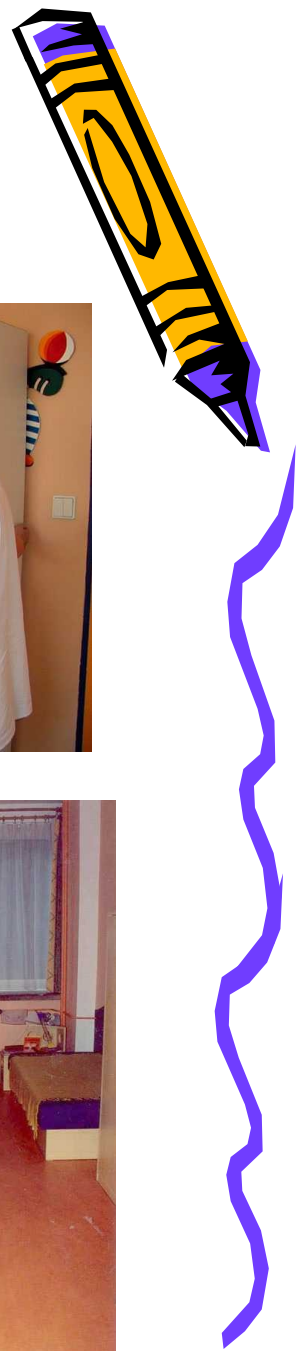


Brief overview
of mental disorders
in child and adolescent psychiatry

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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



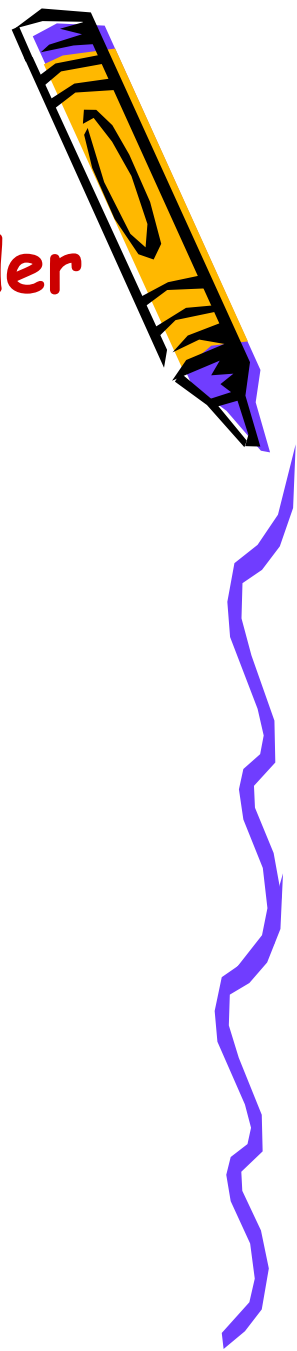
ADHD I

Attention-Deficit Hyperactivity Disorder

The symptoms of the syndrome are:

- inattention
- impulsivity
- hyperactivity

Prevalence is from 3% to 10% of school children



ADHD II

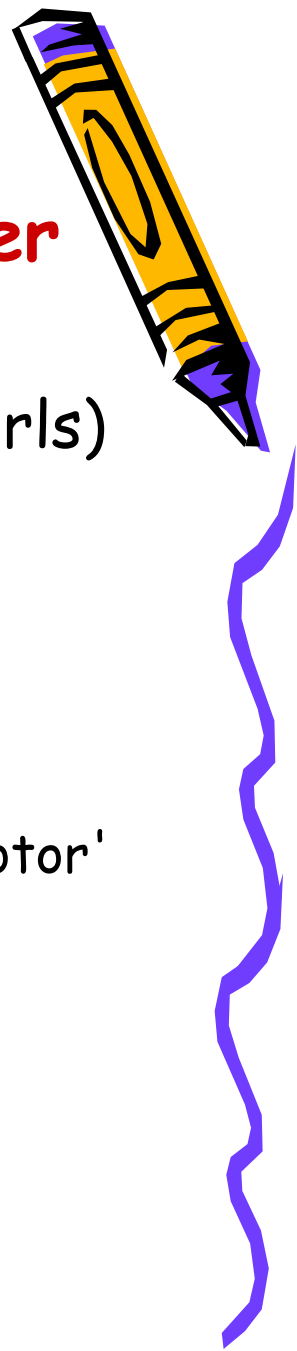
Attention-Deficit Hyperactivity Disorder

- 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



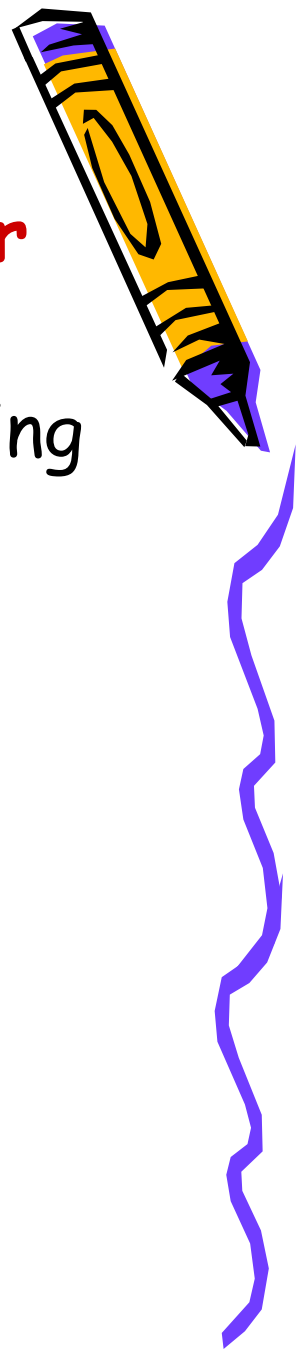
- **Inattention**

- 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

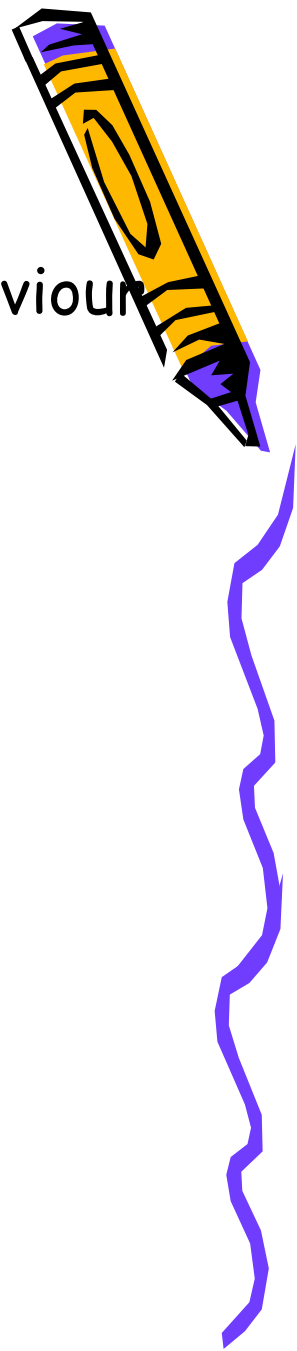
- drug therapy: stimulants (methylfenidate), atomoxetine
- behavioural management
- psychological counselling and family support groups, parent training



Conduct disorders I

persistent and serious antisocial or aggressive behaviour as:

- destroying things, property
- fights, cruelty
- stealing, lying
- escapes form home, 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

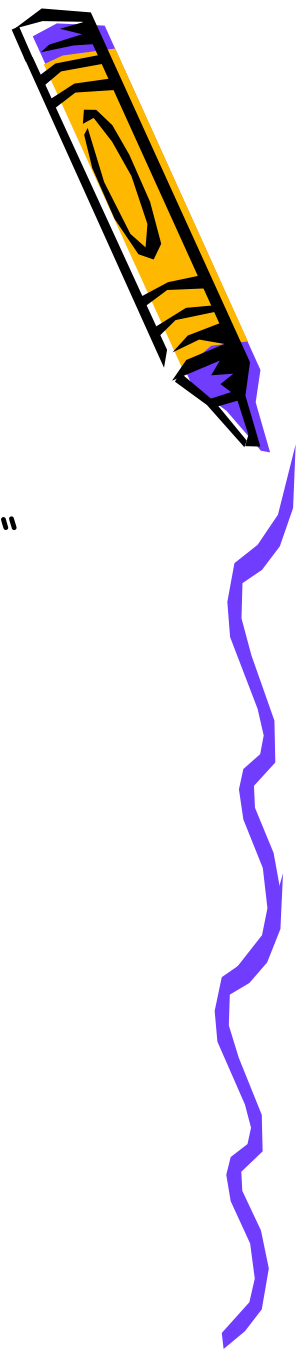


Autism I

- 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



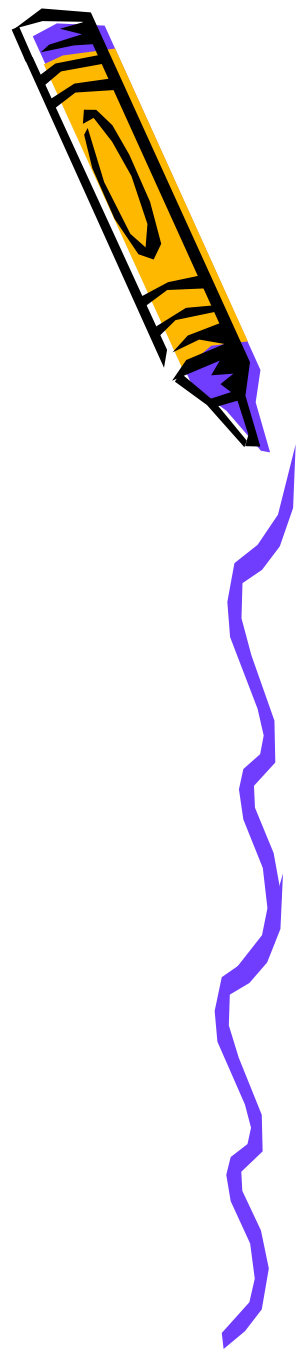
Disorders that have sometimes early onset in childhood

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

