



# Saint Sophie's

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Psychiatric Center

*Always Leading & Inspiring*

# Pediatric Case Study

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# Presentation:

- Patient present with parents
- Parents have complaints of behavior problems.



# Symptoms

- Parents report:
  - Problems in school in areas of academics and behavior.
  - Problems at home with parents and siblings.
  - Problems with peers at school and in the neighborhood.



# Patient History

- No family history of mental health problems
- Attends private school
- Poor performance in 1<sup>st</sup> grade
- Has trouble sleeping, has nightmares
- No known history of trauma



- Lives with biological parents and 2 siblings
- Two older siblings w/o behavior or emotional problems



# DMDD DSM-5 Criteria

- \* Severe recurrent temper outbursts
- \* Temper outbursts inconsistent with developmental level.
- \* Temper outbursts 3x week average
- \* Mood is persistently irritable or angry most of the day
- \* Above criteria present for at least 12 months



- \* Not a period of 3 months without symptoms
- \* Symptoms present in at least 2 of 3 settings (home, school, peers)
- \* Dx not made before age 6 or after age 18
- \* Criteria met before age 10
- \* No periods of mania or hypomania greater than one day.





- \*Behaviors do not occur exclusively during an episode of MDD and are not better explained by another mental disorder
- \*Symptoms not attributable to the physiological effects of a substance or to another medical or neurological condition.



# DMDD Criteria met



# DMDD

- DSM-5 published in 2013
  - Controversial diagnosis
    - Some feel that it should be a modifier of ADHD or Childhood Bipolar disorder rather than it's own entity.
    - Emotional dysregulation was part of ADHD criteria until 1980 when it was determined to not be part of the diagnosis.



DMDD vs. Bipolar Disorder in children

DSM-5 included DMDD

episodic nature of irritability in bipolar disorder and chronic severe non-episodic irritability in DMDD is the primary distinction.



# ADHD

Persistent pattern of inattentive and or hyperactive/ impulsive behavior that interferes with functioning or development.



- Prevalence in the US overall: 10.2 percent of children age 4-17. (2015-2016)
- More boys (14%) than girls (6.3%)
- 5.4 million children with a current diagnosis of ADHD
- 2/3 are taking medication as part of their treatment



- Interesting fact...
- A population based study using DSM-IV criteria showed 15.5% of children grades 1-5 met criteria for ADHD.
- Study used rating scales filled out by teachers and telephone interviews of parents of 7,847 children.



# Inattentive criteria (6)

- \* Fails to give close attention to details/careless mistakes
- \* Difficulty sustaining attention in tasks or play
- \* Does not seem to listen
- \* Does not follow through on instructions
  - Has difficulty organizing tasks





- \* Avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort
- \* Loses things
- \* Easily distracted
- Forgetful in daily activities



# Inattentive Criteria met



# Hyperactive Criteria (6)

- \* Often fidgets or taps hands or feet
- \* Leaves seat in situations when remaining seated is expected
- \* Unable to Play or engage in leisure activities quietly
- \* Often on the go
- \* Talks excessively
- \* Blurts out answers



- \* Difficulty waiting his/her turn
- \* Interrupts or intrudes on others



# Hyperactivity Criteria met



# GAD

- DSM-5 criteria
  - Excessive worry at least 6 months
  - Difficult to control the worry
  - Anxiety and worry associated with (3)
    - Restlessness/ keyed up or on edge
    - Easily fatigued
    - Difficulty concentrating/ mind going blank
    - Irritability / Muscle tension
    - Sleep disturbance



- Causes clinically significant distress, impairment of social, occupational or other important areas of functioning.
- Not secondary to substance use
- Not better explained by another mental disorder



# GAD

- \* Excessive worry
- \* Nightmares
- \* Fear of dying
- \* Sleep disturbance
- \* Tachycardia
- \* Feeling of butterflies in her stomach





- Symptoms meet criteria for
- Disruptive Mood Dysregulation Disorder
- Attention Deficit Hyperactivity Disorder
- Generalized Anxiety Disorder



# Reasons to treat

- Impairs quality of life
- Impairs active learning and school performance for the child
- Negatively affects relationships with family members
- Difficult to make/maintain friendships



# Treatments

- Therapy
  - Learn to regulate behavior
  - Learn strategies including mindfulness and distress tolerance
  - Parent training- they can learn to avoid reinforcing undesirable behavior and to reinforce desired behaviors when they occur.



- Multiple programs for parent interaction training
- Similar principles including:
  - Consistent rules that are clearly defined
  - Reinforcement of desirable behaviors
  - Consistent consequences for noncompliance



- Nurtured Heart Approach:
  - A program designed for parent education regarding children diagnosed with a variety of behavioral, emotional and anxiety related problems.
  - Uses solid principles
  - Available in many formats online, workshops and textbook/ workbooks



# Pharmacologic

- Medications
  - Stimulants
  - Antidepressants (SSRIs, SNRIs)
  - Second Generation Antipsychotics (risperidone, aripiprazole)



- Stimulant can help control aggression
- If no improvement with stimulants and therapy then antipsychotics considered.



# Course of treatment

- Visit 1
  - Started SSRI for anxiety and irritability
  - Mild response, adjusted dose
- Visit 3
  - School principal- last chance
  - Parents consented to trial of stimulant medication
  - Significant improvement, adjust dose





- Dismissed from private school, parent recalls that stimulant medication was forgotten one day leading to her dismissal.

- Doing well in public school

Eventually ....

- Not sleeping well

- Worsening behavior lying and aggression



- Inappropriate at school raising her middle finger to teachers and other adults.
- More lying
- More aggression leads to max dose of methylphenidate
- Discussion of Second Generation Antipsychotic if symptoms continue





- Behavior improves temporarily with increased dose of stimulant
- Parents consent to SGA
- Low dose aripiprazole is started.



- She tolerates it well.
- No recent aggression
- Parents have no complaints.
- School has no complaints.
- Life. Is. Good.



