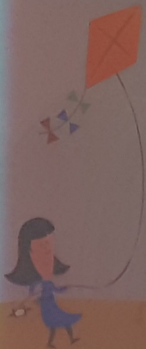
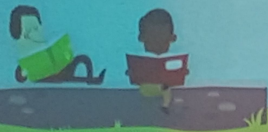


# CHILDHOOD PSYCHIATRIC DISORDERS

MBChB Year 4 (University of Nairobi)

Judy Kamau



# Developmental disorders

Onset in the developmental period



## Intellectual disability

- Deficits in general mental ability such as reasoning, problem solving, planning, abstract thinking, judgement, academic learning and learning from experience
- Impairment of adaptive functioning (personal independence and social responsibility)



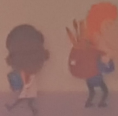
## Autism spectrum disorder

- Persistent deficits in social communication and social interaction across multiple contexts such as social reciprocity, non verbal communication
- Restricted , repetitive patterns of behaviour, interests or activities
- Significant impairment



## Attention deficit hyperactivity disorder (ADHD)

- Impairing levels of inattention and disorganisation: inability to stay on task, seeming not to listen, losing materials that is inconsistent with age or developmental level
- Hyperactivity-impulsivity: over activity, fidgety, inability to stay seated, intruding onto other people's activities and an inability to wait.



## School underachievement and specific learning difficulties

- The child has deficits in the ability to perceive and process information efficiently and accurately
- Persistent and impairing difficulties in learning foundational academic skills in reading, written expression and/or math



# Neurodevelopmental motor disorders

- Developmental coordination disorder
  - Deficits in acquisition and execution of coordinated motor skills
  - Clumsiness and slowness or inaccuracy of performance of motor skills
- Stereotypic movement disorder
  - Repetitive, seemingly driven and purposeless motor behaviour such as hand flapping, body rocking, head banging, self biting and hitting



## Neurodevelopmental motor disorders

- Tic disorders
  - Presence of vocal or motor tics
  - Sudden rapid, recurrent non rhythmic stereotyped motor movements or vocalisations
  - Include: Tourette's disorder, persistent motor or vocal tic disorder, provisional tic disorder, other specified tic disorder
  - Mean age of occurrence: 5-7 years





# Elimination disorders

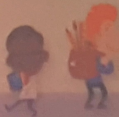
Inappropriate elimination of urine or faeces and are usually first diagnosed in childhood or adolescence.

## Enuresis

- The repeated voiding of urine into inappropriate places (5 years)

## Encopresis

- The repeated passage of faeces into inappropriate places (4 years)



# Disruptive, impulse control and conduct disorders



# Oppositional defiant disorder

A pattern of:

- Angry/Irritable Mood
- Argumentative/Defiant Behavior
- Vindictiveness

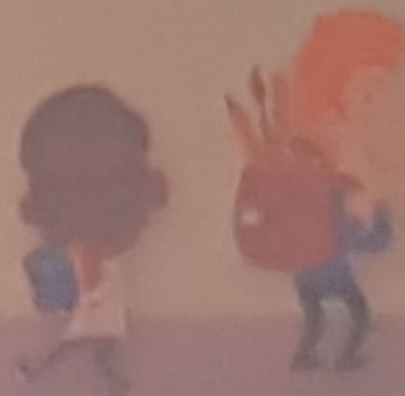
Starts getting apparent in preschool age



# Intermittent explosive disorder

Recurrent behavioural outbursts representing a failure to control aggressive impulses.

- Verbal aggression (e.g., temper tantrums, tirades, verbal arguments or fights) or physical aggression toward property, animals, or other individuals
- The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors.
- The recurrent aggressive outbursts are not premeditated
- At least 6 years of age

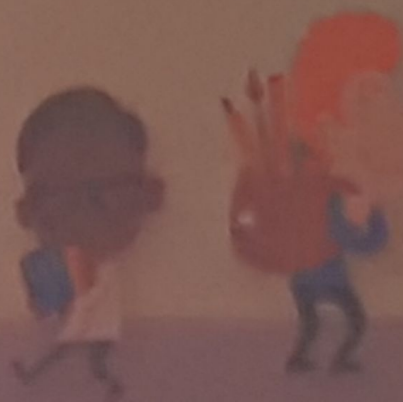


# Conduct disorder

A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated

- Aggression to people or animals
- Destruction of property
- Deceitfulness or theft
- Serious violation of rules

Childhood onset (under the age of 10 years)



## Mood disorders



# Depression

- In children and adolescents: irritable mood instead of depressed mood with likelihood of onset increasing with puberty
- Weight loss: failure to make expected weight gain
- Depression onset: any age
- Persistent depressive disorder (dysthymia): mood disturbance 1 year in children, 2 years in adults



## Disruptive mood dysregulation disorder

- Classified as a depressive disorder in children
- Severe recurrent temper outbursts that manifest verbally and /or behaviourally and are grossly out of proportion in intensity and duration to the situation or provocation
- Diagnosis not before the age of six, not after 18 years of age; with an age of onset before the age of 10 years



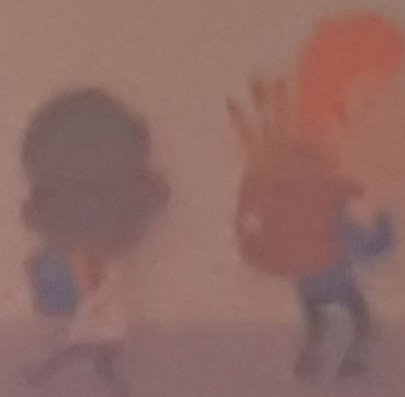


# Bipolar Mood Disorder

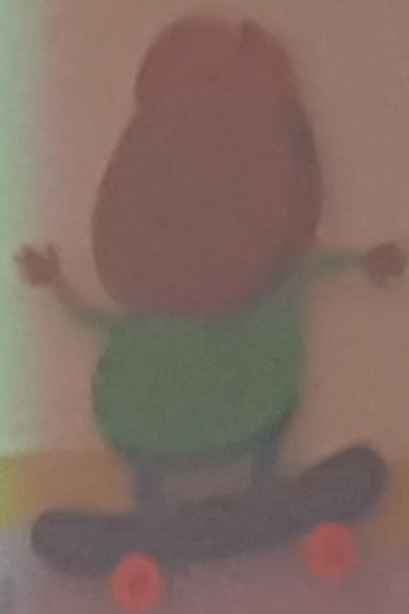
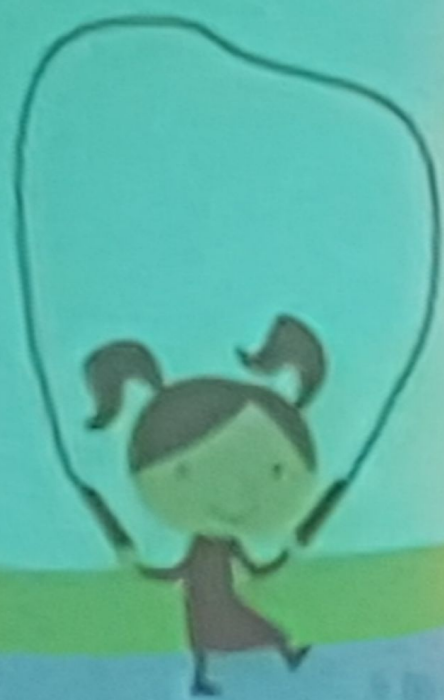
- Similar criteria to adults in manic and hypomanic phase
- Always consider developmental age
- Cyclothymia : duration of symptoms one year, unlike 2 years in adults



## \*\*Suicide and self harming behaviour

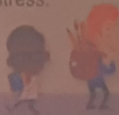


# Anxiety disorders



## Separation anxiety

- Fearful or anxious about separation from attachment figures to a degree that is developmentally inappropriate.
- There is persistent fear or anxiety about harm coming to attachment figures and events that could lead to loss of or separation from attachment figures
- Reluctance to go away from attachment figures, as well as nightmares and physical symptoms of distress.



## Selective mutism

- Characterized by a consistent failure to speak in social situations in which there is an expectation to speak (e.g., school) even though the individual speaks in other situations.
- The failure to speak has significant consequences on achievement in academic or occupational settings or otherwise interferes with normal social communication.
- Usually before age 5yrs

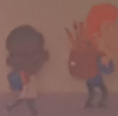


Acute and chronic reactions to  
trauma in children and adolescents



## Reactive attachment disorders

- There is a consistent pattern of inhibited, emotionally withdrawn behaviour toward adult caregivers
- Persistent social and emotional disturbance
- The child has experienced a pattern of extremes of insufficient care
- Manifestation mostly between the ages of 9 months t 5 years



## Disinhibited social engagement disorder

- A pattern of behaviour in which a child actively approaches and interacts with unfamiliar adults
- The child has experienced a pattern of extremes of insufficient care
- Age at least 9 months





## Post traumatic stress disorder and Acute stress disorder

- The essential feature of PTSD is the development of characteristic symptoms following exposure to one or more traumatic events
- Children may enact the trauma during play
- Nightmares in children with PTSD may not necessarily have the events in question



Other disorders worth a  
mention...



## OCD and related disorders

### OCD

- Mean age of onset is about 20 years
- 25% begin by age 14 years; nearly 25% of males have an onset before 10 years
- Compulsions easier to diagnose in children as are observable
- Content of obsessions may vary with age



## OCD and related disorders

### Body dysmorphic disorder

- Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.
- Mean age: 16/17 years. Commonly about 12/ 13 years.  
2/3 have onset before 18years



# Eating disorders

## Pica:

- Persistent eating of non-nutritive, non-food substances over a period of at least 1 month which is inappropriate to the developmental level of the individual.

## Rumination disorder

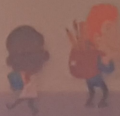
- Repeated regurgitation of food over a period of at least 1 month. Regurgitated food may be re-chewed, re-swallowed, or spit out.



# Eating disorders

## Avoidant/ restrictive food intake disorder

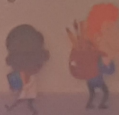
- An eating or feeding disturbance (e.g., apparent lack of interest in eating or food; avoidance based on the sensory characteristics of food; concern about aversive consequences of eating) as manifested by persistent failure to meet appropriate nutritional and/or energy needs



## Eating disorders

Anorexia nervosa: commonly begins in adolescence

- Restriction of energy intake relative to requirements, leading to a significantly low bodyweight in the context of age, sex, developmental trajectory, and physical health.
- Intense fear of gaining weight or of becoming fat
- Disturbance in the way in which one's body weight or shape is experienced.



## Eating disorders

Bulimia nervosa: begins in adolescence or young adulthood

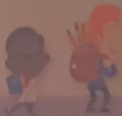
- Recurrent episodes of binge eating characterized by:
  - Eating large amounts of food
  - A sense of lack of control over eating during the episode
- Recurrent inappropriate compensatory behaviours in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise





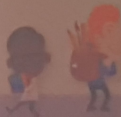
## Schizophrenia and other psychotic disorders of early onset

- Brief psychotic disorder may manifest in adolescence or early childhood
- Psychotic symptoms of schizophrenia may manifest in the late teens and the mid 30s



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## Substance use disorders

- Peer pressure and experimentation
- Dependence
- Comorbidity

