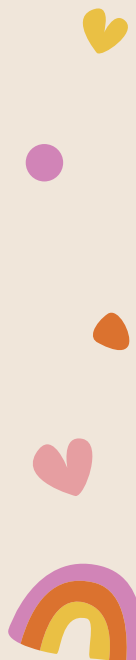


## Physical

Any act that results in non-accidental injury and may be the result of severe corporal punishment committed by an individual responsible for the child. ■ Physical exam and x-rays may demonstrate multiple, concerning injuries not consistent with child's developmental age. ■ Most common perpetrator is a first-degree male caregiver (e.g., parent, guardian, mother's partner)

## Sexual

Any sexual act involving a child intended to provide sexual gratification to an individual responsible for the child. ■ Sexual abuse is the most invasive form of abuse and results in detrimental lifetime effects on victim. ■ Data indicates approximately 25% of girls and 9% of boys are exposed to sexual abuse. Abuse is generally underreported and males are less likely than females to report it. ■ Children are most at risk of sexual abuse during preadolescence





# Neglect

- Failure to provide a child with adequate food, shelter, supervision, medical care, education, and/or affection.
  - Victims of neglect may exhibit poor hygiene, malnutrition, stunted growth, developmental delays, and failure to thrive.
- Severe deprivation can result **in death**, particularly in infants.
  - Neglect accounts for the majority of cases reported to child protection services.

## Treatment

Early intervention can potentially mitigate the negative sequelae and facilitate recovery.

## Sequelae

- Increased risk of developing posttraumatic stress disorder, anxiety disorders, depressive disorders, dissociative disorders, self-destructive behaviors, and substance use disorders

# THANKS

Done by Tarteel sabra

