

Psychological & Behavioral Problems



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Pica



- *Persistent* eating of non-nutritive substances
For at least *1 month*
Inappropriate to developmental level,
Not a part of *culturally* sanctioned practice &
Sufficiently *severe* to warrant independent clinical
attention.
- < 5 years of age
- Screen for Pb poisoning, IDA & parasitic infections

Food fussiness



- Establish regular meal timings.
- Pleasant atmosphere.
- Offer variety of foods.
- Set an example
- Discuss about healthy & balanced diet.

Enuresis



Urinary incontinence beyond
4 years of age (daytime)
6 years of age (nighttime)

Or

Loss of continence after at least *3 months* of dryness.

Frequency:

Twice a week for at least *3 consecutive* months

Or

Child suffers significant *distress*.

Enuresis cont...



Classification:

- ☐ Primary/ Secondary
- ☐ Nocturnal/Diurnal

PNE- 90% cases

Enuresis cont...



Etiology:

- ☐ Genetic
- ☐ Physiological
- ☐ Psychological
- ☐ Increased bladder irritability
- ☐ Polyuria
- ☐ Organic causes
- ☐ Stress incontinence
- ☐ Micturition deferral

Enuresis cont...



Treatment

A. Non Pharmacological Therapy

- ☐ Motivational therapy
- ☐ Alarm Therapy

B. Pharmacotherapy

- ☐ Imipramine
- ☐ Oxybutinin
- ☐ Desmopressin

Temper Tantrums



18 months – 3 years

Negativism

Management

Consistent, calm & firm behavior

Time out & time in

Breath Holding Spells



6 months- 5 years

Cyanotic vs Palid

Diferrential Diagnosis:

seizure/arrhythmia/brainstem tumor

Management:

Firm behavior

Not to reinforce 'gain'

Iron supplementation

Habit Disorders



Thumb sucking

Tics

Bruxism

ADHD



Commonest (3-5%)

Boys > girls

Classification

- ☐ Combined Type
- ☐ Predominantly Inattentive Type
- ☐ Predominantly Hyperactive-Impulsive Type

DSM-IV Criteria for ADHD



Inattention

- i.** Often does not give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- ii.** Often has trouble keeping attention on tasks or play activities.
- iii.** Often does not seem to listen when spoken to directly.
- iv.** Often does not follow instructions and fails to finish schoolwork, chores, or duties in the workplace .
- v.** Often has trouble organizing activities.
- vi.** Often avoids, dislikes, or doesn't want to do things that take a lot of mental effort for a long period of time .
- vii.** Is often easily distracted.
- viii.** Is often forgetful in daily activities.

DSM-IV Criteria for ADHD cont..



Hyperactivity

- i.** Often fidgets with hands or feet.
- ii.** Often gets up from seat when remaining in seat is expected.
- iii.** Often runs about or climbs when and where it is not appropriate.
- iv.** Often has trouble playing or enjoying leisure activities quietly.
- v.** Is often "on the go" or often acts as if "driven by a motor".
- vi.** Often talks excessively.

DSM-IV Criteria for ADHD cont..



Impulsivity

- i.** Often blurts out answers before questions have been finished.
- ii.** Often has trouble waiting one's turn.
- iii.** Often interrupts or intrudes on others (e.g., butts into conversations or games).

ADHD cont..



Management:

A. Behavior Therapy:

- Clear & explicit instructions
- Positive reinforcement
- Punishment
- Extinction technique

B. Pharmacotherapy:

- Methylphenidate
- Amphetamine
- Antidepressants

Autism



PDD are cluster of syndromes that share marked abnormalities in development of social & communicative skills

PDD spectrum

Autism

Rett Syndrome

Asperger Syndrome

Childhood disintegrative disorder

PDD- NOS

Autism cont....



Qualitative impairment in verbal & nonverbal communication and in reciprocal social interactions that develop before 3 years of age.

Etiology: Genetic factors /perinatal brain injury

Associated with Fragile X, TS, seizure disorder

Autism cont...



Total of six (or more) items from (A), (B), and (C), with at least two from (A), and one each from (B) and (C)

A. Qualitative impairment in *social interaction*, as manifested by at least two of the following:

1. Marked impairments in the use of multiple nonverbal behaviors to regulate social interaction.
2. Failure to develop peer relationships appropriate to developmental level.
3. A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people,
4. Lack of social or emotional reciprocity

Autism cont...



- B. Qualitative impairments in *communication* as manifested by at least one of the following:
1. Delay in, or total lack of, the development of spoken language
 2. In individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 3. Stereotyped and repetitive use of language or idiosyncratic language
 4. Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level

Autism cont...



C. *Restricted repetitive & stereotyped* patterns of behavior, interests & activities, as manifested by at least two of the following:

1. Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
2. Apparently inflexible adherence to specific, nonfunctional routines or rituals
3. Stereotyped and repetitive motor mannerisms (e.G hand or finger flapping or twisting, or complex whole-body movements)
4. Persistent preoccupation with parts of objects



Thank You