DSM-IV DIAGNOSTIC CRITERIA FOR ENCOPRESIS

- A. Repeated passage of faces into inappropriate places (e.g., clothing or flow) whether involuntary or intentional.
- B. At least one such event a month for at least 3 months.
- C. Chronological age is at least 4 years (or equivalent developmental level).
- D. The behaviour is not due exclusively to the direct physiological effects of a substance (e.g., laxatives) or a general medical condition except through a mechanism involving constipation.

TREATMENT OF ENCOPRESIS

- Treatment
- Individual psychotherapy

DSM-IV Diagnostic criteria for enuresis

- A. Repeated voiding of urine into bed or clothes (whether involuntary or intentional).
- B. The behaviour is clinically significant as manifested by either a frequency of twice a week for at least 3 consecutive months or the presence of clinically significant distress or impairment in social, academic)occupational), or other important areas of functioning.
- C. Chronological age is at least 5 years (or equivalent developmental level).
- D. The behavior is not due exclusively to the direct physiological effect of a substance (e.g., a diuretic) or a general medical condition (e.g., diabetes, spina bifida, a seizure disorder).
- Specify type:
- Nocturnal only
- Diurnal only
- Nocturnal and diurnal

Enuresis

- Prevalence: Age 5-7% of boys, 3% of girls age 10 3% of boys, 2% of girls, age 18-1% of boys, rare in girls more common in girls than in boys
- Treatment
- Behaviour therapy - Record dry nights on a calendar, Dry nights, small rewards to be given for desirable behaviour (i.e no bed wetting during night). Buzzer and pad apparatus can also be used.

Disruptive mood dysregulation disorder

- Temper outbursts
- Persistent irritability
- Basis - Avert over-diagnosis of bipolar disorders in children
- Criticism- depressive features

Thumb sucking

- Thumb or finger sucking is a common problem with kids.
- It causes the upper front teeth to flare and the lower front teeth to tilt inside.
- This can lead to narrowing of the jaw open bite and the child may also develop a tongue thrusting habit.
- Initially bitter tasting varnishes are applied to differ the child from finger sucking.
- If it does not help then a appliance is given which is similar to the tongue thrusting appliance.

Nail biting

- **Onychophagia** or **nail biting** is a common oral compulsive habit in children and adults, affecting around 30% of children between 7 to 10 years and 45% of teenagers.

Nail biting

- There is no specific diagnostic category for a number of prevalent habit disorders such as nail-biting in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-Text Revision.
- Nail biting could be categorized as an 'impulse control disorders not otherwise specified'.

Treatment

- Behavioural treatments are based on discouraging the habit and replace it with a more constructive habit.
- The most common treatment, as it is cheap and widely available, is a special clear nail polish that has to be applied to the nails. It releases a bitter flavour on contact with the mouth which discourages the habit and has demonstrated its effectiveness.[
- There are also mouthpieces that prevent biting.
- Behavioural therapy is beneficial when simpler measures are not effective.

- Habit Reversal Training (HRT), seeks to "unlearn" the habit of nail biting and possibly replace it with a more constructive habit and has shown its effectiveness versus placebo both in children and adults.
- The key to success is the nail-biter's consent and cooperation

CASE VIGNETTE

A 6 years old girl child resident of Seelampur, Northeast Delhi came with mother being informant with the complaints of delayed speech , inability to hear sound as well as voices , difficulty in understanding gestures as well as commands , delayed milestones since birth and hyperactivity since 2years .A course was gradually progressive .(history of developmental milestone to be asked in detail).

Negative History: No psychosocial stressor . NO predisposing , perpetuating or precipitating factors .

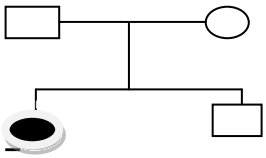
NO history of Hypertension, DM ,Asthma , Any other psychiatric illness

No history of any fall, head injury or unconsciousness .

Past history –

She had meningitis at 3 months of age. She also had history of seizures since 1 year of age last episode was 1 ½ years back (as per records). There is history of delayed speech and walking . She has bilateral hearing impairment .

Family history – NO history of Hypertension, DM ,Asthma , Any other psychiatric illness in the family .



Personal history –

Birth History : Preterm vaginal delivery at 7 months of pregnancy at hospital. Cried immediately after birth . No NICU admission . Birth weight 1.5 kg . Milestones delayed .

Physical Examination Patient is conscious, Gait normal

General physical examination

P -72/ min ,BP -120/80 mm, Regular pulse ,Temperature – 98.6

No cyanosis , clubbing , LNP , icterus , pallor ,No tics or tremors

NO rigidity , impaired hearing, otherwise no other abnormality detected on neurological examination.

Systemic examination – Respiratory , cardiovascular, per-abdomen nothing abnormal detected

Mental status examination –

Patient came accompanied by his mother , dressed appropriately according to season , fairly clad and kempt , kept roaming around during the examination and touching the objects on table, not sitting in one place, at times maintaining eye to eye contact, rapport could be established with difficulty.

Psychomotor activity – Increased; Speech - Normal Tone volume rhythm productivity of speech talking relevantly and coherently; Mood –Couldn't be established .Affect – Elated

Higher motor functions –Attention is aroused but ill-sustained, oriented to place and person, general information and intelligence below normal,

impaired judgement, absent insight

Diagnostic formulation- Prepare

Investigations- CT Scan Brain – evidence of meningitis, micro-cephaly

Provisional diagnosis –Intellectual disability with behavioural problems with epilepsy with microcephaly with past history of preterm with childhood pneumonia with hearing impairment.

Investigations –

Social Quotient (as noted on Vineland Social Maturity Scale) – 37

The **Vineland Social Maturity Scale** is a psychometric assessment instrument designed to help in the assessment of social competence. It was developed by the American psychologist Edgar Arnold Doll.

The test consists of 8 sub-scales measuring:

- Communication skills
- General self-help ability
- Locomotion skills
- Occupation skills
- Self-direction
- Self-help eating
- Self-help dressing
- Socialization skills

Social age – 2years 2 months

Disability (As per Government of India Notification for certifying Disability) 75% disability (moderate)

Child Behaviour Checklist Score

Factor 1 Low Intelligence with Behaviour Problems -5

Factor II Conduct Disorder-7

Factor III Anxiety-0

Factor IV Depression-0

Factor V Psychotic Symptoms-0

Factor VI Special Symptoms-1

Factor VII Physical Illness With Emotional Problems-0

Factor VIII Somatization-0

TASKS ASSIGNED

Prepare Case formulation

Relevant investigations

Management of Mental Disorder and co-morbidities