

Hot Topics in Pediatric Psychiatry

Anilla Del Fabbro, MD

Objectives:

1. Participants will be able to list some of the most popular topics currently talked about in pediatric psychiatry
2. Participants will be able to understand and discuss pediatric psychopathology in the context of child and adolescent development
3. Participants will be able to describe different strategies and treatment options, pertaining to the topics discussed

Up front

- Trauma is common

“When you hear hoof beats behind you, don’t expect to see a zebra”

- Irritability can be found in depression, bipolar disorder, ADHD, and anxiety (PTSD)
- “We balance probabilities and choose the most likely. It is the scientific use of the imagination.”
- Always be as transparent as possible with the patient and the family, especially at the beginning of the examination.

1. ACEs

- Decade long, 17,000 people involved.
- Looked at effects of adverse childhood experiences over the lifespan
- Largest study ever done on this subject

Adverse Childhood Experiences are Common

Of the 17,000 HMO Members:

- 1 in 4 exposed to 2 categories of ACEs
- 1 in 16 was exposed to 4 categories.
- 22% were sexually abused as children.
- 66% of the women experienced abuse, violence or family strife in childhood.

The higher the ACE Score, the greater the likelihood of :

- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy

2. Adolescence and addictions in New Mexico

- Marijuana use in adolescents has remained stable
- Prescription opioids has remained the same

BOTH remain higher than rest of US

-Marijuana

- Marijuana is the most cited drug among treatment admissions in 28 out of 50 states
- Vermont, New Hampshire, Colorado, Oregon and Montana have the highest rate of teen usage — 13–14% of teens in those states have smoked pot in the past month
- Maine, Washington, California, New Mexico and Alaska have the next highest proportion of teen usage — 11–12% of teens in those states have smoked pot in the past month
- Utah has the lowest rate of teen marijuana usage — around 4% of kids in Utah aged 12–17 have used marijuana in the past month
- Around 35% of all 12th graders in the U.S. have smoked pot at some point in the past year

-Marijuana

- Marijuana is the most commonly used drug among both middle and high school students. Among middle school students, lifetime marijuana use is followed in prevalence of use by lifetime inhalant use, current marijuana use, lifetime improper prescription drug use, painkillers to get high, and lifetime cocaine use. Among high school students, current marijuana use is followed in prevalence of use by painkillers to get high, inhalants, ecstasy, cocaine, methamphetamines, and heroin.

-Marijuana

- According to the Youth Risk and Resiliency Survey, drug use among youth in Bernalillo County (and New Mexico) remains high, although it has declined in recent years for all substances. Approximately 26.5 percent of high school students reported using marijuana during the past 30 days. One-tenth (10.2 percent) reported having used painkillers to get high, and 6.1 percent were reported as current users of inhalants. According to the National Survey of Drug Use and Health, 11.40 percent of those age 12 and older reported current marijuana use, and 5.76 percent reported current nonmedical use of prescription pain relievers.

-Opioids

- Perhaps the most alarming drug trend among teens is prescription drug use. Painkillers are often found around the house or resold after receiving a prescription from a doctor
- Painkillers (also known as “opiates” or “opioids”) are the most cited drug among treatment
- Oregon has the highest rate of nonmedical painkiller use among people 12 and older (nearly 6.5% of the population)
- Colorado and Illinois have the next highest rate of painkiller abuse (more than 5% of the population)

-Opioids

- Iowa has the lowest rate of nonmedical painkiller use in the U.S. (3.6%)
- Alabama has the highest number of opioid painkiller prescriptions in the country — 3 times as many as Hawaii, the state with the lowest
- Across the country, 46 people die from a prescription painkiller overdose every day
- Around 5% of all 12th graders and 1% of all 8th graders in the U.S. have used Vicodin for nonmedical reasons in the past year — 3.3% of 12th graders and 1% of 8th graders have used OxyContin in the past year
- Around 7% of all 12th graders have taken Adderall, a prescription stimulant, nonmedically in the past year

-Opiate addiction

- Drug overdose deaths continue to increase at alarming rates throughout New Mexico. In 2010, New Mexico had the second highest drug overdose death rate in the Nation. The number of drug overdose deaths increased by 66.3 percent in Bernalillo County (the county that contains the city of Albuquerque) in 2011 over the previous year. Of the 521 drug overdose deaths statewide in 2011, nearly 40 percent occurred among Bernalillo County residents.

-Other drug trends

- Synthetic marijuana, a so-called “legal high” designed to mimic the effects of marijuana, was sold in convenience stores nationwide until a ban was put into effect — but many states still report emergency calls related to the drug
- The south (including Texas, Florida and Georgia) and the midwest (Ohio, Indiana, Illinois) had the highest number of poison control calls for synthetic Marijuana in 2012

-Other drug trends

- States like North Dakota, New York and Utah have also seen alarming rates of ER visits and overdoses related to the drug
- Bath salts were another over-the-counter substance that swept the country in the 2000s, marketed as things like plant food but abused for their dangerously stimulating effects
- The south and southeast had the highest number of emergency calls related to bath salts in 2012, along with Utah and Pennsylvania
- Flakka, an extremely toxic designer drug similar to bath salts, was reported in a number of cases in Ohio, Texas and Florida in 2015. Florida is a particular hotbed for synthetic designer drugs, with 126 reported deaths from synthetic cathinones (i.e. bath salts or flakka) in 2013

3. Ketamine/psychotomimetics for depression

- Rationale for Using Ketamine in Youth with Treatment-Resistant Depression
- 20% of young people with depression remained resistant to treatment, childhood-onset depression was more likely to be recurrent and more difficult than adult-onset depression in the long run.
- Suicide was the second leading cause of death in 12- to 17-year-olds in 2010 according to a Centers for Disease Control report in May 2013. Anhedonia (a loss of pleasure in activities once enjoyed) was the most difficult symptom to treat in adolescents.

3. Ketamine/psychotomimetics for depression

- Gabbay carefully explained some of the rationales for using ketamine in young people with depression. The presence of inflammation is a poor prognosis factor, and ketamine has anti-inflammatory effects, decreasing levels of inflammatory markers CRP, TNF-alpha, and Il-6
- Given that ketamine has been widely used as an anesthetic for surgical procedures, its safety in children has already been demonstrated. Ketamine did not appear to cause behavioral sensitization (that is, increased effect upon repetition) in a report by Cho et al. in 2005 that included 295 patients

3. Ketamine/psychotomimetics for depression

- Papolos et al. reported that intranasal ketamine at doses of 50 to 120 mg was well-tolerated and had positive clinical effects in 6- to 19-year-olds with the fear of harm subtype of bipolar disorder that had been highly resistant to treatment with more conventional drugs
- Gabbay reluctantly endorsed further cautious controlled trials in children and adolescents, in light of ketamine's suggested efficacy and good safety profile, which stands in contrast to its popular reputation as a party drug or "Special K."

4. Neuromodulation, imaging and biomarkers

- Transcranial magnetic stimulation (TMS) is a powerful therapeutic and neurophysiological probe. Neurocognitive outcomes are key both in terms of safety and for intervention development.
- Wall et al. report on a study in which eighteen depressed adolescents received 30 sessions of 10-Hz rTMS, applied to the left dorsolateral prefrontal cortex. Participants demonstrated improvements in delayed verbal recall and memory.
- Desarkar et al. postulate that imbalances in excitatory and inhibitory neurotransmission could underlie aberrant neuroplasticity in ASD. At the receptor level, this may involve excessive NMDA and deficient GABA-mediated neurotransmission.
- Interventions with high frequency rTMS may have a role in stabilizing dysregulated neuroplasticity in ASD.

5. Violence

- The global epidemic of violence and its psychological impact

The screenshot shows a web browser window with the URL <http://www.tandfonline.com/doi/abs/10.1080/09540261.2016.1217829>. The page displays a review article titled "Intimate partner violence, HIV, and mental health: a triple epidemic of global proportions" by Joanie Mitchell, Megan Wight, Alastair Van Heerden & Tamsen Jean Rochat. The article has 380 views and 4 Altmetric citations. The abstract discusses the global health problem of intimate partner violence (IPV) and its association with HIV and mental health problems. The page also features a "People also read" section with two related articles: "Children's exposure to intimate partner violence: an overview" and "Inter-personal violence and abuse in adolescent intimate relationships: mental health impact and implications for practice".

380 Views
1 CrossRef citations
4 Altmetric

Review Article
Intimate partner violence, HIV, and mental health: a triple epidemic of global proportions
Joanie Mitchell, Megan Wight, Alastair Van Heerden & Tamsen Jean Rochat
Pages 452-463 | Received 11 Mar 2016, Accepted 23 Jul 2016, Published online: 06 Sep 2016
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Abstract

Intimate partner violence (IPV) is a global health problem of epidemic proportions, affecting a third of women across the globe and as many as 60% in heavily affected regions of Africa. There is strong evidence that risk of IPV is heightened in HIV-infected women, and emerging evidence linking experiencing IPV and/or HIV to a higher likelihood of experiencing mental health problems. This triple burden makes women in Africa, living in the epicentre of HIV, all the more vulnerable. In this synthesis, this study reviewed literature pertaining to the overlap of IPV, HIV, and mental health problems. It presents a series of geographical maps illustrating the heavy burden of IPV and HIV globally, and how these coincide with a growing prevalence of mental health problems in Africa. Furthermore, it presents evidence on: the association between IPV and HIV, shared risk factors, and health consequences. This synthesis sheds light on the fact that ~30% of women are affected by these three burdens concurrently, and the need for intervention is essential. Promising large scale interventions which have taken place in Africa are described, and evidence is presented in support of integrated versus targeted screening.

Keywords: Intimate partner violence, HIV, mental health, prevalence, risk factors, interventions

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Review
Children's exposure to intimate partner violence: an overview
Jill R. McTavish et al.
International Review of Psychiatry
Published online: 14 Jul 2016

Review
Inter-personal violence and abuse in adolescent intimate relationships: mental health impact and implications for practice
Christine Barter et al.

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Up and coming

- Maternal Immune Activation influences fetal brain development
- The role of GI microbiome and its role in both physical and psychiatric disorders such as depression

Things to think about

- Ignore the DSM and ICD constructs for a moment and go back to the description of the problems. Just try to describe as well as you can what is unusual in this patient. After that, think again about which diagnosis(es) match this pattern of symptoms
- Maybe there is nothing wrong with the child. For whatever reason the child is presented seeking help when a family member is the one with mental health problems
- It is often not possible to conduct the whole diagnostic process in one appointment
- If you get stuck in the differential diagnosis, remember that common disorders are frequent and rare disorders are rare
- Symptoms can present atypically in cases with multiple comorbidities (e.g., depression in an autistic child)

Things to think about

- Do not ignore possible somatic diagnosis, side effects of medications or effects of illicit drugs
- Think about the possibility of factitious or shared disorders (e.g., a mother with schizophrenia makes her young child believe that both are being pursued by the secret service)
- There will always be cases in which symptoms do not fit in with a specific diagnosis because classification systems are not perfect and presumably will never be.
- There will be cases in which there is no suitable diagnosis, because the illness is not yet described or, because the patient has no psychiatric or medical illness but is a victim of circumstance.

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“To cure sometimes, to relieve often, to comfort always.”
(Edward Livingston Trudeau, 1848-1915)