ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 10, Issue, 12, pp.76623-76625, December, 2018

DOI: https://doi.org/10.24941/ijcr.32435.09.2018

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

ASSESSMENT OF BEHAVIOUR PROBLEMS IN PEDIATRIC PATIENTS OF AGE 6-12 YEARS ATTENDING THE PEDIATRIC OUT PATIENT DEPARTMENT

[1,*]Dr.Poonam Muniya, [2]Dr.Ravi Thakkar, [3]Dr.Naren Amin and [4]Dr.Kamlesh Patel

[1]Junior Resident, CU Shah Medical College and Hospital, Surendra Nagar
[2]Senior Resident, CU Shah Medical College and Hospital Surendra Nagar
[3]Associate Professor, CU Shah Medical College and Hospital Surendra Nagar
[4]HOD and Professor, CU Shah Medical College and Hospital Surendra Nagar

ARTICLE INFO

Article History:
Received 28th September, 2018
Received in revised form
26th October, 2018
Accepted 17th November, 2018
Published online 31st December, 2018

Key Words:
Diabetes, Video Assisted Teaching, Diabetic Foot care.

ABSTRACT

Background: Some psychiatric disorder has been started during childhood. Often they have long duration of illness and if not treated it affect children's ability in achievement of school, developing relationship in society and family and lead to significant impairment in personal life. Assessment of psychiatric behavior and treat co morbid psychological condition may lead to improved functioning and prevent chronology.

Aims

• Assessment of Psychiatry behaviour in pediatric patients of 6-12 years age.
• Early recognition and prevention of impairment in social-occupational and interpersonal life of their future.

Material and Methods: Study was carried out in C.U. Shah medical college and Hospital Surendranagar .The participants were the pediatric patients who were attending the pediatric OPD. Study was carried out in 2 month .The guardian of the patients were explained about the study, consent was taken and then information gathered regarding behavior from guardian. The patients were detailed evaluate for behavior and mental status examination was done. The diagnostic criteria of DSM-5 was used for clinically assess the behavior problem. **Results:** Study included 50 patients of which 30 were male children and 20 were female children. The age of participants was 6-12yrs.The behavior problem was found to be 36%. Male children were found to have learning disability, school refusal, headache, ADHD, mood disorder (Bipolar disorder), intellectual disability. Female children were found to have conversion disorder, intellectual disability, schizophrenia, depression, Obsessive and compulsion spectrum disorder, school refusal. **Conclusion:** As early assessment of psychiatric problem and behaviour prevent chronology of disorder, and provide appropriate treatment through psycho-educating the parents about illness and it's prevention.

Citation: ***Dr. Poonam Muniya, Dr. Ravi Thakkar, Dr. Naren Amin and Dr. Kamlesh Patel.*** **2018.** "Assessment of behaviour problems in pediatric patients of age 6-12 years attending the pediatric out patient department", *International Journal of Current Research*, 10, (12), 76623-76625.

INTRODUCTION

At the age of 6-12yrs, children have started going to school, making friends and interacting in social function. During this period any behavior changes have been noticed mainly by teachers rather than family member. Parents generally failed to identify behavior problem in their children before they started going to school and even if parents have noticed any behavior problem, they used to go to pediatric doctor for consultation rather than a psychiatrist. School refusalis major problem in the children between six to twelve years of age. Children refused to go to the school and/or have persistent difficulty to remain in class for the entire school day.

Corresponding author: **Dr.Poonam Muniya,**
Junior Resident, CU Shah Medical College and Hospital, Surendra Nagar.

Prevalence rate of school refusal is around 5% (Cándido *et al*., 2015). Children also had frequent complains of headache. Children and adolescents with chronic daily headaches (CDH) often have comorbid psychological conditions. Children may have higher rates of disorders such as anxiety and depression (Hope, 2016). One of the common reason for school failure is learning disorder. Learning disorder affect at least 1 in 10 schoolchildren. In children with learning disorder have difficulty in understanding and following instructions , also have difficulty in reading, spelling, writing, and/or mathematic skills (The American Academy of Child and Adolescent Psychiatry, 2013). Attention deficit hyperactive disorder (ADHD) appear at the age of seven years (Synopsis of Psychiatry). ADHD characterized by inattention, hyperactivity, irritability and impulsivity.

Prevalence of ADHD is 7-8 % (Melinda Smith, 2018). Intellectual Disability is defined by an IQ under 70 and deficits in two or more adaptive behaviors that affect every day. IDD found in 2–3% of the general population (American Psychiatric Association, 2000; Patterson, 2003; American Psychiatric Association, 2013). Obsession and compulsion spectrum disorder: The most common age of onset is in young adult. Typically between 9 and 13 year. Trichotillomania is a body-focused repetitive behaviour classified as an impulse control disorder (along the lines of pyromania, kleptomania, and pathologic gambling) which involves pulling out one's hair It hasonset in young adult between 9 and 13 years. The most common sites are the scalp, eyebrows, and eyelids. Trichotillomania occur more frequently in females (Chamberlain *et al*., 2007). Conversion Disorder is an illness of symptoms that affect voluntary motor or sensory symptomswhich suggest another medical condition, but that is judge to be caused by psychological factors because the illness is preceded by conflicts or other stressors (Synopsis of psychiatry). Physical, emotional, or sexual abuse can be a contributing cause of conversion disorder in both adults and children.The gender ratio is closer to 1:1 (Bhatia *et al*., 2005). Schizophrenia is psychotic spectrum illness. Prior to age of 13 years, it is referred to as very early-onset schizophrenia, childhood-onset schizophrenia. It carries a poor prognosis. It is rare, with an incidence lower than 1in 10,000children (Jonathan *et al*., 2014; Abidi, 2013).

MoodDisorder: Depressive disorders in children represent significant public health concern, result in long term adverse effects on the individual's cognitive, social and psychological development. Depressive disorder affects 2-3% of children. Early onset bipolar disorder is rare in children (Synopsis of Psychiatry Chapter 31.12).

Aims and Objective

- Assessment of Psychiatry behavior in pediatric patients of 6-12 years age.
- Early recognition and prevention of impairment in social-occupational and interpersonal life of their future.

MATERIALS AND METHODS

Study setting:

- Study was carried out in C.U.Shah medical college and hospital, Surendranagar, Gujarat. 50 patients were recruited from the pediatric out patient department.

Inclusion criteria:

- Patient age of 6-12 years in Pediatric OPD.
- Provided informed consent to guardian.

Exclusion criteria

Those who

- Has age less than 5years.
- Had an organic psychiatry disorder.
- Were experiencing unstable general medical condition.
- Were grossly psychotic and unable to cooperate.

50 patients of age between 6 to 12 yearswere assessed randomly from the pediatric outpatient department.

Written informed consent was obtained from the guardianafter the discussion of study details. A demographic and clinical data sheet was fulfilled.The subjects were assessed clinical by sign and symptoms of DSM-5 criteria.Children were assessed clinically for various conditions like school refusal, learning disorder, ADHD, IDD, Trichotillomania, Psychotic spectrum illness, mood disorder, headache etc.

RESULT AND DISCUSSION

Present study included total 50 children. Group comprised predominantly male children. (n=30). Out of 50 children 32 were normal and had no any psychiatric problems. 18 (36%) children had some psychiatric problem.

Distribution	Male	Female	Total
Disorder	10 (20%)	8 (16%)	18 (36%)
Normal	20 (40%)	12(24%)	32(64%)
Total	30 (60%)	20 (40%)	50(100%)

Table 2. % of disorder in male child

Sr.NO	Disorder	No. of Male children affected	%
1	School phobia	2	(6.6%)
2	Intellectual disorder	1	(3.3%)
3	Learning disorder	3	(10%)
4	ADHD	1	(3.3%)
5	Headache	2	(6.6%)
6	Bipolar-1disorder	1	(3.3%)

Table 3. % of disorder in female

Sr.No	Disorder	No.of female children affected	No.of% (n=20)
1	Conversion disorder	2	10%
2	ID	2	10%
3	Schizophrenia	1	5%
4	Depression	1	5%
5	Trichotilomania	1	5%
6	School phobia	1	5%

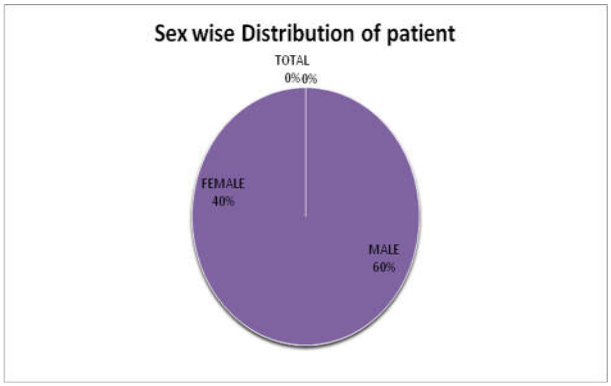

Figure 1. Sex wise distribution of patient

Behavior problems found more in male children (20%). 16% female children had behavior problem. In this present study out of 18 pediatric patients who had psychiatric behavior problem, 4 pediatric patients (22.2%) had school refusal, 3 patients (16.67%) hadIntellectual disability disorder, 3 patients (16.67%) had Learning disability, 1 patient (5.56%) had Attention deficit hyperactivity disorder, 1 patient (5.56%) had trichotillomania, 2 patients (11.11%) had mood disorder, 1 patient (5.56%) had childhood onset schizophrenia, 1 patient (5.56%) had tension type headache and 2 patients (11.11%) had conversion disorder.

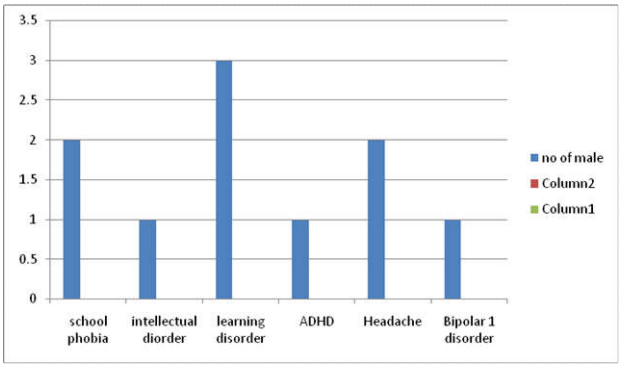

Chart 1. %of disorder in male children

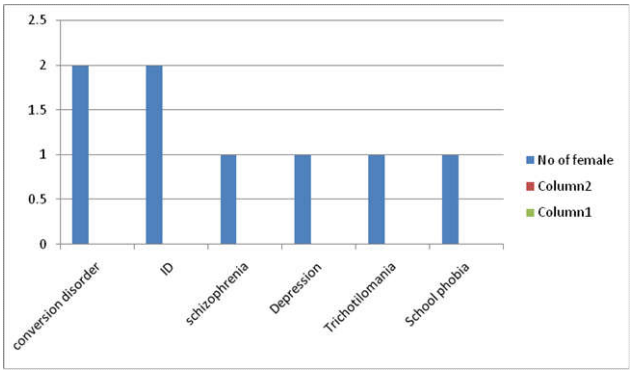

Chart 2. %disorder in female child

In this study, 11.6% of pediatric patient had school refusal. This is close to other study of Kearney and Beasley (1994) performed a study on the prevalence of school refusal between 5 and 17 years as a function of the age of youths with school refusal. Their results showed the highest rate of school refusal occurred between 7 and 9 years, representing 31.5%, whereas the lowest rates were between 5 and 6 years (11.2%) and between 16 and 17 years (15.2%) (Cándido *et al*., 2015; Dirks *et al*., 2008).

Memisevic H, Sinanovic study found 11.6% children of 6-12 years had ID which is more in male child (Memisevic *et al*., 2013). In this study, 13.3% of pediatric patient had intellectual disability.This is close to other Analysis of parent-reported data from the National Health Interview Survey (NHIS) 2011–2013 found the following (Pastor *et al*. 2015):9.5%of children ages6-11.Other studies like Patterson MC, Zoghbi HY, American Psychiatric Association, and Abidi also showed similar kind of results (Patterson, 2003; American Psychiatric Association, 2013; Abidi, 2013). In this study we found male had more psychiatric behaviour problem than female. 50 pediatric patients were included in this study.Out of 50 patients, 18 had disorder and 32 had no any behaviour problem. In 50 pediatric patients, 18males had psychiatric disorder. Association between gender and psychiatric disorder was not found significant. In 50pediatric patients, 8 female children had disorder.Association between gender and psychiatric behaviour was not found significant.

Limitation

- As the information collection was done via self and guardian reporting, it raise possibility of underestimating the other information regarding illness.
- It was not possible to maintain follow-up for psycho education regarding disease to child and parents due to educational schedule of children.

Conclusion

- By assessing the psychiatric behavior problem in pediatric patients age between 6-12years, found to have learning disability, Intellectual disability, School refusal, ADHD, Conversion disorder.
- A very few case of psychotic and mood disorder were found
- As early assessment of psychiatric problem and behaviour prevent chronology of disorder, and provide appropriate treatment through psycho-educating the parents about illness and it's prevention.

REFERENCES

Abidi S. 2013. Psychosis in children and youth: focus on early-onsetschizophrenia, Pediatr Rev. Jul;34(7):296-305; quiz 305-6. doi: 10.1542/pir.34-7-296.

American Psychiatric Association (2013) DSM 5: American Psychiatric Association.

American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 4th edition, text revised. Washington, DC: American Psychiatric Association,2000.

Bhatia MS., Sapra S. 2005. Pseudoseizures in children: a profile of 50 cases. Clin Pediatr (Phila).Sep;44(7):617-21.

Cándido J. Inglés[a] CarolinaGonzálvez-Maciá[b] José M.García-Fernández[b] MaríaVicent[b] M. CarmenMartínez-Monteagudo[b], 2015. Current status of research on school refusal, European Journal of Education and Psychology ,Volume 8, Issue 1, June, Pages 37-52(SR).

Chamberlain, S. R., Menzies, L., Sahakian, B. J. and Fineberg, N. A. 2007. Lifting the veil on trichotillomania. The American Journal Of Psychiatry, 164(4), 568-574. doi:10.1176/appi.ajp.164.4.568.

Dirks E., Spyer G., van Lieshout EC., de Sonneville L. 2008. Prevalence of combined reading and arithmetic disabilities. *Journal of Learning Disabilities* 41: 460–473.

Hope L.O'Brien MD[*] Shalonda K. Slater PhD[†], Comorbid Psychological Conditions in Pediatric Headache, Seminars in Pediatric NeurologyVolume 23, Issue 1, February 2016, Pages 68-70.

Jonathan R. Stevens, MD, MPH, Jefferson B. Prince, MD, Laura M. Prager, MD, and Theodore A. Stern, MD, Psychotic Disorders in Children and Adolescents:A Primer on Contemporary Evaluation and Management ,Prim Care Companion CNS Disord. 2014; 16(2): PCC.13f01514. Published online 2014 Mar 13.

Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D. Last updated: March 2018. https://www.helpguide.org/articles/add-adhd/attention-deficit-disorder-adhd-in-children.htm.

Memisevic H[1.], Sinanovic O. 2014. Executive function in children with intellectual disability--the effects of sex, level and aetiology of intellectual disability Intellect Disabil Res. Sep;58(9):830-7. doi: 10.1111/jir.12098. Epub 2013 Nov 11.

Patterson MC, Zoghbi HY. Mental retardation. X marks the spot. Neurology. 2003;61:156-7.

Synopsis of Psychiatry, 31.6, Page 1171

Synopsis of psychiatry, chapter 13.4, page 473

Synopsis of psychiatry, eleventh edition, 31.12 Mood disorders and suicide in Children and Adolescents, 1226

The American Academy of Child and Adolescent Psychiatry (AACAP), Learning Disorders,No. 16; Updated August 2013.5

****