From spotlight to floodlight in paediatric practice

'mental' processes are camouflaged in the system around sick children

Unexplained/functional symptoms

- Garralda ME (2016) Hospital management of paediatric functional somatic symptoms. *Acta Paediatr* 105: 452–453.

"the finding that a significant number of referred children came from intact families is intriguing. A predominance of intact families has also been observed amongst children with chronic fatigue syndrome seen in specialist paediatric clinics. Tøt-Strate et al. suggest that in the Danish study, this could be explained by parents living together being more reluctant to enter the family-based treatment programme offered by CAMHS.

An alternative explanation could be *that a lack of obvious psychosocial stressors may lead to overemphasis on medical aspects and investigations*, thus militating against giving early attention to more subtle but relevant stressors; paradoxically, this could contribute to increased severity."

- Kozlowska K, Palmer DM, Brown KJ, Scher S, Chudleigh C, Davies F, Williams LM (2015) Conversion disorder in children and adolescents: A disorder of cognitive control. *J Neuropsychol*, 9: 87–108.

"early in the treatment process, interventions should target automatic processes, specifically with the aim of downregulating the body's stress systems and redressing the imbalance between cognitive/integrative and emotion/motor-sensory processing, and relational processes, both inside and outside the family, that represent ongoing sources of stress."

- Furness P, Glazebrook C, Tay J, Abbas K, Slaveska-Hollis, K (2009) Medically Unexplained Physical Symptoms in Children: Exploring Hospital Staff Perceptions. *Clinical Child Psychology and Psychiatry* 14: 575–87.

"Making the transition from physical to psychological care was perceived as one of the most difficult stages in the professional–carer relationship because of *parental resistance to giving up the notion of an identifiable, treatable physical cause for the symptoms in favour of an approach addressing psychological and social issues*"

- Ramchandani PG, Stein A, Hotopf M *et al*. (2006) Early parental and child predictors of recurrent abdominal pain at school age: results of a large population-based study. *Journal of the American Academy of Child and Adolescent Psychiatry* 45: 729-736.

"Associations between parental and child functioning assessed at 6 to 8 months postpartum, and RAP measured at age 6 years were investigated. The prevalence of RAP in this sample was 11.8%. *Both maternal anxiety and paternal anxiety in the first year of a child's life were associated with later childhood RAP*. Parent reports of child temperament features such as irregular feeding and sleeping were also associated with later RAP. This is the first evidence from a prospective study that anxiety in both mothers and fathers and child temperament features predate the occurrence of RAP in children."

- Hinton D, & Kirk S (2016) Families' and healthcare professionals' perceptions of healthcare services for children and young people with medically unexplained symptoms: a narrative review of the literature. *Health and Social Care in the Community*, 24, 12–16

"parents encountered difficulties communicating an invisible illness they were not experiencing themselves … Referrals to child and adolescent mental health services are often *a last resort when other approaches have failed*".

- Briggs-Gowan MJ, Horwitz SM, Schwab-Stone ME, Leventhal JM, Leaf PJ (2000) Mental Health in Pediatric Settings: Distribution of Disorders and Factors Related to Service Use. *Journal of the American Academy of Child & Adolescent Psychiatry* 39: 841-849

"..most parents do not discuss behavioral/emotional issues with their pediatrician.

Given these findings, it is significant that neither parental affective symptoms nor behaviors of possible child abuse were associated with talking to one's pediatrician about child behavioral/emotional issues or obtaining mental health treatment. Thus, *the issues most associated with child disorder are not predominant in cases that are brought to the attention of pediatricians.*

psychiatrists and psychologists who are already working with pediatricians in clinical and community settings can assist pediatricians by helping them to recognize key features that may indicate that a child is suffering from mental health problems that have not been brought to the pediatrician's attention and by consulting about mental health referrals once children are identified."

Chronic illness

- Dreger LC, Kozyrskyj AL, HayGlass KT, Becker AB, MacNeil BJ (2010) Lower cortisol levels in children with asthma exposed to recurrent maternal distress from birth. *J Allergy Clin Immunol.* 125:116-22.

"Rather than being caused by asthma, an altered stress response subsequent to recurrent maternal distress that originates during the first year of life when the immune system is maturing may play a role in its development. This hypothesis is strengthened by our finding that all children exposed to maternal distress after the age of 1 year responded to an acute stressor with cortisol levels similar to those children who had never been exposed to maternal distress*. This observation is consistent with the general principle of fetal programming and of a critical window for the origins of health occurring in the prenatal to early postnatal period*."

- Rechenberg K, Grey M, Sadler L. (2017) Stress and Posttraumatic Stress in Mothers of Children With Type 1 Diabetes. *J Fam Nurs* 23:201-225.

"*The diagnosis of Type I Diabetes in a child was traumatic for mothers*. Stress and PTSS in mothers adversely affected children's health. Management of stress symptoms in mothers may lead to improved behavioral and metabolic outcomes in children."

- Hannonen R, Eklund K, Tolvanen A, Komulainen J, Riikonen R, Delamater AM, Ahonen T (2015), Psychological distress of children with early-onset type 1 diabetes and their mothers' well-being. *Acta Paediatrica* 104: 1144–1149.

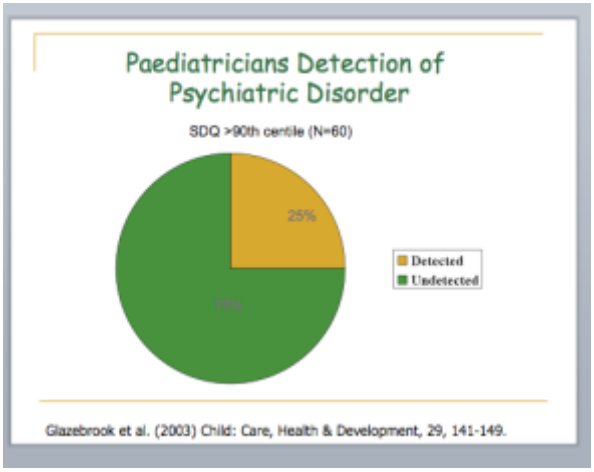
"The mothers' psychological distress was associated with children's behaviour problems rather than their diabetes."

- Glazebrook C, Hollis C, Heussler H, Goodman R, & Coates L (2003) Detecting emotional and behavioural problems in paediatric clinics. *Child: Care, Health & Development* 29: 141-149.

"Participants were 307 children aged 5–15 years attending a representative sample of paediatric out-patient clinics in one UK hospital. The mean age of the paediatric out-patient sample was 9.5 years. There were more boys in the sample (n = 192, 62%) than girls (n = 115, 38%). The majority of children (n = 164, 53%) were attending paediatric medical clinics with diabetes mellitus being the most common condition. One hundred and fourteen children (37%) were attending surgical clinics and 29 (10%) had a neurological condition (most commonly epilepsy).

The risk of psychiatric disorder was almost six times greater in children with brain disorders than community controls, compared with a doubling of risk of psychiatric disorder in children with non-brain disorders, suggesting direct and powerful brain–behaviour links. The type of psychological problem also differed in those with brain disorders, with marked increases in hyperactivity and conduct problems as well as emotional problems.

…paediatricians only identified a quarter of all cases with possible psychiatric disorder, thus supporting previous evidence that the psychological consequences of physical illness in children commonly go unrecognized and untreated.."



- Landolt MA, Ystrom E, Sennhauser FH, Gnehm HE, Vollrath ME (2012) The mutual prospective influence of child and parental post-traumatic stress symptoms in pediatric patients. *Journal of Child Psychology and Psychiatry* 53: 767–774.

"This study calls for a family systems approach and for early interventions in the treatment of pediatric patients" [traumatised by injury or life threatening illness]

… *parents of children with cancer and diabetes were affected significantly more than their children*. Although parental symptoms decreased over time, PTSD rates in the cancer group were still remarkably high at 1 year (mothers 25.4%; fathers 18.4%). In contrast, only 4.7% of the children with cancer had clinically relevant PTSS."

- Minuchin S, Fishman HC (1979) The psychosomatic family in child psychiatry. *J Am Acad Child Psychiatry* 18: 76-90

"The child has a repertory of potential coping behaviors that remain quiescent as a result of the demand characteristics of his social field. For example, consider the asthmatic child who wheezes at home on weekends but who can ride his bike 6 miles with his friends; or *the diabetic child who develops ketoacidosis while intervening in his parents' conflict but who controls his metabolism while visiting his grandparents*."

- Ng S, Li AM, Lou VW, Tso IF, Wan PYP, Chan DF (2008) Incorporating Family Therapy into Asthma Group Intervention: A Randomized Waitlist-Controlled Trial*. Family Process* 47: 115–130.

".. the findings from the current study provided evidence supporting the efficacy of the WTWS [We Together-We Success] program and *the value of incorporating family therapy into the asthma psychoeducational program*. Analyses of immediate intervention effects and serial trend revealed significant improvements in patients and their parents in both symptom-related and psychosocial outcome measures."

Sebastian Kraemer
www.sebastiankraemer.com
November 2017