

BEHAVIOURAL DISORDERS IN PAEDIATRICS

Definition

Behavioral problems are viewed as discrepancy between the child's behavior and demands placed on him by his parents, teachers and colleagues

Causes of Behavioural Disorders

- Faulty parental attitude
- Inadequate family environment
- Mentally and physically sick or handicapped condition
- Influence of social relationship
- Influence of mass media

TYPES OF BEHAVIOR DISORDER

- **1.HABIT DISORDER**

- a) Thumb sucking

- b) Nail biting

- c) Tics

- d) Enuresis

- e) Encopresis

- f) Stealing

- g) Telling lie

- **2.SPEECH DISORDER**

- a) Stammering/stuttering

- b) Phonation and articulation problems

- **3.EATING DISORDERS**

- a) Pica

- b) Anorexia nervosa

- c) Bulimia nervosa

- **4.SLEEP DISORDER**

- a) Somnambulism

- b) Somniloquy

- c) Nightmares/night terrors

- **5.PERSONALITY DISORDER**

- a) Juvenile delinquency

- b) Temper tantrums

- c) Shyness

Thumb sucking

Thumb sucking is defined as non nutritive sucking of fingers or thumb

Thumb sucking is defined as the habit of putting thumb in to the mouth most of the time

Causes of Thumb Sucking

- Excessive strictness
- Separation from close friend and siblings
- Excessive punitive attitude from teachers and Parents
- Loneliness/boredom
- Frustration and anxiety
- Separation from anxiety

Problems caused by thumb sucking

- Malocclusion of teeth
- Difficulty in mastication and swallowing
- Facial distortion
- Speech difficulties with consonants(D &T)
- GIT infections

Management

DO's

- Divert child's attention
- The child's hands and fingers should be kept in busy
- Distract the child when he feels bored
- A non toxic substance applied on child's hand
- Encourage the child to socialize

DONT's

- Do not scold the child
- Do not nag. beat the child
- Do not leave the child repeatedly cold, wet or hungry

Nail Biting

Definition

Onychophagia or nailbitting is a common oral compulsive habit in children and adults. it is just a way of coping with stress or comforting self.

Causes of Nail Biting

- Out of curiosity or boredom
- To relieve stress or anxiety
- Because of habit
- Lack of confidence
- Feeling shy
- Feeling of insecurity
- Tiredness
- Constant nagging
- Fear of jitteriness due to horror scenes or family environment

Management

- Assess the psychological environment of the child
- Do not scold or punish the child for it
- Use a bitter substance applied for nails
- Help the child become aware of his bad habit
- Reassure the child with love and affection
- keep the child's hand soft by applying lotion or warm oil.

Enuresis

- Enuresis or bedwetting is a disorder of involuntary micturition in children who are beyond the age, when the bladder control is acquired.

Types

TYPES

- Primary enuresis
- Secondary enuresis

Another classification

- Nocturnal enuresis
- Diurnal enuresis
- Mixed enuresis

Causes of Enuresis

- Inappropriate toilet training
- Neurological developmental delay
- Genetics
- Emotional factors
- Organic causes

Management

- Reassure the child
- Build the child' confidence
- Not to scold, threat to punish the child
- Should not give tea or coffee after 5pm
- Bed wetting alarm
- The child is trained to hold the urine
- for longer time
- Medication: tricyclic antidepressants like imipramine, nortriptyline given orally,at night for 2 month
- Synthetic desmopressin given

Encopresis

Definition

Encopresis is also known as paradoxical diarrhea is involuntary fecal soiling in children who are past the age of toilet training.

Causes

- Congenital defects
- Inefficient intestinal motility
- Aggressive and prolonged medical management
- Psychosocial stresses or illness
- Anal fissures and rashes dietary manipulation for perceived constipation
- Surgical procedures for imperforate anus

Management

- Empty the colon of stool
- Establish regular, soft and painless bowel movement
- Behaviour therapy for modification of child's behavior
- Promote regular bowel habits
- Combination of medical and behavior therapy includes
 - o Administer enema
 - o Suppositories and laxatives
- Behavior techniques: offer positive reinforcement for developing good toilet training
- Potty Training

Speech Disorders

1. STUTTERING/STAMMERN

Definition

- Stuttering or stammering defect in speech characterized by interruptions in the flow of speech, hesitations, spasmodic repetitions and prolongation of sounds specially of initial consonants.

Types

- Developmental
- Psychological factors
- Neurogenic

Causes

- Stress
- It is commonly found in boys with fear, anxiety and
- timid personality
- Family history

Management

- Behavior modification
- Relaxation therapy
- Parents need counselling
- Speech therapy and breath control exercise
- Stuttering modification therapy
- Electronic fluency devices
- Ant stuttering medications

Tic Disorder

- Tics is an abnormal involuntary movement which occurs suddenly, repeatedly, rapidly and is purposeless in nature

Types of Tics

Simple

- Simple motor
- Simple phonic

Complex

- Complex motor
- Complex phonic

Treatment

- Pharmacotherapy
- Haloperidol is the drug of choice
- Antipsychotics
- Benzodiazepine to reduce anxiety
- Serotonin reuptake inhibitors
- Behavior therapy
- Parents and family should be educated and counselled about course of disorder and
- spontaneous resolution of disorder
- Relaxation exercise have proven efficiency
- Awareness training

Eating Disorder

- Pica

Pica is also called geophagia

Pica is a habit disorder of eating non edible substances such as clay, paint, chalks, pencils, etc.

Types

- Amylophagia-consumption of starch
- Coprophagia-consumption of animal feces
- Geophagy-consumption of soil, clay or chalk
- Trichophagia-consumption of hair or wool
- Urophagia-consumption of urine
- Hyalophagia-consumption of glass
- Phagophagia-pathological consumption of rice

Causes

- Parental neglect
- Poor attention of the caregiver
- Inadequate love and affection
- Nutritional deficiencies
- Children of poor socioeconomic status family, malnourished and mentally subnormal children

Clinical features of pica

- Anaemia
- Preverted appetite
- Intestinal parasitosis
- Lead poisoning
- Vitamin and mineral deficiency
- Trichotilomania

Management

- Treatment of the deficiencies
- Parental counselling
- Education and guidance
- Behaviour modification
- Psychotherapy
- Meet the emotional needs of the child
- Don't the leave the child alone

Anorexia Nervosa

Anorexia nervosa is characterized by voluntary refusal to eat, significant weight loss, an intense fear of becoming overweight and a pronounced disturbance of body image.

Etiology of A. nervosa

- Genetic causes
- A disturbance in hypothalamic function
- Social factors
- Causes within the family
- Psychodynamic theory-deficits in ego state

Clinical Features

- Extreme weight loss
- Intense or irrational fear of weight gain
- Distorted body image ,weight or shape
- Other physical manifestations like
- Amenorrhea for up 3 months
- Hypothermia
- Muscle wasting
- Hypotension, dry skin

Management

PHARMACOTHERAPY

- Neuroleptics
- Appetite stimulants
- Antidepressants

PSYCHOLOGICAL THERAPY

- Individual psychotherapy
- Behavioural therapy
- Cognitive behavioural therapy
- Family therapy

Bulimia Nervosa

Bulimia nervosa is characterised by episodes of binge eating followed by feeling of guilt, humiliation, depression and self condemnation

Etiology of B. Nervosa

- More common in first degree, biological relatives of people with bulimia
- Society's emphasis on appearance and thinness
- Sexual abuse
- Learned maladaptive behavior
- Family disturbance of conflict
- Struggle for control or self identity
- Possible role of serotonin levels I brain

Clinical Features

- Intense fear of getting fat and are very sensitive to weight gain
- Binge eating stops when abdominal discomforts occurs
- After binge eating adolescents feels out of control, depressed, guilty and anxious
- Self induced vomiting and misuse of laxatives
- Fasting or excessive exercise

Management

- Behavioral modification
- Cognitive therapy
- Dietary counselling
- Medications-selective reuptake inhibitor drugs

Sleep Disorders

- Sleep disorders are common in preschool age
- The problems resolve as the child gets older
- Most of the sleep problems are related to irregular sleep habit or anxiety about going to bed and sleeping

Types:

- Somnambulism: sleep-walking
- Somniloquy: sleep-talking
- Nightmares: frightening dreams

Management

- Establish a bedtime routine
- Establish a wake up time
- Avoid stimulants to the child near bed time
- Make the bedroom make cozy and inviting
- Maintain silence in and near bedtime
- Provide pleasant activity like story telling prior to sleep

Personality Disorders

- **Temper Tantrums**

Temper tantrum is a behavior problem, where child assert their independence by violently objective to discipline through the display of anger at uncomfortable manner

Causes of Temper Tantrums

- Emotional insecurity
- Lack of sleep and fatigue
- Imitation of adults
- Frustration
- Unmet needs
- Attention seeking

Clinical features

- Screaming
- Biting
- Hammering
- Stamping feet, thrusting arms
- Kicking, throwing objects
- Rolling on the floor

Management

- Ignoring is an effective way to avoid reinforcement tantrums although young children should be held till they regain control
- Provide adequate rest and sleep
- Parents should talk to the child to find out the cause of frustration
- Parents should be the good role model for the child
- Time out procedure-to improve child's self regulation
- Parents should not be overprotective for the child

- **Juvenile Delinquency**

Juvenile delinquency is an antisocial behavior, in which a child or adolescent purposefully and repeatedly does illegal activities

Antisocial problems include:

- Constant disobedience
- Lying
- Stealing
- Fire setting
- Destructiveness
- Cruelty
- Truancy from school
- Running away from home
- sexual problems

Causes

- Genetics
- Sex-93% delinquents were boys
- Age- starts with the onset on puberty
- Intelligence- both superior and borderline mental retardation
- Social causes
- Psychological causes
- Economic causes
- physical

Prevention

- Primary prevention
- Secondary prevention
- Tertiary prevention

Management

- Preventive management
- Corrective management
 - Protective therapy
 - Punitive therapy
 - Reformatory therapy
 - Rehabilitative therapy
- Drug therapy

THANK YOU