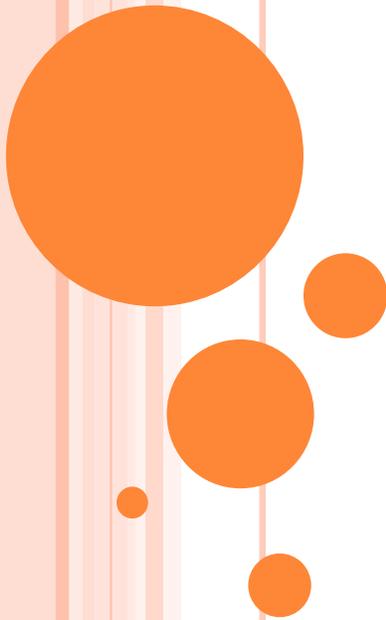


هادر اى طلبوت

autism , Asperger's , elimination disorders , ADHD

CHILD PSYCHIATRY



CHILD PSYCHIATRY (OUTLINES..)

1. Mental Retardation

2. Learning disorder

3. Disruptive behavioral disorder

- Conduct disorder
- ODD

4. ADHD

5. Pervasive Developmental Disorder

- ❖ Autism
- ❖ Rett disorder
- ❖ Asperger Syndrome
- ❖ Childhood disintegrative disorder

6. Elimination disorder

- ✓ Enuresis
- ✓ Encopresis

7. Tourett disorder & Tic disorder

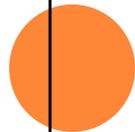
8. Other ..

- Selective Mutism
- Separation Anxiety disorder
- Child Abuse



1 MENTAL RETARDATION

Definition (by DSM-IV)	<ul style="list-style-type: none"> ✓ IQ 70 or below ✓ ↓ <u>adaptive skill</u> (appropriate for age grp) ✓ Onset: <u>before age of 18</u> <p style="text-align: right;"> - activities of daily living (dressing, toilet training) - social skills - communication skills (language, ...) </p> <p style="text-align: right;"> ⊕ العقل بهل بينو لوار 16 سنة صدهل نقلا اكساب مهارت </p>
Epidemiology	<ul style="list-style-type: none"> 2.5% of population 85% -- mild cases Males 2x <p style="text-align: right;"> به صحنه تعلم اللى اذو صحنه به تعامل </p> <p style="text-align: right;"> may function independently </p>
Subclassification	<p> <u>Profound</u>, <u>Severe</u>, <u>Moderate</u>, <u>Mild</u> </p> <p style="text-align: right;"> (35-55) → Rarely </p> <p style="text-align: right;"> ← اعراض العقلى لى صحنه تعرف عند 9 سنة صحنه اذو صحنه </p>
Causes	<p>--mostly <input type="checkbox"/> <u>no identifiable cause</u></p> <p style="text-align: center;">(Down syndrome)</p> <ol style="list-style-type: none"> 1. Genetic – <u>DS</u>, <u>Fragile X Syndrome</u> 2. Prenatal – <u>TORCH infection</u> (Toxoplasmosis, Other (syphilis, AIDS, alcohol/illicit drugs), Rubella (German measles, Cytomegalovirus (CMV), Herpes simplex) 3. Perinatal (anoxia, prematurity, birth trauma) 4. Postnatal (<u>hypothyroidism</u>, <u>malnutrition</u>, <u>toxin exposure</u>, <u>trauma</u>)



→ unlike MR there is a significant disturbance in the patient's cognitive abilities but it's in a particular area of learning
 ← Reading: writing: mathematics. } it's limited to that area.

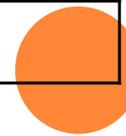
LEARNING DISORDER

→ No other abnormalities necessary present → - hearing impairment. - visual " " " "

Definition (by DSM-IV)	Achievement in reading, math & written expression that's significantly <u>lower than expected</u> for chronological age, level education & level intelligent	
Types & Epidemiology (..disorder)	Reading	4%, Boys 3-4x !
	Math	5%, Girls
	Written expression	3-10%, Unknown ratio
	Non otherwise specified (NOS)	--
Etiology	Maybe due to gen, abnormal dev, perinatal injury, neuro /MD condition	
Treatment	<u>Remedial education</u> tailored to the child's specific needs	

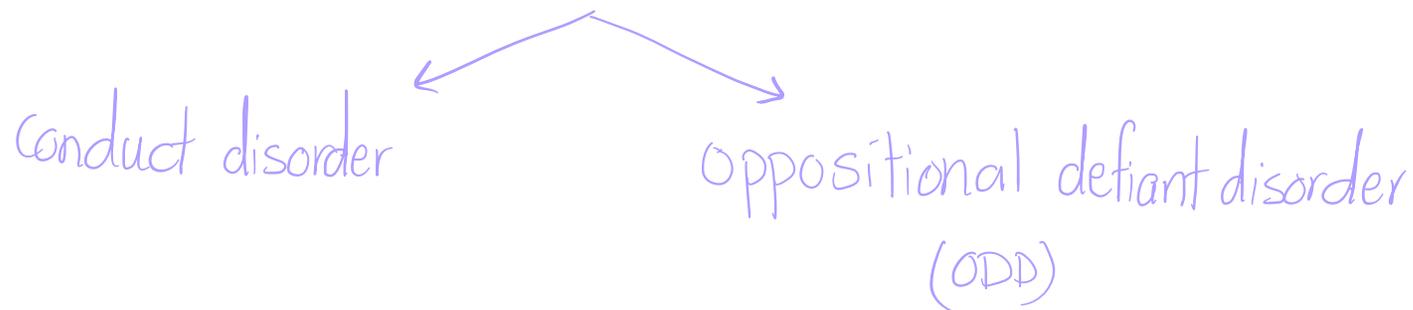
التعليم التعويضي

medical condition



3

~~Disruptive~~ behavioral disorder

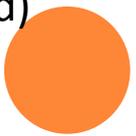




CONDUCT DISORDER -1 it diagnosed before 16 years old

Dx & DSM-IV Criteria	<p>Pattern of behav. -- violation of the basic rights of others or social norms & rules, with at least 3 acts within the following categories during <u>the past year</u> :</p> <ol style="list-style-type: none">1. Aggression (people & animals)2. Destruction of property3. Deceitfulness <small>"untruthful"</small> → the action of keeping the truth hidden, especially to get an advantage4. Serious violation of rules
Epidemiology	<p>Boys : 6-16% Girls : 2-9%</p> <p>Up to 40% risk of dev. antisocial personality dis. in adulthood</p> <p>↑ incidence comorbid ADHD & learning disorder</p> <p>↑ incidence comorbid mood dis., substance abuse & criminal behav. in adulthood</p>
Etiology	Genetic & psychosocial factors
Treatment	<p>Multimodal treatment approach</p> <ul style="list-style-type: none">✓ Structure the child's environment with <u>firm rules</u> (consistently enforced)✓ Individual psychotherapy✓ Adjuvant pharmacotherapy (anti-psycho-lithium, SSRIs)

حقوق الآخرين
الممتلكات



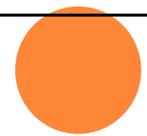
كل احدى منازل
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 انه اذ - فتن

2- OPPOSITIONAL DEFIANT DISORDER (ODD)

4x6m

uncooperative

<p>Dx & Definition (by DSM-IV)</p> <p>disagreement</p> <p>refuse to obey</p> <p>intentionally</p> <p>عن</p>	<p>At least 6m of negativistic, hostile & defiant behav., with at least 4 of :</p> <ol style="list-style-type: none"> 1. Frequent loss of temper → (mood) 2. Arguments with adults 3. Defying adult's rules 4. Deliberately annoying people 5. Easily annoyed 6. Anger & resentment 7. Spiteful "unfriendly" → سبب حقود 8. Blaming others <p>Negativistic Hostile Defiant behavior + 4 of the following</p>
<p>Epidemiology</p>	<p>16-22% children > 6 years old, usually begin at 8</p> <p>Onset before puberty (boys), after puberty (equal)</p> <p>↑ incidence comorbid mood dis., substance abuse & ADHD</p> <p>Remits in 25% of children, may progress <input type="checkbox"/> conduct disorder</p>
<p>Treatment</p>	<ul style="list-style-type: none"> ✓ Individual psychotherapy ✓ Parental skills training





4

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Inattention—problems listening, concentrating, paying attention to details, or organizing tasks; easily distracted, often forgetful

Hyperactivity—impulsivity—blurting out, interrupting, fidgiting, leaving seat, talking excessively,

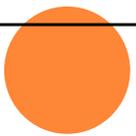
to say something suddenly and without thinking, usually because you are excited or nervous

→ 6x6

3 types:

- 1- inattention only
- 2- hyperactivity only
- 3- both hyperactivity and inattention

Dx & Definition (by DSM-IV)	<ul style="list-style-type: none"> At least 6 symptoms involving <u>inattentiveness</u>, <u>hyperactivity</u> or both that have persisted for <u>at least 6 month</u> in two different places (situation) Onset : before age 7 ^{changeable} _{- home record ; - school record.} Behavior inconsistent with <u>age & development</u>
Epidemiology	<p>3-5% school-age children</p> <p>Boys 3-5x !</p> <p>↑ incidence comorbid <u>mood dis</u>, <u>personality dis</u>, <u>conduct dis</u> & <u>ODD</u> → ↑</p> <p>Mostly remit in adolescence; 20% hv symptoms into adulthood</p>
Etiology	<p>Multifactorial ..</p> <ul style="list-style-type: none"> Genetic Prenatal trauma/ toxin exposure Neurochemical factors Neurophysiological factors Psychosocial factors <p>↑ substance abuse</p>
Treatment	<ul style="list-style-type: none"> ✓ Pharmacotherapy – <u>CNS stimulant</u>, <u>SSRIs/TCAs</u> ✓ Individual <u>psychotherapy</u> → methylphenidate ✓ Parental <u>counseling</u> → amphetamine ✓ Group therapy



DIAGNOSIS AND DSM-5 CRITERIA

- Two symptom domains: inattentiveness and hyperactivity/impulsivity

1 At least six inattentive symptoms

- Fails to give close attention to details or makes careless mistakes.
- Has difficulty sustaining attention.
- Does not appear to listen.
- Struggles to follow through on instructions.
- Has difficulty with organization.
- Avoids or dislikes tasks requiring a lot of thinking.
- Loses things.
- Is easily distracted.
- Is forgetful in daily activities.

and/or

2 At least six hyperactivity/impulsivity symptoms

- Fidgets with hands or 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.

- 2 Symptoms >6 months and present in two or more settings (e.g., home, school, work)

- 3 Symptoms interfere with or reduce quality of social/academic/occupational functioning

- 4 Onset prior to age 12, but can be diagnosed retrospectively in adulthood

- 5 Symptoms not due to another mental disorder

5 Pervasive Developmental Disorder

→ spreading widely.

Autism

Rett disorder

Childhood disintegrative disorder

Asperger syndrome



→ No eye to eye contact.
→ 3/10/15 (4)



1- AUTISM

Dx & Definition (by DSM-IV)	At least 6 symptoms from the following categories: <ol style="list-style-type: none">1. Problem with <u>social interaction</u> (at least 2)2. Impairments in <u>communication</u> (at least 1)3. Repetitive & stereotype patterns of behavior & activities (at least 1)
Epidemiology	✓ 0.02-0.05% children <u>under age 12</u> ✓ Boys 3-5x !, some familial inheritance, <u>begin before age 3</u> * ✓ Some associate with FXS, tuberous sclerosis, MR & seizures ✓ Apparent at early age due to <u>delayed dev. milestones</u> ✓ 70% of them are MR , only 1-2% can function completely independently as adults
Etiology	Multifactorial.. → <u>mitochondrial?</u> ? <u>mental retardation</u> <ol style="list-style-type: none">1. Prenatal neurological insults2. Genetics factors3. Immunological & biochemical factors
Treatment	<u>No cure !</u> –but to help manage symptoms & improve social skills: <ul style="list-style-type: none">▪ Remedial education▪ Behavioral therapy▪ Neuroleptics▪ SSRIs▪ Stimulants (some children)



→ individuals with similar levels of psychological.

كأنهم يكونوا عاملين
فحسب الهم متبرهنين

1. Problems with **social interaction (at least two):**

- Impairment in nonverbal behaviors (facial expression, gestures, etc.)
- Failure to develop peer relationships
- Failure to seek sharing of interests or enjoyment with others
- Lack of social/emotional reciprocity



2. **Impairments in communication (at least one)**

- Lack of or delayed speech
- Repetitive use of language
- Lack of varied, spontaneous play, and so on

3. **Repetitive and stereotyped patterns of behavior and activities (at least one)**

- Inflexible rituals
- Preoccupation with parts of objects, and so on

طوبى

يأخذ جزء من لعبة ويبحث فيه

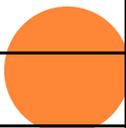
لوا هدية سيارة لعبة - يأخذ العجلة مثلاً ويبحث فيها

عندم نظية بكل الشيء
مثلاً كل شيء يركب زواجوه كل يوم
نظية بالشيء (كأنهم يصنعون كل طرفنا أصابعه
أدبنا حولتة نفعه...)



RETT DISORDER -2x

Characteristics	<ol style="list-style-type: none"> 1. Normal prenatal & perinatal dev. 2. Normal psychomotor dev. (1st 5m) 3. Normal HC (but then ↓ between 5-48 moths old) 4. Loss prev. <u>learned purposeful hand skills</u> (5-30m) □ dev. of <u>stereotype hand movement</u> 5. Early loss social interaction □ subsequent improvement 6. Severe impaired language & psychomotor dev. 7. Seizures 8. Cyanotic spells 9. Problems with gait or trunk movement
Epidemiology	<p>Rare, onset : age 5-48 months old, Girls predominantly</p> <p>Boys : variable phenotype, dev. delay, many die <i>in utero</i></p> <p>Genetic testing is available</p>
Etiology	MECP2 gene mutation on X chromosome
Treatment	Supportive



زی ادیسون کے دست پر مشین انگریزی
 ممکن ہے بالکل لگام نہ خدائے



the difference between autism and asperger

ASPERGER SYNDROME -3

the communication and language intact here

<p>Dx & DSM-IV Criteria</p>	<p>1. Impaired social interaction (at least 2)</p> <ul style="list-style-type: none"> - Failure to develop peer relationships - Impaired use of nonverbal behaviors (facial expression, gestures) - Lack of seeking to share enjoyment or interests with others - Lack of social/emotional reciprocity <p>1. Restricted / stereotype behaviors, interest or activities (inflexible routines, repetitive movements, preoccupations,</p>
<p>Epidemiology</p>	<p>Incidence : unknown</p> <p>Boys > girls</p>
<p>Etiology</p>	<p>Unknown, may involve gen, infectious, perinatal factors</p>
<p>Treatment</p>	<ul style="list-style-type: none"> ✓ Supportive ✓ Social training & behavioral modification techniques

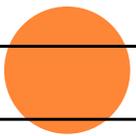


CHILDHOOD DISINTEGRATIVE DISORDER -4

[Disintegrative]

مکمل بنی چیزوں کے لئے سمجھنا

Dx & DSM-IV Criteria	<ul style="list-style-type: none"><input type="checkbox"/> Normal dev. in 1st 2 years of life<input type="checkbox"/> Loss of prev. acquired skills (at least 2): (<u>Language</u>, <u>Social skill</u>, <u>Bowel/ bladder control</u>, <u>Play</u>, <u>Motor skills</u>)<input type="checkbox"/> At least <u>2</u> of :<ul style="list-style-type: none">-Impaired <u>social interaction</u>-Impaired use of <u>language</u>-<u>Behaviors & interest</u> (restricted, repetitive & stereotype)
Epidemiology	<ul style="list-style-type: none">✓ Rare, onset : 2-10 years old✓ <u>Boys</u> 4-8x !
Etiology	unknown
Treatment	Supportive



6 TOURETTE'S DISORDER

Tourette's disorder is the most severe of the tic disorders. It is characterized by multiple motor tics and at least one vocal tic lasting for at least 1 year. Vocal tics may appear many years after the motor tics, and they may wax and wane in frequency. The most common motor tics involve the face and head, such as eye blinking and throat clearing.

Examples of vocal tics:

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

Tics : involuntary movements & vocalization

Tourette's dis. : most severe tic disorder

vocal tics may 1st appear may years after motor tics

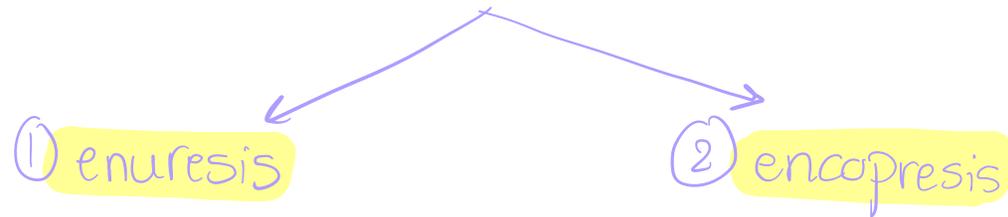
Motor tics : most common—face & head (e.g eyes blinking)

Vocal tics : Coprolalia & Echolalia

→ at least one

Dx & DSM-IV Criteria	Multiple motor & vocal tics (both must present !)
	Tics : occur many time a day, almost every day for >1 year (no tic-free period >3 months)
	Onset prior to age 18
	Distress/ impairment in social/occupational functioning
Epidemiology	<ul style="list-style-type: none"> ✓ 0.05% of children ✓ Onset : 7-8 y/o, Boys 3x ! ✓ High co-morbidity with OCD & ADHD
Etiology	<ul style="list-style-type: none"> □ Genetics factors (50% monozygous) □ Neurochemical factors
Treatment	<p>Pharmacotherapy (haloperidol, pimozide)</p> <p>Supportive psychotherapy</p>

7 Elimination disorder



ENURESIS-1 2x3



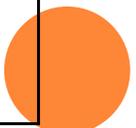
Urinary continence : normally established before age 4

Enuresis : **involuntary voiding of urine** (bedwetting), r/o MD conditions
..1^o, 2^o, diurnal, nocturnal..

always exclude medical causes

Dx & DSM-IV Criteria	<ul style="list-style-type: none">• Involuntary voiding after age 5• Occurs at least 2x a week for 3 months or with marked impairment <i>of function.</i>
Epidemiology	7% of <u>5 years old</u> , prevalence ↓ with age
Etiology	<ul style="list-style-type: none">✓ Genetic predisposition✓ Small bladder/ low nocturnal levels of ADH✓ Psychological stress
Treatment	<ul style="list-style-type: none">○ Behavioral modification○ Pharmacotherapy – antidiuretics, TCAs

→ desmopressin



ENCOPRESIS-2

1x3



Bowel control : normally achieved by age of 4

Bowel incontinence: result in rejection by peers & impairment of social dev.

Must r/o metabolism abn, lower GI prob & dietary factors.

Dx & DSM-IV	Involuntary/ intentional passage of feces in inappropriate places
Criteria	At least 4 years of age
	At least 1x a month for 3 month
Epidemiology	<ul style="list-style-type: none">✓ 1% of 5-year-old children✓ Incidence ↓ with age✓ Associated with other psychiatric condition (e.g conduct dis & ADHD)
Etiology	<ul style="list-style-type: none"><input type="checkbox"/> Psychosocial stressors<input type="checkbox"/> Lack of sphincter control<input type="checkbox"/> Constipation with overflow incontinence
Treatment	Therapy (psycho, family, behavioral)
	Stool softener (if constipate)

✓
MgOH
magnesium
hydroxide

SELECTIVE MUTISM

❑ Rare condition

❑ Girls

❑ **Not speaking** in certain situations (such as in school)

❑ Onset : 5-6 years old

❑ Maybe preceded by stressful life event

❑ Tx : **psychotherapy** (supportive, family, behavioral)



9

SEPARATION ANXIETY DISORDER

- ✓ Excessive **fear of leaving** one's parents or other major attachment figures
- ✓ May **refuse** to go to **school** (avoid it by complain of physical symptoms, refuse to **sleep** alone)
- ✓ Become extremely **distressed** & **worry** excessively about losing their parents for ever

□ 4% of school-age children

□ **Equal** boys-girls

□ Onset : around **age 7**, may be preceded by stressful life event

□ Parents : afflicted by anxiety dis & may express excessive concern about their children

□ Tx : **psychotherapy** (supportive, family) & **low-dose antidepressant**



10 CHILD ABUSE

- ❖ Physical, emotional, sexual & neglect
- ❖ Doctors are legally report cases
- ❖ Children may be admitted to the hospital without parental consent in order to protect them
- Adults who were abused as children have an increased risk of developing anxiety disorders, depressive disorders, substance abuse disorders, and posttraumatic stress disorder. They also have an increased risk of subsequently abusing their own children.



SEXUAL ABUSE:

- Child sexual abuse most often involves a male who knows the child.
- Children are most commonly sexually abused between the ages 9-12
- 25% of women and 12% of men report having been sexually abused as children.

Evidence of sexual abuse in a child:

- ① □ Sexually transmitted diseases
- ② □ Anal or genital trauma
- ③ □ Knowledge about specific sexual acts (inappropriate for age)
- ④ □ Initiation of sexual activity with others
- ⑤ □ Sexual play with dolls (inappropriate for age)

