

Management of behavioural problems in children

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20% of the children and adolescents suffer from mental health problems requiring professional attention. But only 1/5th is getting any such service. Most of them are presenting to the primary care physicians and pediatricians with various physical symptoms, but mental health problems are not identified and treated. WHO estimates that 70% of premature deaths among adults are due to *behavior* initiated during adolescence.

The Five major problems are.....

1 ADHD -*The over active child!* Developmentally inappropriate over activity, impulsivity and inattention are the cardinal features of ADHD. Prevalence is more in boys (3-7% in school age children). ADHD continues during adolescence in 85% and adulthood in 50-70%. As age increases, internal restlessness will continue while the hyperactivity will come down. Major consequences of ADHD are school failure, poor peer relationship, legal difficulties, smoking and substance abuse, accidents and injuries, family conflicts, parental stress and psychiatric comorbidities

Clinical approach - 5 Tips

1. Establish diagnosis (use DSM - IV or ICD 10 guidelines), set target outcome, chart out a long term treatment programme (ADHD is a chronic condition!)
2. Work as a team (Physician, parent, child and school personnel)
3. Offer treatment - behavior treatment, parent training
drugs (methyl phenydate, atomoxetine)
4. If no improvement - review diagnosis and treatment
- Look for co morbidity (SLD, conduct disorder, Anxiety, Depression)
- Or refer
5. Periodic follow up - Monitor target outcome and adverse effects of drugs.

Essential information

- **ADHD** is not the child's fault
- Better outcome –if calm and accepting
- They need extra help to remain calm attentive
- May continue into adulthood

Counseling of patients and family

- Encourage parents to give positive feedback
- Avoid punishment !
- Parents to discuss with school teachers
- Minimise distractions
- Sport or Physical activity->help to release energy
- Meet school psychologist/counsellor

2. Conduct disorder-*The aggressive child !* This is characterized by repetitive and persistent pattern of unsocial, aggressive or defiant behavior. This is one of the **most costly diagnoses** in Psychiatry! It is the most frequently made diagnosis (prevalence rate is 6% - 16% for males and 2% - 9% in females, DSM – IV) in child psychiatry. Infact, conduct disorder is a serious, incapacitating and chronic condition. (Jerry M. Winner. 2004).

❖ *Early identification and treatment are important not only for the prevention of complications but also for a healthy functioning society!*

Presence of clinical features like excessive level of fighting or bullying, cruelty to animals and other people, severe destruction to property, fire setting, stealing, repeated lying, truancy from school, running away from home and unusually frequent temper tantrums should prompt us to consider the diagnosis of conduct disorder. Complications of conduct disorder are antisocial behaviour, substance use, high risk sexual behaviour and the related personal, social and legal consequences.

❖ **Clinical approach - 5 tips**

1. Diagnosis - based on longitudinal history (DSM.IV check list)
2. Establish good rapport and offer help
3. Look for comorbidities - ADHD, anxiety, substance abuse
4. Try to resolve family pathology or conflict
5. Work together with family

Essential information for patient and family

Effective discipline should be clear and consistent, but not harsh.

Avoid punishment

Counseling to patient and family

Alter the circumstances

Recognize good behavior

Consistent discipline, set clear and firm limits, inform in advance of the consequences, immediate response.

Discuss with teachers

Seek help from relatives, friends, community resources

3 Depression - the sad teenager!

Fluctuations of mood are common in this age group. But a persistent ***sadness of mood or recent loss of interest in activities lasting for more than 2 weeks*** should alert for the onset of a major depressive disorder. It is reported that 4 - 8% of adolescents are suffering from depression. Other features of depression are *loss of appetite, disturbances in sleep, expressing guilt or suicidal ideas, tiredness and functional somatic symptoms, withdrawn behavior and complaining about forgetfulness. Some of them may present with irritability, antisocial behavior, substance abuse, problems with family and school, feeling of wanting to leave home, "not being understood and approved" etc. Atypical features* like hypersomnia and weight gain may also be seen in adolescents.

Complications of not treating depression:-

- Poor academic achievement
- Peer relationship difficulties
- Low self esteem
- Recurrent depressions
- Substance abuse
- Suicide

Clinical approach - 5 tips

1. Establish depression (follow diagnostic criteria ICD 10/DSM)
2. Look for stressful situation in school/home and try to resolve the stressors
3. Consider differential diagnoses- Psychosis, Hypothyroidism
4. Look for co morbidity : Anxiety, substance abuse.

5. Offer treatment: Counseling & Psychotherapy, Antidepressants
20mg OD)

(e.g. Fluoxetine

Refer to Psychiatrist in case of

No improvement with treatment

High suicidal risk

Psychotic symptoms or substance abuse are present.

Therapeutic approaches

Some of the recommendations by WHO for primary care physician are

1. Screen children and adolescents for mental and behavioral health problems during regular visits.

2. Ask parents if there is anything about their children's behavior that worries them.

3. Change parent - physician's relationship to a parent - teen-physician - relationship before the teen feels left out.

4. Educate parents about mental health issues.

A multi disciplinary team work approach is suggested for adolescent psychiatric disorders. This should include elements such as treatment, education, care and control.

There are certain emotional and behavior related problems diagnosed during adolescence which cannot be clearly defined as psychiatric disorders. Many of these disorders respond well to certain general measures like change in social condition, methods of upbringing, family intervention, improvement in educational or recreational services etc. Many of these problems may *improve on their own through the process of development and maturation.*

Non-pharmacological treatment-

Individual psychotherapy is very useful for adolescents. Relaxation, cognitive restructuring and group therapy are also beneficial. At present, there is greater emphasis on family therapy rather than psychoanalytic individual psychotherapy.

Role of Drugs

Drugs have a small but important role to play in a number of adolescent psychiatric disorders

Indications for drugs

1. Symptomatically to relieve stress:

E.g. in anxiety, depression

2. To prevent destructive or self destructive behavior in patients when nothing else is effective in controlling them.

❖ *Psycho stimulants such as methylphenidates* or antidepressants such as Atomoxetine are indicated for hyperkinetic syndrome as an adjuvant to other therapies

❖ as a general principle, **anxiolytics, sedatives and hypnotics** should not be used except in **unusual circumstances** such as severe anxiety and phobia.

❖ *Antidepressants (e.g. Fluoxetine)* have a wider range of effect and are used for a variety of conditions like depression, phobic disorder, Obsessive compulsive disorder (OCD) Enuresis, Post traumatic stress disorder (PTSD)

Antipsychotic drugs (eg. Risperidone) are indicated in schizophrenia, mania, severe conduct disorders, tourett's syndrome and tic disorders

Lithium, sodium valproate and carbamazepine are used as *mood stabilizers* in the treatment and prophylaxis of bipolar disorder.