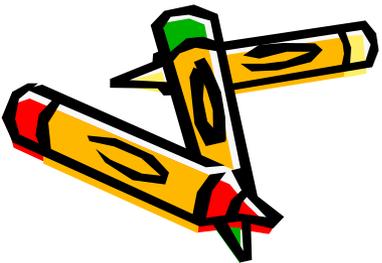
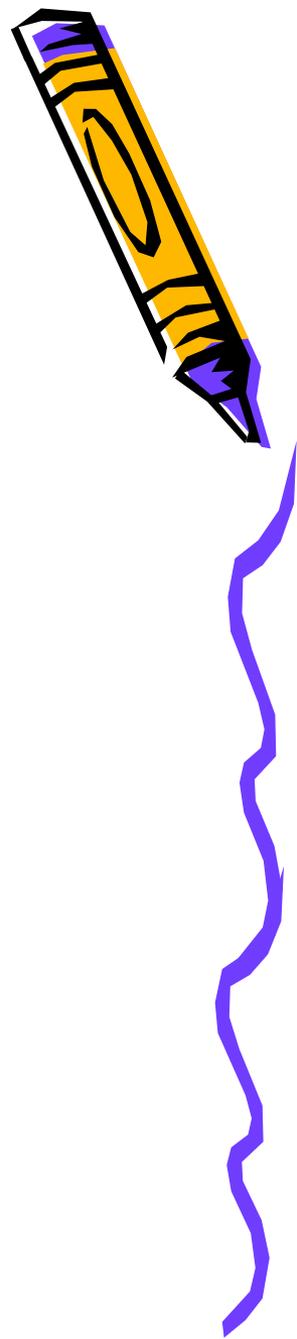
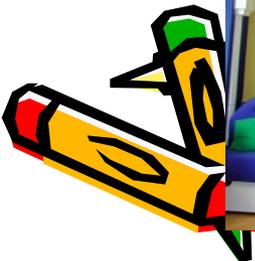
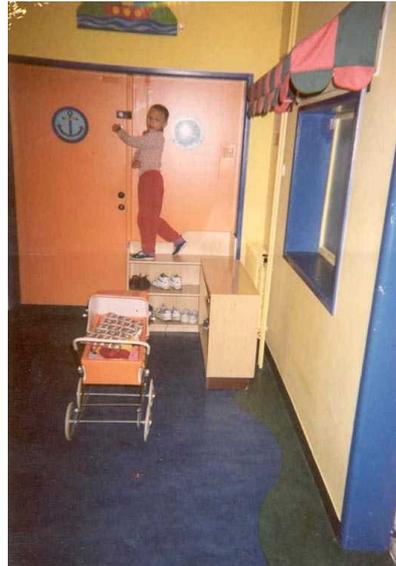


Brief overview
of mental disorders
in child and adolescent psychiatry

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Pavel Theiner, MD, PhD



Psychiatry Department of FN Brno Child and Adolescent Department



Differences of Child psychiatry from adult psychiatry

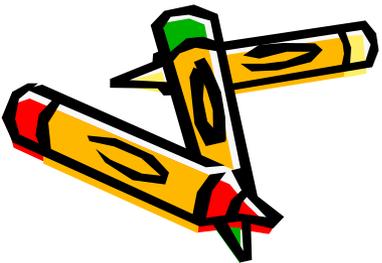


Children are less able to express their problems in words.

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



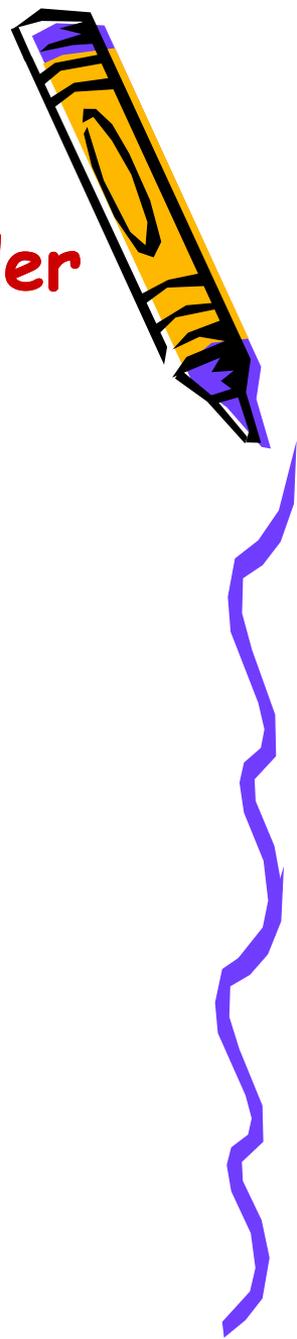
ADHD I

Attention-Deficit Hyperactivity Disorder

The symptoms of the syndrome are:

- inattention
- impulsivity
- hyperactivity

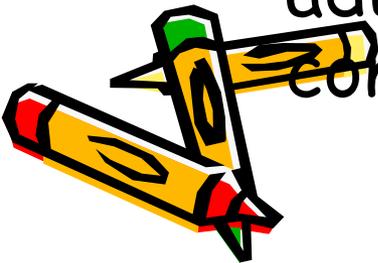
Prevalence is from 3% to 10% of school children



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

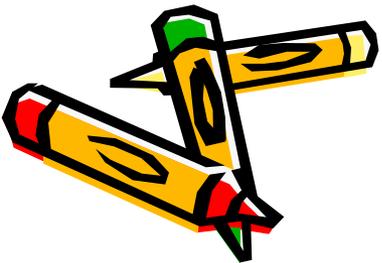


ADHD III

Attention-Deficit Hyperactivity Disorder

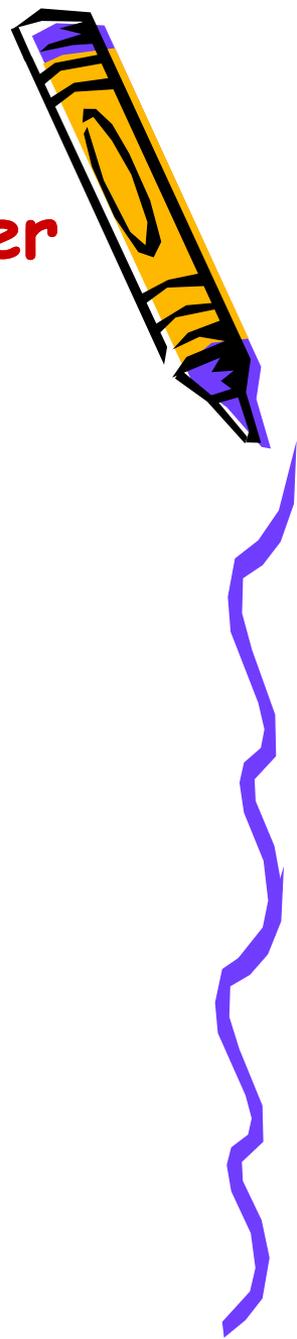


- **Hyperactivity** (more pronounced in boys than girls)
 - often fidgets with hands or feet or squirms in seat
 - often leaves seat in classroom
 - is often 'on the go' or often acts as if 'driven by a motor'
 - often talks excessively



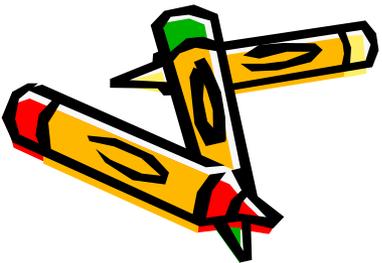
ADHD IV

Attention-Deficit Hyperactivity Disorder



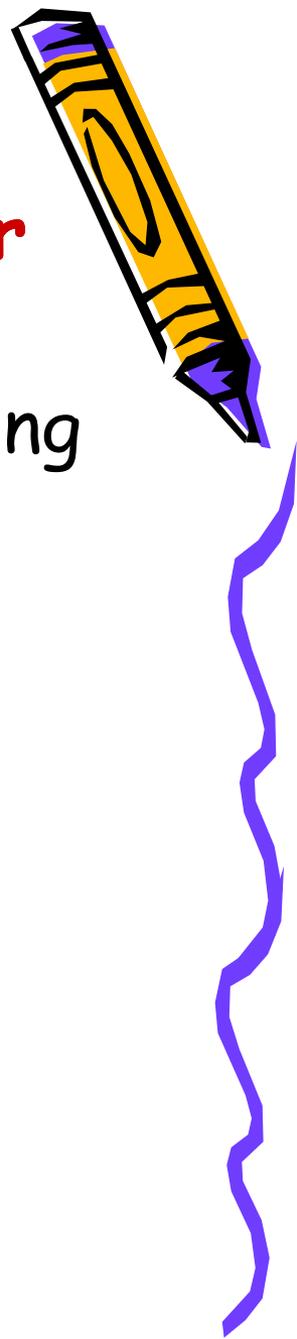
- **Inattention**

- 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.

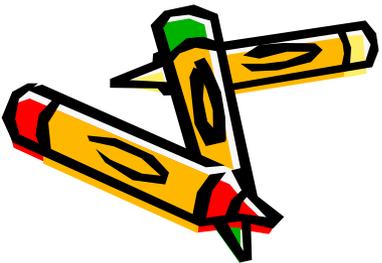


ADHD V

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

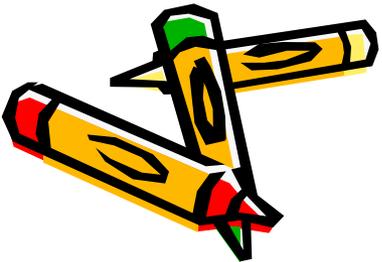
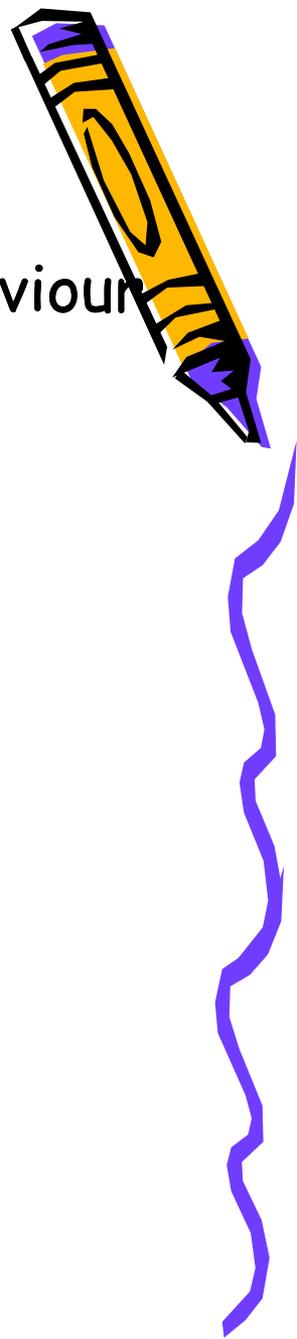
- drug therapy: stimulants (methylfenidate), atomoxetine
- behavioural management
- psychological counselling and family support groups, parent training



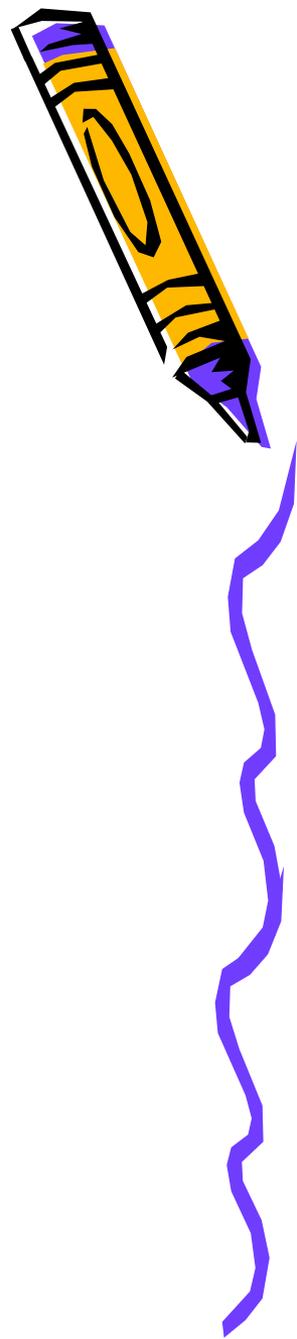
Conduct disorders I

persistent and serious antisocial or aggressive behaviour as:

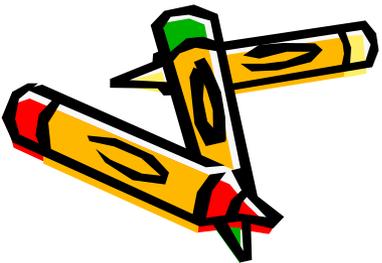
- destroying things, property
- fights, cruelty
- stealing, lying
- escapes form home, skiping school lessons
- explosion of the anger
- disobedience



Conduct disorders II



- more common among boys than girls
- often secondary to ADHD
- Misinterpretinbg of 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.

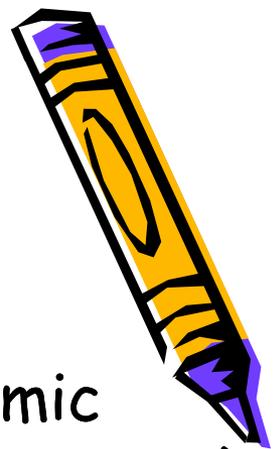
- Fear that their parents will be harmed in some way

- Children refuses to live the home and mother.

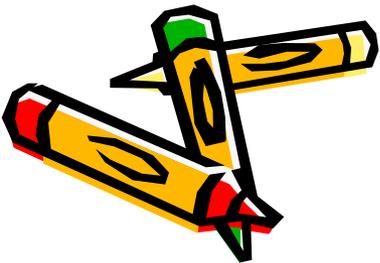
School refusal is often a symptom of separation anxiety disorders.



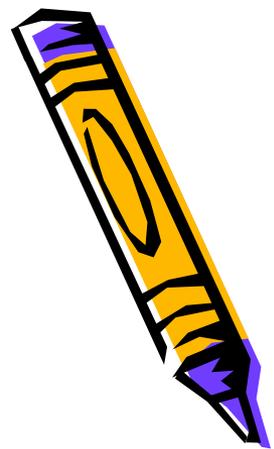
Tic Disorders



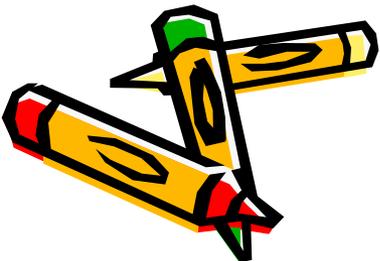
- tic is an involuntary, rapid, recurrent, nonrhythmic motor movement (usually involving mimic muscle groups) or vocal production
- simple motor tics: eye-blinking
- simple vocal tics: barking, sniffing
- **transient tic disorder**: nearly 10 percent of school-aged children experience (in periods of stress, tiredness)
- **chronic tic disorder**: tics lasting more than 1 year



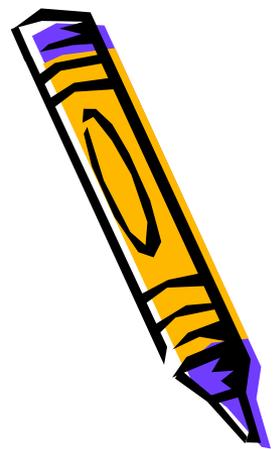
Tourette syndrome I



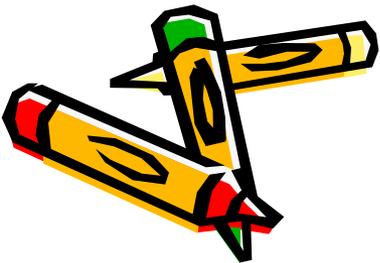
- complex motor tics: grimacing, jumping, arm moving
 - complex tic behaviors: kissing, sticking out the tongue, touching behaviors, making obscene gestures
- complex vocal tics: repetition of particular words or sentences
 - unacceptable (often obscene) words (coprolalia)



Tourette syndrome II

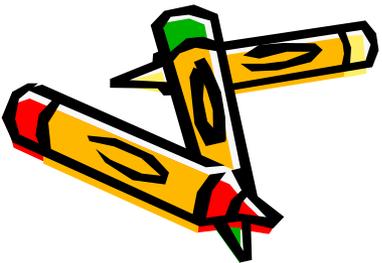
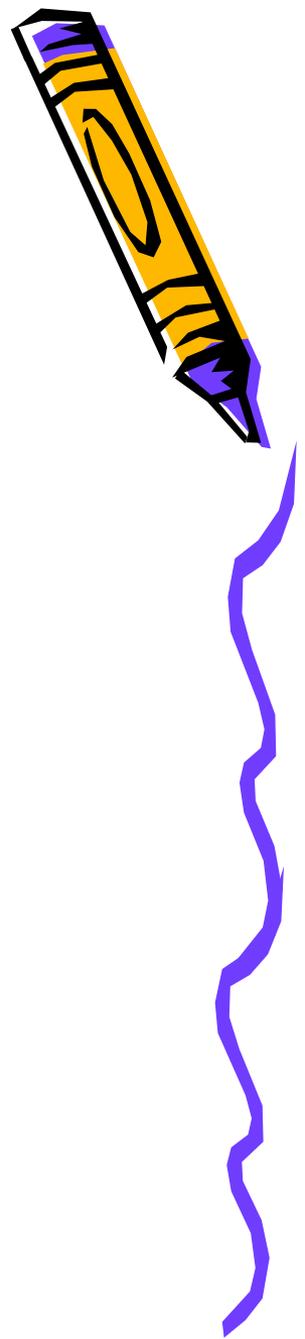


- The most serious tic disorder
- Usually beginning at the age from 5 to 10 years
- usually begins with mild, simple tics involving the face, head, or arms
- tics are becoming more frequent, involving more body parts such as the trunk or legs
- often become disruptive to activities of daily living

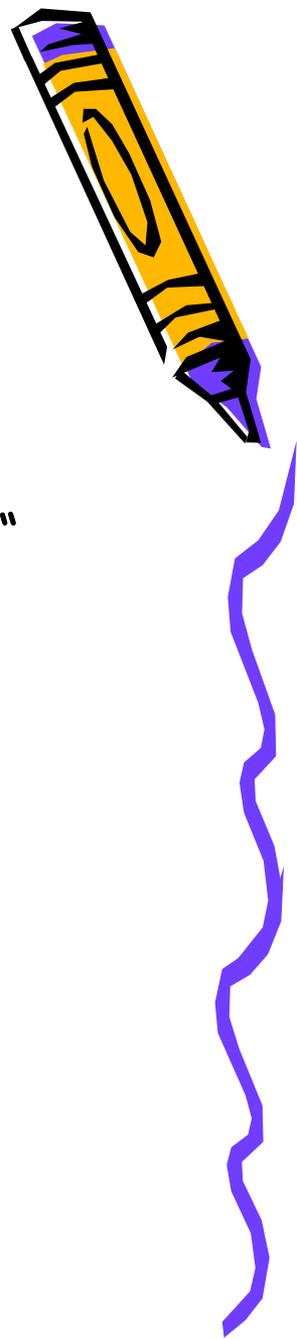


Autism I

- 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



Autism II

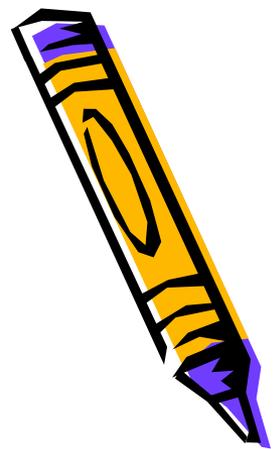


There are typical features of clinical picture:

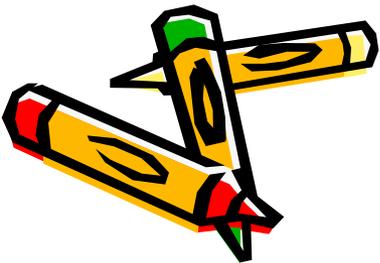
- inability to relate to other people (inability "to read" emotions)
- lack of interest - unconcern about life objects
- cognitive abnormalities (mechanic memory)
- stereotyped behaviour (refuse changes)



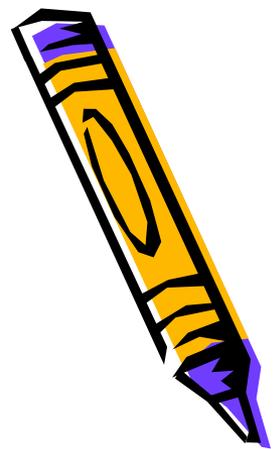
Autism III - Social Interaction



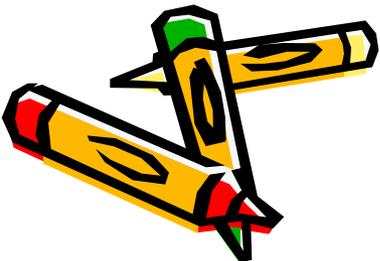
- child spends time alone rather than with others (no games with others)
- shows little interest in making friends
- less responsive to social cues such as eye contact or smiles



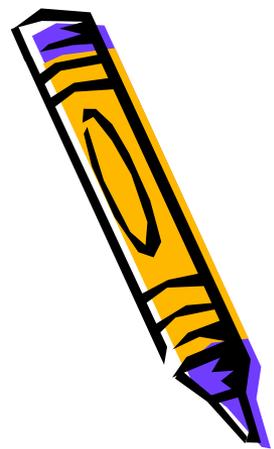
Autism IV - Communication



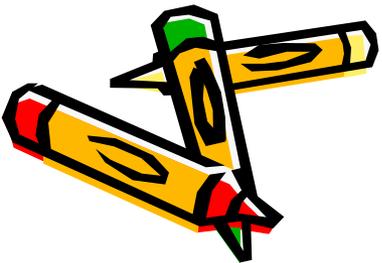
- language develops slowly or not at all
- uses words without attaching the usual meaning to them
- communicates with gestures instead of words
- lack of spontaneous or imaginative play, no game „as if“



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



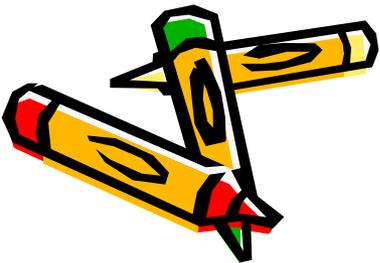
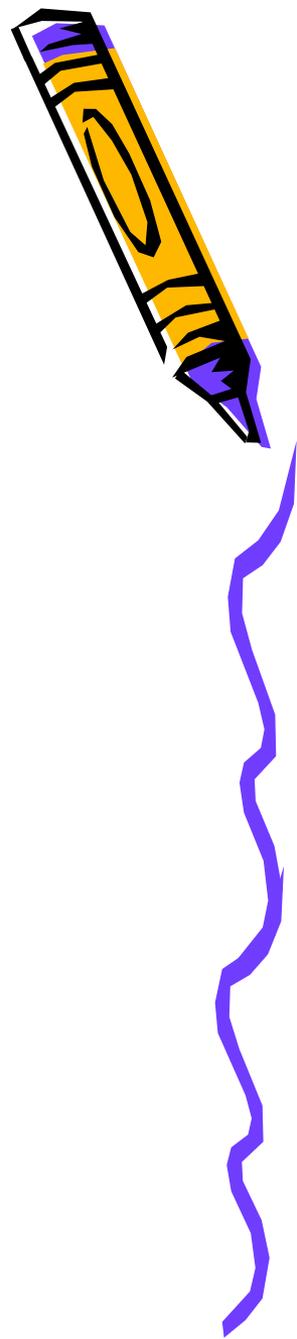
Disorders that have sometimes early onset in childhood

Schizophrenic disorders

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

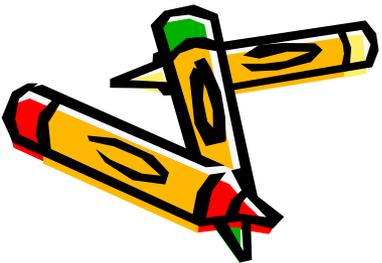
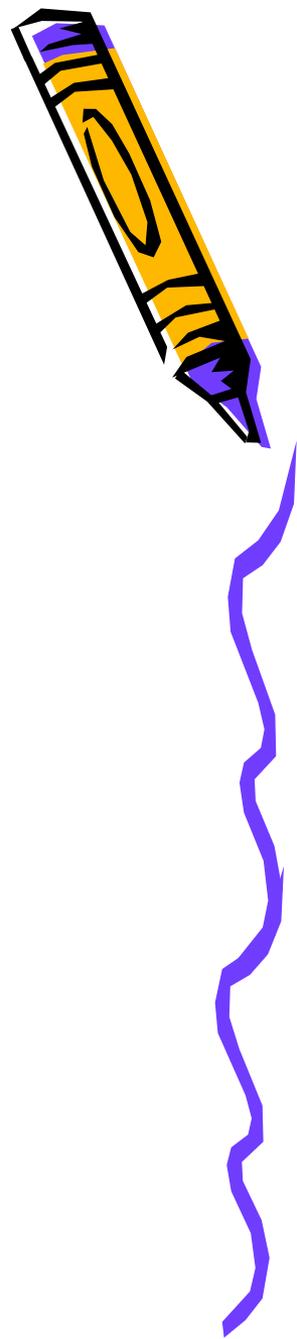
Bipolar disorder

- 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

