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 Erikson - 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

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

Anxiety

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

* General Symptom Overview: Child Symptom Behavior Checklist
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
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

- 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

- 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

• 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

- 1 mg/kg dosing (reasonable target)
- 2 mg/kg dosing (relative maximum)
- Monitor growth chart & appetite
- Monitor controlled substances registry
- Ask about sleep

- 1 side outlines methylphenidate based products
- 1 side outlines mixed amphetamine salt based products

- Non stimulant adjuncets
  - Alpha agonist
  - TCAs
  - Buproprion
Attention Deficit Hyperactivity Disorder
- Stimulant induced psychosis
- Weight loss/appetite suppression
- Cyphephapine – off label
- Remeron – off label
- Atypical antipsychotic: study has 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 Deficit 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
Psychosis

- Childhood onset psychosis is EXTREMELY RARE
- Deserves full medical workup for organic causes
  - Auditory hallucinations are common in primary psychiatric illness
  - Visual hallucinations are NOT

Psychosis

- Organic workup
  - CBC, CMP
  - HIV/RPR
  - B12, folic
  - heavy metal panel
  - ANA, ESR/CRP
  - Imaging
  - EEG

Psychosis

- Metabolic monitoring
  - HBA1C
  - Lipid panel
  - TSH

Psychosis

- Special considerations with dopamine blockade agents
  - Hyperprolactinemia
  - Galactorrhea
  - amenorrhea
Autism Spectrum Disorder

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

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

Agitation

- If families need PRN medications then families need referrals…

- Benzodiazepines - risk of disinhibition and paradoxical reactions
  - Aypical Antipsychotics
    - Formulation and delivery
      - Risperdal liquid, M tbl dissolvable
      - Zyprea tablet, ODT
Questions

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References