Brief overview of mental disorders in child and adolescent psychiatry

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Differences of Child psychiatry from adult psychiatry

Children are less able to express their problems in words.

The state of development is a very important assessment for the diagnosis: some behaviors are normal at an early age but abnormal at a later one.

Important: observation of the interactions between the child and their parents.

Use of psychopharmacotherapy is less common in comparison to adult psychiatry.
ADHD I
Attention-Deficit Hyperactivity Disorder

The symptoms of the syndrome are:

• inattention
• impulsivity
• hyperactivity

Prevalence is from 3% to 10% of school children
ADHD II
Attention-Deficit Hyperactivity Disorder

• Very often irritability (easily get angry) - emotional dysregulation

• Some have learning disabilities (5-10%), anxiety disorders, conduct disorder

• more than 50% cases ADHD persist into adulthood, though hyperactivity is better controlled
ADHD III
Attention-Deficit Hyperactivity Disorder

- Hyperactivity (more pronounced in boys than girls)
  - often fidgets with hands or feet or squirms in seat
  - often leaves seat in classroom
  - is often 'on the go' or often acts as if 'driven by a motor'
  - often talks excessively
ADHD IV
Attention-Deficit Hyperactivity Disorder

• Inattention
  - make careless mistakes in school work
  - not seem to listen when spoken to directly
  - not follow through on instructions and fail to finish school work
  - avoid in tasks that require mental effort
  - be easily distracted.
ADHD V
Attention-Deficit Hyperactivity Disorder

• **Impulsivity** (doing things without thinking of the consequences)
  
  - often reply before questions have been completed
  - often has difficulty waiting in turn
  - often interrupts others
ADHD VI
Attention-Deficit Hyperactivity Disorder

Therapy

- drug therapy: stimulants (methylfenidate), atomoxetine
- behavioural management
- psychological counselling and family support groups, parent training
Conduct disorders I

persistent and serious antisocial or aggressive behaviour as:

- destroying things, property
- fights, cruelty
- stealing, lying
- escapes form home, skipping school lessons
- explosion of the anger
- disobedience
Conduct disorders II

• more common among boys than girls

• often secondary to ADHD

• Misinterpreting the actions of others as being hostile or aggressive

• associated with other difficulties such as:
  - substance use
  - risk-taking behavior
  - school problems
  - physical injury
Separation Anxiety Disorder in Childhood

• Children show anxiety when being separated from persons who are emotionally important for them—parents, family members. Children show this behaviour at the age when the majority can manage the separation.

• Fear that their parents will be harmed in some way

• Children refuses to live the home and mother. **School refusal** is often a symptom of separation anxiety disorders.
Tic Disorders

- Tic is an involuntary, rapid, recurrent, nonrhythmic motor movement (usually involving mimic muscle groups) or vocal production
- Simple motor tics: eye-blinking
- Simple vocal tics: barking, sniffing

- Transient tic disorder: nearly 10 percent of school-aged children experience (in periods of stress, tiredness)
- Chronic tic disorder: tics lasting more than 1 year
Tourette syndrome I

- **complex motor tics**: grimacing, jumping, arm moving
  - complex tic behaviors: kissing, sticking out the tongue, touching behaviors, making obscene gestures

- **complex vocal tics**: repetition of particular words or sentences
  - unacceptable (often obscene) words (coprolalia)
Tourette syndrome II

- The most serious tic disorder
- Usually beginning at the age from 5 to 10 years
- Usually begins with mild, simple tics involving the face, head, or arms
- Tics are becoming more frequent, involving more body parts such as the trunk or legs
- Often become disruptive to activities of daily living
Autism I

- is severe impairment of development which presents before age of 3 years

- the abnormal functioning manifest in the:
  - social interaction
  - communication
  - repetitive behaviour

- IQ level can be normal or reduced
  - high-function autism
  - low-function autism
There are typical features of clinical picture:

- inability to relate to other people (inability “to read” emotions)

- lack of interest - unconcern about life objects

- cognitive abnormalities (mechanic memory)

- stereotyped behaviour (refuse changes)
Autism III - Social Interaction

- child spends time alone rather than with others (no games with others)
- shows little interest in making friends
- less responsive to social cues such as eye contact or smiles
Autism IV - Communication

- language develops slowly or not at all
- uses words without attaching the usual meaning to them
- communicates with gestures instead of words
- lack of spontaneous or imaginative play, no game “as if”
Autism V - Stereotypes

- stereotyped body movements
- persistent preoccupation with parts of objects
- needs of routines - distress with changes in trivial aspects of environment
- restricted range of interests and a preoccupation with one narrow interest
Disorders that have sometimes early onset in childhood

**Schizophrenic disorders**
- very rare and the prognosis is poor, because of influence on psychological development
- treatment quite often includes antipsychotic drugs

**Bipolar disorder**
- rare before puberty, increases in incidence during adolescence
- treatment resembles that of adults, only electroconvulsive therapy is not applied before adolescence
The treatment plan may include

- Medication
- Individual behavioral therapy
- Family therapy
- Parent education and support
Dětské oddělení psychiatrické kliniky FN Brno