MIXED BEHAVIORAL AND EMOTIONAL DISORDERS IN CHILDREN, CAUSES, SYMPTOMS, DIAGNOSTICS. TREATMENT

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ANNOTATION

This article focuses on mixed behavioral and emotional disorders, groups of disorders characterized by a combination of persistent aggressive, dissocial, or challenging behavior with overt symptoms of depression, anxiety, or other emotional disturbances.

Keywords: aggression, anger, psychology, diagnosis, treatment, pathogenesis, prepubertal, frustration, rudeness, viciousness, neuropsychic development.

The true prevalence of mixed behavioral and emotional disorders in children and adolescents is unknown, but there is reason to consider them one of the most common types of depressive syndrome in prepubertal age and adolescents.

CAUSES

Mixed disorders of behavior and emotions are found in various mental illnesses in children and adolescents - schizophrenia, affective mood disorders, epilepsy, some forms of residual organic lesions of the central nervous system, early childhood autism, pathologically proceeding pubertal crisis, neurotic reactions.

Symptoms of mixed behavioral and emotional disorders.

Depressive conduct disorder is characterized by a combination of symptoms such as excessive suffering, loss of interests, anhedonia (joylessness in ordinary life), hopelessness with disorders that mimic the pathology of character (affective excitability, rudeness, malice, aggressiveness), manifested by persistent violations of aggressive, dissocial or opposition - defiant behavior.

For this category of children, the most commonly used term is "masked depression" (psychopathic masks of depression). At the same time, conduct disorders can be so severe that they almost completely hide the symptoms of depression. The behavior of a teenager is considered within the framework of non-pathological deviations that require correctional and educational measures of influence. At the same time, a vicious circle is formed: the behavior of a teenager provokes a negative reaction from parents, teachers, peers, which, in turn, enhances his depressive experiences, opposition to others, reducing the attractiveness of positive behavior and benevolent relationships for him. Often, insignificant psychogenic factors (quarrels with parents, classmates, teachers; unfair, in the opinion of a teenager, a bad grade) can play a fatal role, pushing a teenager to long-cherished suicidal actions. As a rule, with masked depressions, suicides are unexpected and incomprehensible to others.

Diagnostics of mixed disorders of conduct and emotions.

Diagnostics is based on identifying latent manifestations of depressive syndrome. First of all, sufficiently pronounced changes in the behavior of a teenager that have occurred in a relatively short period of time should be alarming. Previously, a young man (or girl) who was no different from others becomes gloomy, embittered, sarcastic. Learning motivation is lost for no apparent reason. Absenteeism, failure to do homework and, as a result, a sharp decline in academic performance are noted. A pessimistic assessment of the future, the meaninglessness and vanity of present existence, the voicing of thoughts about death as a natural result of earthly vanity slip through the statements. As a rule, patients listen to music of depressive content for a long

time (music for the lost), some read the relevant literature. Along with other manifestations of latent depression, computer addiction that was previously unusual for a teenager can also serve as an indirect sign of an onset illness.

Mixed specific developmental disorders in children.

A group of disorders characterized by the presence in one person of specific disorders of the development of speech, school skills, motor functions without a significant predominance of one of the defects necessary for the establishment of the primary diagnosis. A common feature for this category of disorders is their combination with some degree of cognitive impairment. According to clinical descriptions, this poorly defined and not well-defined diagnostic heading approaches the diagnostic category "mental retardation" that has been widely used and continues to be used in Russian psychiatry, with the isolation of its dysontogenetic and encephalopathic forms.

CAUSES AND PATHOGENESIS

In the genesis of these disorders, the leading role is assigned to biological factors, including hereditary predisposition and mild tissue damage to brain structures as a result of exogenous-organic influences with subsequent disruption of the formation of inter-analytic connections. Social factors such as a lack of information associated with a low level of family, neglect, aggravate the manifestations of mixed developmental disorder. The pathogenesis is not well understood. It is assumed that in some cases the mechanism of delayed maturation and functional immaturity of the corresponding brain structures prevails, in others - the mechanism of the loss of structural and functional elements that provide a higher level of intellectual development.

SYMPTOMS

The clinical picture is polymorphic in nature, includes both signs of mild general mental underdevelopment, and, in various combinations, specific disorders of the development of speech, school skills. Dyslexia - reading disorders, dysgraphia - various types of writing disorders, including spelling dysgraphia, manifested in the inability to logically use and control well-learned spelling rules in writing, dyscalculia - counting disorders. In encephalopathic forms, these disorders are combined with various complicating symptoms (psychopathic, neurosis-like disorders, symptoms of cerebral asthenia, etc.).

DIAGNOSTICS

Compliance with the developmental stages of the child is the main diagnostic criterion for determining the difference between emotional disorders, which usually begin in childhood and adolescence, and neurotic disorders.

TREATMENT

Children with this form of the disorder should be monitored by a child psychiatrist. This is necessary not only to carry out adequate drug treatment, psychotherapy, but also to solve, together with psychologists and defectologists, the question of the form of education. Traditionally, children with mental retardation in our country are trained in specialized correction classes with a lightweight program in general education schools. Transfer to school of the VIII type (auxiliary) is carried out in cases where the level of general mental underdevelopment corresponds to mental retardation.

FORECAST

With a clear trend towards a decrease in disorders with age, lower levels of cognitive performance persist during adolescence and throughout adulthood.

CONCLUSION

In many cases, problems and concerns arise about the neuropsychic development of the child and are difficult to distinguish from problems arising from a mental disorder. These fears often arise due to low school performance, delayed speech development, and insufficient social skills. In such cases, the examination should include appropriate testing of psychological and neuropsychic development.

Because of these factors, examining a child with a mental disorder is usually more challenging than examining a comparable adult patient. Fortunately, most cases are not severe and a primary care physician can provide competent treatment. However, in severe cases, treatment is best done in consultation with a psychiatrist who specializes in working with children and adolescents.

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