

Clinical Pearls in Child Psychiatry

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DISCLOSURES

- No financial disclosures
- There may be discussion of off label medication use



Objectives

- To review the stages of development
- To review possible screening tools useful in peds mental health
- To review the spectrum of anxiety disorders and to identify challenges in diagnosis
- To review key points for common pediatric psychiatric diagnoses
- To identify resources for ADHD medication choices & review dosing
- To discuss common misconceptions about new onset psychosis

Stages of development

- Erik Erickson- psychosocial development
 - 8 stages, Infancy to adulthood
 - Each stage confrontation and mastery of new challenge
- Piaget-cognitive development
 - Nature and development of intelligence/knowledge

Jean Piaget

- Sensorimotor – birth – 2 years
 - Main achievement = object permanence



Jean Piaget

- Preoperational- 2-7 years
 - Symbolic thinking
 - a word or object stands for something else
 - Still egocentric thinking



Jean Piaget

- Concrete operational- 7-11 years
 - beginning of "logical" thought
 - Conservation
 - something stays the same in quantity
 - even though appearance changes



Jean Piaget

- Formal operational – 11 years- adulthood
 - Abstract thinking
 - hypothesis testing



Erikson's Stages of Development



Erik Erickson

- Trust vs. Mistrust- birth to 18 months
- Autonomy vs. Shame and Doubt- 18 months-3 yrs
- Initiative vs. Guilt- 3yr-5yr
- Industry vs Inferiority – 6 yr- puberty

Erik Erickson

- Identity vs Role Confusion – 10-20 yr
- Intimacy vs Isolation – 20s, 30s
- Generativity vs Stagnation – 40s, 50s
- Integrity vs Despair – 60s-end of life

AAP Mental Health Toolkit: The case for routine mental health screening. 2010. Pediatrics vol 125 supplement 3

- Use **validated instruments** to screen all school-aged children (5 – adolescence) for symptoms of mental illness and impaired psychosocial functioning:
 - All health maintenance visits
 - Any time of family disruption
 - Poor school performance

AAP Mental Health Toolkit: The case for routine mental health screening, 2010. Pediatrics vol 125 supplement 3

- Use **validated instruments** to screen all school-aged children (5 – adolescence) for symptoms of mental illness and impaired psychosocial functioning:
 - Reported behavioral difficulties
 - Recurrent somatic complaints
 - Involvement of social service or juvenile justice agency
 - When family identifies psychosocial concerns

Screening Tools

- Depression
- ADHD
- ODD
- Anxiety



Screening Tools

- Depression: **PHQ2/PHQ9**
- ADHD: **Vanderbilt**
- ODD: **Vanderbilt subset**
- Anxiety: **SCARED**
- Autism: **MCHAT**
- General Symptom Overview: **Child Symptom Behavior Checklist**



Anxiety

- Lifetime prevalence in adults: 22%
- Prevalence in adolescents: 17%
- Prevalence in children (5-9): 6%
- Average age of onset: 11



Anxiety

- excessive, out of proportion to the situation
- persists beyond developmentally appropriate period
- Leads to avoidance of age-appropriate tasks
 - (sleepovers, sports, school attendance)

Untreated anxiety course

- Higher likelihood...
 - adolescent/adult anxiety
 - adolescent/adult depression
 - substance use disorders
 - failure to attend college



Frequently comorbid

- GAD: 56.7% depression. 52.1 behavioral disorder (ADHD, ODD, or conduct).
- Panic disorder: 40.9% depression. 23.5% behavioral disorder.
- Separation anxiety: 32.6% depression
- Social phobia: 39.7% depression
- ADHD: 30% anxiety disorder

Hard to diagnose

- Presents as other things...
 - Crying, irritability, angry outbursts (in attempt to avoid a feared stimuli)
 - Low concentration, difficulty remembering tasks, difficulty staying focused on one task
 - Somatic symptoms
 - Parent/child interview disagreement

Hard to diagnose

- Presents as other things...
 - ODD
 - ADHD
 - Physical illness
 - Conversion reactions



Separation Anxiety

- Risk factors:
 - Loss of family member/pet
 - Move, change in schools
 - Divorce
 - Parent with panic disorder (3x risk)
 - Parent with panic disorder and depression (10x risk)



Separation Anxiety

- Extreme and persistent distress when actual or anticipated separation from attachment figures occurs.
- Unfounded worrying about harm or injury befalling attachment figures.
- Unreasonable fear of a scenario in which separation will occur, such as being kidnapped, or unexpectedly separated and unable to reunite.
- An avoidance of normal life activities (workplace, school, social outings) in preference for staying near an attachment figure.

Separation Anxiety

- A staunch resistance to being alone for small amounts of time.
- Being reluctant or even refusing to sleep without being in close proximity (sometimes in the same room) as an attachment figure.
- Recurrent separation-themed nightmares.
- Separation, even planned, from attachment figures results in physical symptoms such as nausea, headaches, and body aches. Can occur in anticipation of separation.
- IMPORTANT TO EXPLAIN: NOT RELATED TO A TRAUMA

Social Anxiety

- Marked fear/anxiety about social situations in which the individual could be exposed to possible scrutiny by others
- Social situations almost always provoke fear or anxiety, and are avoided or endured with intense fear/anxiety



Social Anxiety

- Difficulty answering questions in class, reading aloud, initiating conversations, talking with unfamiliar people, attending parties and social events.
- Peak in adolescence

Functional consequences...

- School dropout
- Unemployment
- Lower socioeconomic status
- Less likely to marry
- Frequently comorbid with panic disorder and depression

Selective Mutism

- Environment specific
- Not a physiologic impairment
- Comorbidities:
 - acute stress disorder
 - PTSD



Panic Disorder

- May be preceded by separation anxiety
- Recurrent, unexpected panic attacks
- High comorbidity with depression
- High comorbidity with other anxiety disorders



Panic Disorder

- At least one attack followed by one or more months of at least 1 of 2:
 - Persistent concern about additional attacks and their consequences
 - Maladaptive change in behavior (avoidance of exercise or unfamiliar situations) due to concern about having panic attacks



Generalized Anxiety Disorder

- Excessive anxiety and worry **more days than not for at least 6 months** about a number of events/activities
- Worry is difficult to control

Generalized Anxiety Disorder

- 1/6 symptoms required in children vs. 3/6 in adults:
 - Restless/keyed up/edgy
 - Excess fatigue
 - Difficulty concentrating mind going blank
 - Irritability
 - Muscle tension
 - Sleep disturbance

Generalized Anxiety Disorder

- Youth worry about competence, quality of performance, quality of relationships, grades, punctuality, catastrophes like homelessness, environment
- Perfectionistic, re-do tasks, slow thinking and work efficiency
- High reassurance seeking
- Mixture of positive beliefs about worry (helps to cope, helps to prevent bad things from happening)
- Highly comorbid with MDD

Risk factors

- Temperamental/genetic vulnerability +
 - Parental anxiety
 - Overprotective, overly critical, over controlling parenting styles that limit the development of autonomy and mastery
 - Insecure attachment relationships with caregivers

Major Depressive Disorder

- 2 out of 9 symptoms
- Nearly every day for 2 weeks
- Clinical impairment
- Screen for suicidality
- Screen for self injurious behaviors
- Suicide 2nd leading cause of death ages 10-34

Attention Deficit Hyperactivity Disorder

- Stimulant choice
 - Mixed amphetamine salts
 - Methylphenidate based products



Attention Deficit Hyperactivity Disorder

- Stimulant induced psychosis
- Weight loss/appetite suppression
 - Cyproheptadine – off label
 - Remeron – off label
 - Atypical antipsychotic- rarely but still an option

Oppositional Defiant Disorder

- Stimulants do NOT “treat” oppositional features
- Stimulants DO treat comorbid ADHD
- Clarify your treatment targets
 - (Impulsivity vs hyperactivity vs irritability etc)
- Educate about comorbid diagnoses

Oppositional Defiant Disorder

- Hierarchy of ODD vs conduct disorder
- Hierarchy of ODD vs Disruptive Mood dysregulation disorder

Bipolar Affective Illness

- True bipolar disorder is RARE in children
- Importance of diagnostic clarity
 - Disruptive mood dysregulation disorder
- Importance of clarifying symptoms
- Importance of clarifying timelines

Autism Spectrum Disorder

- DSM 5 – May 2013, diagnostic consolidation
 - Asperger's disorder
 - Pervasive developmental delay not otherwise specified (PDDNOS)



Autism Spectrum Disorder

- 2 FDA approved agents for irritability in Autism
 - Abilify: partial dopamine agonist/antagonist
 - Risperdal



Agitation

- If families need PRN medications then families need referrals...



Agitation

- Benzodiazepines- risk of disinhibition and paradoxical reactions
- Atypical Antipsychotics
 - Formulation and delivery
 - Risperdal- liquid, M tab dissolvable
 - Zyprexa- tablet, ODT

Questions

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