E RESOURCE 2, CHILD PSYCHIATRY LECTURE

1. Mental Retardation

Epidemiology :Prevalence 1-3% of population , > common boys

(i) *Mild Mental Retardation.* (I.Q. 50 to 70)

- *Moderate Mental Retardation.* (I.Q. 35 to 49).
- *Severe Mental Retardation* (I.Q. 20 to 34).
- *Profound Mental Retardation* (I.Q. below 20).

Etiology]

Chromosomal anomalies – Down"s ,Turner's,Trisomy,Fragile X

- Inborn errors of metabolism- Phenylketonuria
- Infections-Rubella,CMV,Congenital syphilis
- Cranial malformations-Hydrocephalus
- Endocrine disorders – Hypothyroidism, Hyperbilirubenemia.

ICD 10 criteria for mental retardation

1. There are large discripencies in skills specially in person who are mentally retarded

Such people may show severe impairment in one particular area ex. Language or may have particular

area of higher skills against the background of severe mental retardation .

2. For definite diagnosis there should be reduced level; of intellectual functioning resulting in diminuished ability to adapt to the daily demands of normal social environment .

3. The diagnostic categories choosen therefore be based on the global assessment of ability and not on any sin gle area specific impairment or skill .
4. The iq should be determinant from standardized individually administered intelligence test for wehich local cultural norms have been determined . and the test should be appropriate to the individual level of functioning and additional specific handicapping conditions .

Management

- (i) *Primary Prevention*
- (a) Good antenatal care
- (b) Genetic counselling to at risk patients
- ***Secondary Prevention***
- (*Early diagnosis and treatment*)
- (ii) ***Tertiary Prevention***
- (a) *Disability limitation*
- (b) *Rehabilitation*.

- ***Hospitalization***
- ***Indications***
- *Behavioural difficulties & Social factor*

ADHD (Attention deficit hyperactivity disorder)

- Epidemiology
- Affects up to 10% of children
- 5% reported in children attending child guidance clinic (Bhatia et al;Indian J Medical Science 1998;52:556-558)
- Boys affected more than girls.

DSM-V CRITERIA FOR ADHD

- A. Either (1) or (2):
- (1) Six (or more) OF THE FOLLOWING SYMPTOMS OF INATTENTION HAVE PERSISTED FOR AT LEAST 6 MONTHS TO A DEGREE THAT IS MALADAPTIVE AND INCONSISTENT WITH DEVELOPMENTAL LEVEL:
- **Inattention**
- (a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities

- (b) often has difficulty sustaining attention in tasks or play activities
- © Often does not seem to listen when spoken to directly
- (d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

(e) often has difficulty organizing tasks and activities

- (f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) if often easily distracted by extraneous stimuli
- (i) if often forgetful in daily activities
- (2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
- **Hyperactivity**
- (a) often fidgets with hands or feet or squirms in seat

(b) often leaves seat in classroom or in other situations in which remaining seated is expected

- often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- (d) often has difficulty playing or engaging in leisure activities quietly
- (e) if often “on the go” or often acts as if” driven by a motor”
- (f) often talks excessively
- Impulsivity
- (g) often blurts out answers before questions have been completed
- (h) often has difficulty awaiting turn
- (i) often interrupts or intrudes or others (e.g., butts into conversations or games)
- B Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school (or work) and at home)
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

- E. The symptoms do not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g., mood disorder, anxiety disorder, dissociate disorder, or a personality disorder).
- Code based on type:
- Attention-deficit/ hyperactivity disorder, combined type: if both criteria A1 and A2 are met for the past 6 months
- Attention-deficit/hyperactivity disorder, predominantly inattentive type: If criterion A1 is met but criterion A2 is not met for the past 6 months
- Attention-deficit/hyperactivity disorder, predominantly hyperactive-impulsive type: If criterion A2 is met but criterion A1 is not met for the past 6 months
- Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In partial remission" should be specified.

Treatment

- **Pharmacological**
- **S**timulants
- Improve self esteem

- Stimulants decrease hyperactivity
- Dextroamphetamine
- Ages 3years and over
- Methylphenidate
- Six years and older
- Pemoline
- Clonidine
- Antidepressants if stimulants fail
- **Psychological**-multimodality treatment is necessary for child

Disorders of movement

1 **.Conduct disorder**

- Epidemiology
- Prevalence rates from 1 to 10%
- More common in boys than girls
- Etiology
- No single factor
- Harsh ,punitive parenting
- Socioeconomically deprived children
- Poor modulation of emotions, Low 5HIAA
- Child abuse

DSM 5 Criteria for conduct disorder

- A. A repetitive and persistent pattern of behavior in which the basic rights of others or major age appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months.
- Aggression to people and animals
- (1) often bullies, threatens or intimidates others
- (2) often initiates physical fights
- (3) has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
- (4) has been physically cruel to people
- (5) has been physically cruel to animals
- (6) has been while confronting a victim (e.g., mugging purse snatching, extortion, armed robbery)
- (7) has forced someone into sexual activity
- Destruction of property

- (8) has deliberately engaged in fire setting with the intention of causing serious damage
- (9) has deliberately destroyed others' property (other than by fire setting)

Treatment for conduct disorder

- Pharmacological
- Lithium or haloperidol
- Aggressive children
- Carbamazepine
- Receptor antagonists
- Psychological
- Multimodality as in ADHd
- Medication individual or family therapy
- Tutoring or special class placement
- **Specific learning disorders**
- **1.Reading Disorder,**
- **2.Mathematics Disorder,**
- **3.Disorder Of Written Expression, And**
- **4.Learning disorder not otherwise specified**

Communication disorders

- **Language disorder (which combines DSM-IV expressive and mixed receptive-expressive language disorders)**
- **Speech sound disorder (a new name for phonological disorder)**
- **Childhood-onset fluency disorder (a new name for stuttering)**
- **Social (pragmatic) communication disorder - persistent difficulties in the social uses of verbal and nonverbal communication.**

Treatment

- 1.Remediation-Most cases require no intervention. Special class placement, speech therapy for communication disorder
- 2.Psychological-Psychoeducation,school counseling or individual, group, or family therapy.
- 3.Pharmacogical-Only for associated psychiatric disorder.

Motor disorders

- developmental coordination disorder,
- stereotypic movement disorder,
- Tourette's disorder,

- persistent (chronic) motor or vocal tic disorder,
- provisional tic disorder,
- other specified tic disorder, and
- unspecified tic disorder.

- **Pharmacological Treatment of Tourette's :**
- Pimozide
- Haloperidol
- Clonidine
- Adrenergic agonist
- Little evidence
- Noradrenergic mechanism
- **Psychological Treatment of Tourette's :**
- Counseling or therapy
- Group therapy

DSM-V DIAGNOSTIC CRITERIA FOR TRANSIENT TIC DISORDER

- A. Single or multiple motor and/or vocal tics (e.g., sudden, rapid, recurrent, nonrhyhmic, stereotyped motor movements or vocalization).
- B. The tics occur many times a day, nearly every day for at least 4 weeks, but for no longer than 12 consecutive months.
- C. The disturbance causes marked distress or significant impairment in social, occupational, or other important areas of functioning.
- D. The onset is before age 18 years.
- E. The disturbance is not due to the direct physiological effects of a substance (e.g., stimulants) or a general medical condition (e.g., Huntington's disease or postviral encephalitis).
- F. Criteria have never been met for Tourette's disorder or chronic motor or vocal tic disorder.
- Specify if:
- Single episode or recurrent

DSM-V DIAGNOSTIC CRITERIA FOR SEPARATION ANXIETY DISORDER

- A. Developmentally inappropriate and excessive anxiety concerning separation from home or from

those to whom the individual is attached, as evidenced by three (or more) of the following:

- (1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
- (2) persistent and excessive worry about losing, or about possible harm befalling, major attachment figures
- (3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
- (4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation
- (5) persistently and excessively fearful or reluctance to be alone or without major attachment figures at home or without significant adults in other settings
- (6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home
- (7) repeated nightmares involving the theme of separation
- (8) repeated complaints of physical symptoms (such as headaches, stomaches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated

- B. The duration of the disturbance is at least 4 weeks.
- C. The onset is before age 18 years
- D. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
- E. The disturbance does not occur exclusively during the course of a pervasive developmental disorder, schizophrenia, or other psychotic disorder and, in adolescents and adults, is not better accounted for by panic disorder with agoraphobia.
- Specify if:
- Early onset: if onset occurs before age 6 years
- Criteria for Separation Anxiety disoeders remains the same , but now included in anxiety disorders.
- In DSM-V, selective mutism was classified in the section “Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence.” It is now classified as an anxiety disorder, given that a large majority of children with selective mutism are anxious. The diagnostic criteria are largely unchanged from DSM-IV.

SEPARATION ANXIETY DISORDER TREATMENT

- Antidepressants
- Anoxiolytics
- Antipsychotics
- Antihstamines
- Sometimes
- Usefulness
- Individual psychotherapy
- Feelings are relieved only by avoiding separation
- Family therapy or parent guidance
- Behavior modification

Thank you.