COMMON BEHAVIOURAL PROBLEMS
COMMON BEHAVIORAL PROBLEMS

- Pica
- Bed wetting (Enuresis)
- Thumb sucking
- Breath holding spells
- Temper tantrums
- Tics
- Bruxism
- Encopresis
PICA

• Definition:
  Persistent ingestion of non-nutritive substances for at least 1 month in a manner that is inappropriate for the developmental level.

• Examples: mud, paint, clay, plaster, charcoal.
Predisposing factors:

- Lack of parental nurturing
- Mental retardation
- Psychological neglect (orphans)
- Family disorganization
- Lower socioeconomic class
- Autism
PICA (CONT)

• Screening indicated for:
  • Iron deficiency anemia
  • Worm infestations
  • Lead poisoning
  • Family dysfunction

• Treat cause accordingly

• Usually remits in childhood but can continue into adolescence.
ENUREISIS

• Evacuation of bladder at a wrong place and time at least twice a month after 5 yrs of age

• Prevalence:
  - 5-10 yr olds: 2-3%
  - adolescence: 0.5-1%
TYPES OF ENURESIS

• **Primary nocturnal enuresis:** child has never been dry at night (90% of cases).

• **Secondary nocturnal enuresis:** child has been continent for ≥ 6 months and then begins to wet bed during sleep.

• **Diurnal enuresis:** child passes urine in clothes during day and while awake.
PRIMARY NOCTURNAL ENURESIS-CAUSES

- Marked familial pattern.
- 68% concordance rate in monozygotic twins.
- 38% concordance rate in dizygotic twins.
- Maturational delay is the most common cause.
- Hypo secretion of arginine vasopressin (AVP) hormone may be possible etiology.
SECONDARY NOCTURNAL ENURESIS-CAUSES

• Psychosocial Stress: Family quarrels/Academic stress

• Urinary Tract Infection.

• Juvenile Diabetes Mellitus.

• Management of secondary nocturnal enuresis depends on cause.
MANAGEMENT OF PRIMARY NOCTURNAL ENURESIS

• Detailed clinical / developmental history
• Family history
• Rule out urinary tract infection.
• Rule out occult spina bifida / abnormalities of urinary tract
  • X-ray lumbosacral spine
  • USG abdomen
• Rule out Diabetes Mellitus
BEHAVIOR THERAPY FOR PRIMARY NOCTURNAL ENURESIS

• Adequate fluid intake during the day as 40% in the morning, 40% in the afternoon and 20% in the evening

• Caffeinated drinks to be avoided in the evening

• Reassurance and emotional support to the child
BEHAVIOUR THERAPY FOR PRIMARY NOCTURNAL ENURESIS

- Encourage child to keep a dry night diary and void urine before bed

- Dry nights to be credited with praise
- Never humiliate or punish the child

- Alarm therapy
PHARMACOTHERAPY FOR PRIMARY NOCTURNAL ENURESIS

• If behavior therapy fails or if parents want prompt response:

  • Imipramine (2.5 mg/kg/24 hrs at bed time) for few weeks and taper

  • Desmopressin acetate (DDAVP) orally or intra nasally at bed time
THUMB SUCKING

• A habit disorder.
• Sensory solace for child ("internal stroking").
• Normal in infants and toddlers.
• Reinforced by attention from parents.
• Predisposing factors:
  • Developmental delay
  • Neglect
MANAGEMENT OF THUMB SUCKING

- Reassure parents that it’s transient.
- Improve parental attention/nurturing.
- Teach parent to ignore; and give more attention to positive behavior.
- Provide child praise for substitute behaviors.
- Bitter salves may be used reduce thumb sucking.
- Chronic thumb sucking in older children may affect alignment of teeth.
BREATH HOLDING SPELLS

• Behavioral problem in infants and toddlers.
• Typically initiated by a provocative event
• Child cries and then holds breath until limp.
• Cyanosis may occur.
• Sometimes, loss of consciousness, or even seizure can occur.
• Reverts back to normal on their own within several seconds
• Rare before 6 months of age; peak at 2 yrs and abate by 5 yrs of age
<table>
<thead>
<tr>
<th>PALLID SPELLS</th>
<th>CYANOTIC SPELLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Triggered by sudden fright or pain</td>
<td>• Triggered by frustration or anger</td>
</tr>
<tr>
<td>• Child may gasp/ give brief cry</td>
<td>• Cries vigorously</td>
</tr>
<tr>
<td>• Becomes pale, limp</td>
<td>• Following cry → Turns blue</td>
</tr>
<tr>
<td>• Brief episode, less than one minute</td>
<td>• May become unconscious, less than one minute</td>
</tr>
<tr>
<td>• Regains consciousness, recognise people</td>
<td>• Regains consciousness, gasps. Returns to normal</td>
</tr>
</tbody>
</table>
### Clinical Features of Seizures and Breath-Holding Spells

<table>
<thead>
<tr>
<th>Feature</th>
<th>Seizure</th>
<th>Breath-Holding Spell</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>All ages</td>
<td>Infants and toddlers</td>
</tr>
<tr>
<td>Familial</td>
<td>Often</td>
<td>Often</td>
</tr>
<tr>
<td>Provoking stimulus</td>
<td>Usually not</td>
<td>Almost always</td>
</tr>
<tr>
<td>Sleep related</td>
<td>Often</td>
<td>Never</td>
</tr>
<tr>
<td>Stereotyped episodes</td>
<td>Usually</td>
<td>Always</td>
</tr>
<tr>
<td>Post-ictal changes</td>
<td>Usually</td>
<td>Rare</td>
</tr>
<tr>
<td>Incontinence</td>
<td>Often</td>
<td>Rare</td>
</tr>
<tr>
<td>Electroencephalogram</td>
<td>Abnormal</td>
<td>Normal</td>
</tr>
</tbody>
</table>
TREATMENT OF BREATH HOLDING SPELLS

• Elicit clinical sequence of events from parents.
• Parents reassured, told to ignore behavior.
• Parents should remain calm during the event
• Iron supplementation for children with iron deficiency anemia
TEMPER TANTRUMS

• In 18 months to 3 yr olds due to development of sense of autonomy.

• Child displays defiance / oppositionalism by having temper tantrums.

• Normal part of child development.

• Gets reinforced when parents respond to it by punitive anger.
PRECIPITATING FACTORS FOR TEMPER TANTRUMS

- Hunger
- Fatigue
- Lack of sleep
- Innate personality of child
- Ineffective parental skills
- Over pampering
- Dysfunctional family / Family violence
- School aversion
TEMPER TANTRUM-MANAGEMENT

• In general, parents advised to:
  • Set a good example to child
  • Spend quality time
  • Have open communication with child
  • Have consistency in behavior

• During temper tantrum:
  • Parents to ignore child, leave child alone
  • Once child is calm, tell child calmly that such behavior is not acceptable
  • Never beat or threaten child
TEMPER TANTRUM-MANAGEMENT

• Praise / reward child for good behavior.

• “Time Out” as disciplinary method if temper tantrum is disruptive and out of control.

• Refer to Child Guidance Clinic if temper tantrums persist.
TICS

Definition: Repetitive movements of muscle groups of face, neck, hands, shoulders, trunk.

Examples:

• Lip smacking
• Grimacing
• Tongue thrusting
• Eye blinking
• Throat clearing
TICS

• Tension relieving habit disorder.
• Mostly transient.
• Persistent tics need psychotherapeutic intervention.
• Causes of persistent tics:
  • Academic under achievement
  • Low self esteem
  • Neuropsychologic dysfunction
BRUXISM

- A habit disorder.

- Begins in first 5 yrs of life.

- Associated with daytime anxiety.

- May lead to problems with dental occlusion.
MANAGEMENT OF BRUXISM

- Help child find ways to reduce anxiety:
  - Parent reads relaxing stories at bedtime
  - Emotional support

- Persistent bruxism leads to muscular or temperomandibular joint pain.

- Dental referral necessary.
ENCOPRESIS

• Passage of faeces at inappropriate places after 4 yrs of age.
• Usually associated with constipation and overflow.
• Subtypes:
  – Primary: persisting from infancy onward
  – Secondary: appears after successful toilet training
• Can be
  A) Retentive (with constipation and overflow incontinence)
  B) Nonretentive (without constipation and overflow incontinence)
PREDISPOSING FACTORS FOR ENCOPRESIS

• Primary subtype:
  – Developmental delay

• Secondary subtype:
  – Psychosocial stressors
  – Conduct disorder
CLINICAL FEATURES

• Offensive odour leads to:
  – Ridicule by schoolmates / teachers
  – Punitive measures / scolding from parents / teachers
  – Poor school attendance and performance

• Abdominal pain, impaired appetite

• UTI
MANAGEMENT

• Clearance of impacted faeces using enemas.
• Short term use of mineral oil / laxatives to prevent constipation.
• Behavior therapy: Regular postprandial toilet habits
• High fiber diet / improve water intake.
• Individual or group psychotherapy sessions.
• Family support: encourage child, rewards for compliance, avoid power struggles.
Thank You