Developmental Disorders

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Child and Adolescent Psychiatry

Differences of Child psychiatry from adult psychiatry:

- The child’s existence and emotional development depends on the family or care givers - cooperation with family members;
- The developmental stages are very important in the assessment of the diagnosis
- Use of psycho-pharmacotherapy is less common in comparison to adult psychiatry
- Children are less able to express themselves in words
- The child who suffers by psychiatric problems in childhood can be an emotionally stable person in adulthood, but some of the psychic disturbances can change a whole life of the child and his family

Disorders of Psychological Development (F80-F89)

- F80 Specific developmental disorders of speech and language
- F81 Specific developmental disorders of scholastic skills
- F82 Specific developmental disorder of motor function
- F83 Mixed specific developmental disorders
- F84 Pervasive developmental disorders
- F88 Other disorders of psychological development
- F89 Unspecified disorder of psychological development

F80 Specific Developmental Disorders of Speech and Language

F80	Specific developmental disorders of speech and language
F80.0	Specific speech articulation disorder
F80.1	Expressive language disorder
F80.2	Receptive language disorder
F80.3	Acquired aphasia with epilepsy (Landau-Kleffner)
F80.8	Other developmental disorders of speech and language
F80.9	Developmental disorder of speech and language, unspecified

F80.0 Specific Speech Articulation Disorder

- A specific developmental disorder in which the child's use of speech sounds is below the appropriate level for its mental age, but in which there is a normal level of language skills.
- The articulation abnormalities are not caused by a neurological abnormality and nonverbal intelligence is within normal range.

- Developmental:
  - phonological disorder
  - speech articulation disorder
- Dyslalia
- Functional speech articulation disorder
- Lalling

F80.1 Expressive Language Disorder

- A specific developmental disorder in which the child's ability to use expressive spoken language is markedly below the appropriate level for its mental age, but in which language comprehension is within normal limits.
- There may or may not be abnormalities in articulation.
- Developmental dysphasia or aphasia, expressive type

F80.2 Receptive Language Disorder

- A specific developmental disorder in which the child's understanding of language is below the appropriate level for its mental age, particularly in more subtle aspects of language - grammatical structures, tone of voice.
- The social reciprocity and make- believe play is normal and severe hearing disturbances are not present.
- Developmental:
  - dysphasia or aphasia, receptive type
  - Wernicke's aphasia
- Word deafness

F80.3 Acquired Aphasia with Epilepsy (Landau-Kleffner)

- The child loses receptive and expressive language skills after previous period of normal language development. The paroxysmal abnormalities on the EEG are present and in the majority of cases epileptic seizures occur as well.
- Some children become mute in a period of few months.
- Usually the onset is between the ages of three and seven years, with skills being lost over days or weeks.
- An inflammatory encephalitic process has been suggested as a possible cause of this disorder.
- About two-thirds of patients are left with a more or less severe receptive language deficit.

Treatment

- Cooperation of psychiatrist and speech therapist is very important.
- Psychiatric treatment is necessary if the child has secondary psychic problems, for example in relationship with other children or family.
- Pharmacotherapy, psychotherapy and special education are useful.

F81 Specific Developmental Disorders of Scholastic Skills

Disorders in which the normal patterns of skill acquisition are disturbed from the early stages of development.

F81	Specific developmental disorders of scholastic skills
F81.0	Specific reading disorder
F81.1	Specific spelling disorder
F81.2	Specific disorder of arithmetical skills
F81.3	Mixed disorder of scholastic skills
F81.8	Other developmental disorders of scholastic skills
F81.9	Developmental disorder of scholastic skills, unspecified

F81.0 Specific Reading Disorder

- The child's reading performance is below his level of mental age. Poor schooling, mental or visual impairment is not the cause of the delay.
- The child has difficulties in reciting the alphabet, there are omissions of words, distortions of the content of the facts from material read and rate of reading is very slow.
- Associated emotional and behavioural disturbances are common during the school age period.

  - "Backward reading"
  - Developmental dyslexia
  - Specific reading retardation

F81.1 Specific Spelling Disorder

- Specific and significant impairment in the development of spelling skills in the absence of a history of specific reading disorder, which is not solely accounted for by low mental age, visual acuity problems, or inadequate schooling.
- The ability to spell orally and to write out words correctly are both affected.

  - Specific spelling retardation (without reading disorder)

F81.2 Specific Disorder of Arithmetical Skills

- The arithmetical performance is significantly below the level of the general intelligence, reading and spelling skills are within normal rage.
- The deficit concerns mastery of basic computational skills of addition, subtraction, multiplication, and division rather than of the more abstract mathematical skills involved in algebra, trigonometry, geometry, or calculus.

Developmental:

- acalculia
- arithmetical disorder
- Gerstmann's syndrome

F81.3 Mixed Disorder of Scholastic Skills

- The child can suffer from all previously described specific developmental disorder of scholastic skills (both arithmetical and reading or spelling skills are significantly impaired)
- Disorder is not solely explicable in terms of general mental retardation or of inadequate schooling

F82 Specific Developmental Disorder of Motor Function

- Serious impairment in the development of motor coordination that is not solely explicable in terms of general intellectual retardation or of any specific congenital or acquired neurological disorder
- The child is generally clumsy in fine and gross movements; there are difficulties in learning to tie shoe laces, to run, to throw the balls. Drawing skills are usually also poor
- In most cases - marked neurodevelopmental immaturities
  - Clumsy child syndrome
  - Developmental:
    - coordination disorder
    - dyspraxia

Treatment

- The family and the school have to be properly informed about the child’s disorder.
- Special educational training is necessary, nootropic drugs are useful.
- For children with coordination difficulties special physical education programs may be help to enhance the child’s self-esteem and ability to interact with peers.

F95 Tic Disorders

- A tic is an involuntary, rapid, recurrent, nonrhythmic motor movement (usually involving circumscribed muscle groups) or vocal production that is of sudden onset and that serves no apparent purpose
- Tics are experienced as irresistible, but can be suppressed for shorter periods of time

- Conditions of diagnosis are also a lack of neurological disorder, repetitiveness, disappearance during sleep, lack of rhythmicity, and lack of purpose

F95 Tic Disorders

- Simple motor tics: eye-blinking, neck-jerking, shoulder-shrugging, facial grimacing
- Simple vocal tics: throat clearing, barking, sniffing, hissing
- Complex motor tics: jumping and hopping
- Complex vocal tics: repetition of particular words or sentences, and sometimes the use of socially unacceptable (often obscene) words (coprolalia), and the repetition of one's own sounds or words (palilalia)

Classification of Tic Disorders

F95	Tic disorders
F95.0	Transient tic disorder
F95.2	Combined vocal and multiple motor tic disorder (de la Tourette)
F95.8	Other tic disorders
F95.9	Tic disorder, unspecified

Treatment

- Sleep therapy
- Hypnotherapy
- Neurosurgery
- Shock therapy

- Antipsychotic drugs
- Antidepressants
- Nootropic drugs

- Behavioural and cognitive therapy
- Cooperation with the family is important.

F98 Other Behavioural and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence

F98	Other behavioural and emotional disorders with onset usually occurring in childhood and adolescence
F98.0	Nonorganic enuresis
F98.1	Nonorganic encopresis
F98.2	Feeding disorder of infancy and childhood
F98.3	Pica of infancy and childhood
F98.4	Stereotyped movement disorders
F98.5	Stuttering (stammering)
F98.6	Cluttering
F98.8	Other specified behavioural and emotional disorders with onset usually occurring in
F98.9	Unspecified behavioural and emotional disorders with onset usually occurring in childhood and adolescence

F98.0 Nonorganic Enuresis

- The child is not able of voluntary bladder control during the day (enuresis diurnal) or during the night (enuresis nocturnal)
- The enuresis may be present from birth (enuresis primaria), or it may occur after a period of time of acquired bladder control (enuresis secundaria)
- There is no neurological disorder or structural abnormality of urinary system, or lack of bladder control is not due to epileptic attacks or cystitis or diabetic polyuria
- Enuresis is not diagnosed in a child less than 4 years of mental age
- Emotional problems may arise as a secondary consequence of enuresis

Treatment

- Mild restriction of fluids before bedtime
- Waking for the toilet during the night
- Rewarding success and not to focus attention on failure
- Antidepressants

F98.1 Nonorganic Encopresis

- The diagnosis involves repeated intended or unintended passage of faeces in places not appropriate for that purpose.
- The etiology:
  - a) result of inappropriate toilet training
  - b) the child is able of bowel control, but because of different reasons is refusing to defecate in appropriate places
  - c) physiological problems or emotional problems
- Encopresis can be accompanied by smearing of faeces over the body or environment or is a part of anal masturbation. It occurs in children with emotional or behavioural disturbances or mentally retarded persons.

Treatment

- Psychotherapy
  - to reward success
  - the child is taught to establish more normal bowel habit, for example by sitting on the toilet regularly after the meals
- Anxiolytics or antidepressants

F98.2 Feeding Disorder of Infancy and Childhood

- Feeding disorder generally involves food refusal and extreme faddiness in the presence of an adequate food supply, a reasonably competent caregiver, and the absence of organic disease.
- Can be associated with rumination (repeated regurgitation without nausea)
- Occurs often in children in institutional care or mentally retarded

F98.3 Pica of Infancy and Childhood

- Persistent eating of non - nutritive substances (soil, wall paint)
- Common in mentally retarded children or very young children with normal intelligence level

F98.5 Stuttering (Stammering)

- Frequent repetition of prolongation of sounds or syllables or words
- Could be transient phase in early childhood or persistent speech failure until adult life