[Abstract:0518] Child and adolescent mental and behavioral disorders

Psychological difficulties, symptoms and posttraumatic stress disorders in children and adolescents after liver transplantation

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Objective: Liver transplantation offers a quality life chance for children and adolescents who have a serious liver disease. Chronic illness, invasive interferences, hospitalization of the transplantation and stay in the intensive care unit, medication compliance and side effects, and complications after transplantation cause a significant degree of mental stress and may lead to a deterioration of mental health. This study aimed to evaluate the psychological difficulties of children after liver transplantation.

Methods: This randomized controlled trial included 48 liver transplant patients between 4-18 years of age who had received liver transplants in the Inonu University Turgut Ozal Medical Center transplant unit, 37 patients with chronic liver disease and 50 healthy children and adolescents. Families of children and adolescents participating in this study filled the sociodemographic data form and parents form of Strength and Difficulties Questionnaire (SDQ). Literate children age seven years and older and adolescents answered The Child Posttraumatic Stress Disorder Symptom Scale (CPSS); those 11 years and over answered SDQ self-report form.

Results: There was no difference between the three groups in terms of age and gender (p<0.05). Comparing CPSS scores of the groups, there was no significant difference between chronic liver disease and transplant patient groups; it was determined that chronic liver disease and transplant patient groups scored significantly higher than the healthy group (p<0.05). Significant differences were not detected in terms of GGA-total and subscale scores between the three groups.

Conclusion: The results of this study suggest that the mental state of children with chronic liver disease and liver transplant is similar to healthy controls. However, the presence of symptoms of posttraumatic stress disorder in children in the two groups suggested that they are at risk in this regard.

Keywords: liver transplantation, psychiatry, post-traumatic stress disorder


[Abstract:0604] Child and adolescent mental and behavioral disorders

Tackling sexual risk behaviors in co-educational departments of adolescent psychiatry – challenge for a systemic approach in treatment

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Objective: Sexual risk behaviors are common in adolescent populations with devastating consequences especially in clinical subpopulations. The noxious influences of such behaviors not only disturb the somatic and psychological wellbeing but also damage personal development, family system, neighborhood/social context and peer relations. The development of sexuality, when saturated with dynamic cognitive, emotional and behavioral disorders, exposes the child to the risk of sexual abuse, changes his/her mental activity and behaviors as well as parental and social perceptions of the child. Sexual risk behaviors mistakenly separated from a specific disease can lead to the worsening of basic mental condition, primarily affected by a mental disorder or intellectual disability. The therapeutic milieu of a co-educational in-patient ward focalizes and sharpens functions of sexual behavior of adolescence. In order to understand such risk behaviors and their meaning in clinical context as well as to tackle them in peer group interrelations there is a need to identify them.

Methods: Over the last 18 years, hospital observation of a cohort of over 6000 girls and boys (age 12 to 18) affected with mental illnesses (e.g., Bipolar Disorder, Schizophrenia, ADHD, Obsessive-Compulsive Disorder, Conduct Disorder, Intellectual Disability) hospitalized for an average of 3 weeks in a co-educational psychiatric department, the roles of their revealed sexual behaviors were categorized and discussed within their individual family therapies, patients group therapy and staff continuous training meetings. Psychotherapeutic
work was aimed at a proper understanding of sexuality of young people, natural ways of psychosexual development and its interference with psychopathological signs and symptoms of basic mental illness. Broadening awareness of different meanings of adolescents’ sexual behaviors was associated with delimiting stable boundaries supported by open discussions. The effectiveness of such a multidimensional approach was assessed periodically every month, evaluating staff meetings and patients’ and parents’ reports.

Results: The roles of the disclosed sexual behaviors were categorized into: 1. preparation of reproduction; 2. confirmation of adulthood; 3. confirmation of masculinity/femininity (in front of the group); 4. establishment of intimacy, close dyadic relationship; 5. enhancement of self-esteem (attractiveness); 6. seeking of pleasure; 7. reducing emotional tension (fear, frustration); 8. risk-taking as sexual excitement and inversely; 9. expressing hostility and/or dominance; 10. governance and domination within the group - peer abuse (sexual bullying); 11. financial benefits as exchange; 12. symbolic/real self-mutilation and self-destruction; 13. rebelliousness against moral standards; 14. opportunistic implementation of desired standards of the group; 15. manifestation of psychopathology. In family meetings exploration of parental attitudes and patterns of their own sexuality were discussed in the context of revealed meanings of the child’s sexual behavior. The role of the social milieu (peer group, hospital setting and environmental influences - religious and mass culture in particular) were always considered. The open and friendly discussion diminished the “grey zone” of undisclosed, harmful sexual relations, improved patients’ subjective cooperation and their acceptance of necessary restrictions.

Conclusion: The multisystemic approach based on family along with work within the therapeutic group seems to tackle objectionable sexual risk behaviors in adolescent psychiatric departments and to enhance family resources in coping with them in future.

Keywords: adolescence, sexual behaviors, in-patient setting


[Abstract:0609] Child and adolescent mental and behavioral disorders

Psychiatric disorders in patients with psychogenic cough

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Objective: Psychogenic and habit cough are the common terms to refer to a chronic dry cough without evidence of organic base that does not respond to antitussive pharmacotherapy. It has been reported that children with psychogenic cough may have an underlying psychiatric disorder, most commonly conversion disorder (21.9%), followed by mixed anxiety and depressive disorder (12.2%). We aim to investigate underlying psychiatric disorders in patients with psychogenic cough.

Methods: Thirty-eight patients with psychogenic cough (23 males, 15 females, minimum age 6, maximum age 15, mean age: 9.4±2.9 years) were included in the study. To exclude other medical etiologies, physical examination, blood tests with complete blood count, erythrocyte sedimentation rate, blood chemistry, liver function tests, throat swab culture, pulmonary function tests, allergic profile, and chest X-ray were performed. Kiddie Schedule for Affective Disorders and Schizophrenia for School Age Children–Present and Lifetime Version (K-SADS-PL) was administered to assess psychiatric comorbidities.

Results: The most common psychiatric disorder was tic disorder with a frequency of 23.7%, followed by conversion disorder with the frequency of 21.1%. Other common diagnoses were as follows: separation anxiety disorder (13.2%), anxiety disorder not otherwise specified (13.2%), generalized anxiety disorder (10.5%).

Conclusion: Psychogenic cough was the second-most common cause of chronic cough in children aged 6 to 16 years, which may be due to a high frequency of tic disorders in childhood. Tic disorders were the most common diagnosis in our group, followed by conversion disorder and separation anxiety disorder. Some studies also report psychiatric comorbidities in patients with psychogenic cough. Bhatia et al. reported a 62% rate of psychiatric comorbidity; most common diagnoses were conversion disorder (22%), mixed anxiety and depressive disorder (12%), and generalized anxiety disorder (10%). Anbar and Hall reported that conversion disorder was diagnosed in 11% and anxiety disorder in 2% of patients with psychogenic cough. Consistent with these findings, conversion disorder was the second-most common diagnosis in our sample. As a result, differential diagnosis between psychogenic and organic etiology of cough is very important in order to provide psychiatric help and avoid unnecessary medical procedures. Therefore, psychiatric evaluation should be performed for children with chronic cough.

Keywords: consultation liaison psychiatry, psychiatric comorbidities, psychogenic cough