Childhood Disorders

Disorders that are usually first diagnosed in childhood or adolescence.

Asperger's Syndrome

Asperger's Disorder is a separate Autistic Spectrum disorder which does not meet criteria for other Pervasive Developmental Disorders or Schizophrenia. Features of Asperger's Disorder are severe and sustained impairment in social interaction and the development of repetitive patterns of behavior, interests and activities, and significant impairment in social, occupational and other important areas of functioning. Because there are no significant language delays or cognitive deficits, Asperger's is considered a form of high functioning autism.

Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD), sometimes inaccurately referred to as ADD (There is no clinical term by this name) is a disorder usually first diagnosed in infancy, childhood or adolescence. There are 4 recognized types of ADHD. They are: Predominantly Inattentive type; Predominantly Hyperactive-Impulsive type; Combined type (inattention and hyperactivity-impulsivity); and ADHD - Not Otherwise Specified. There is a high level of correlation between children with ADHD and other psychiatric illnesses. This included illnesses ranging from behavioral, mood, family, anxiety, cognitive, social to school functioning, with the greatest increase in those with the ADHD - combined subtype.

Autism

Autism may manifest in early infancy, with the infant shying away from the parent's touch, not responding to a parent who returns after an absence, and inappropriate gaze behavior. The Autistic child may fail to meet early language and other developmental milestones. And there can be as much as a 3-year delay between the report of symptoms and the diagnosis, which is usually made at around age five.

Childhood Disintegrative Disorder

Childhood Disintegrative Disorder strikes children who have developed normally through at least their first two years of life. They then become impaired in at least two of the following major functional areas: social, communication, restricted receptive language, or stereotyped movements. Though the age of onset is later, in the most severe cases, these children can resemble autistic children, although the severity is generally less.

Childhood Disorder NOS

This diagnosis is used for disorders with onset in infancy, childhood, or adolescence that do not meet the criteria for any specific disorder. According to the ICD-10, there are two sub-categories: 1) Other specified behavioral and emotional disorders usually occurring during in childhood and adolescence and 2) Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence.

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Childhood Eating Disorders

There are 3 feeding and eating disorders of infancy or early childhood. The first is **Pica**, in which the child persistently eats non-nutritive substances for at least one month. The behavior must be developmentally inappropriate, and not culturally sanctioned. It appears more frequently in young children than adults.

The second disorder is **rumination disorder**, in which the infant or child repeatedly regurgitates and rechews food, after a period of normal functioning. The symptoms must last for at least one month.

The last disorder is **feeding disorder of infancy or early childhood**, in which there is a feeding disturbance manifested by persistent failure to eat enough food and a significant failure to gain weight or weight loss.

Conduct Disorder

Conduct Disorder is essentially a disorder where the person violates the social norms and rights of others. Those with this disorder are habitually in trouble, either with parents, teachers or peers. Despite presenting a tough image to those around them, they have a low self-esteem. Their frustration tolerance, irritability, temper outbursts and recklessness are hallmarks. Conduct Disorder may lead to adult antisocial personality disorder.

Disruptive Behavior Disorder NOS

Disruptive Behavior Disorder NOS (not otherwise specified) is utilized when there are conduct or oppositional-defiant behaviors that do not meet the diagnostic criteria for either conduct disorder or oppositional defiant disorder, but in which there is notable impairment.

Dyslexia

Dyslexia is a specific learning disability that is neurological in origin. It is characterized by difficulties with accurate and / or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities and the provision of effective classroom instruction.

Learning Disorders

Learning Disorders occur in three major categories: reading, mathematics, and written expression. Reading problems generally occur before the age of 7. This is followed usually by problems with spelling and written language expression by the age of 8. Mathematical learning disorders often are not detected until after rote memorization mathematics work has ended, and application of more abstract skills is necessary. These diagnoses are given only after standardized testing in the particular area is significantly below that expected by the child's chronological age, IQ, and educational level.

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Mental Retardation

Mental Retardation is based on both IQ and deficits in functioning. It is not a single, simple syndrome, but rather a state of impairment. By definition, to have the label Mental Retardation, the person must have an IQ below 70, and impairments in adaptive functioning in at least two of the following areas: communication, self-care, home living, social/interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety. Finally, the onset must be before age 18. There are 4 levels of Mental Retardation, based on IQ: Mild, with a mental age of 8.5 to 11.0 years; Moderate, with a mental age of 6.0 to 8.5 years; Severe, with a mental age of 3.75 to 6.0 years, and Profound, with a mental age of 0 to 3.75 years.

Mixed-Receptive-Expressive Language Disorder

In this disorder, children are impaired in both the understanding and expressing of language. The receptive and expressive disorders may be either acquired, congenital or developmental.

Oppositional Defiant Disorder

Oppositional Defiant Disorder (ODD) is a disorder in which children ignore or defy adults' requests and rules. They may be passive, finding ways to annoy others, or active, verbally saying "No". They tend to blame others for their mistakes and difficulties. When asked why they are so defiant, they may say that they are only acting against unreasonable rules. They are different from children with conduct disorders in that they do not violate the rights of others. These behaviors are present at home, but not necessarily in other situations, such as school, or with other adults.

Pervasive Developmental Disorder NOS

This indicates a severe, pervasive impairment in social interaction or communication skills, or the presence of stereotyped behavior, interests and activities. The criteria for a specific PDD, schizophrenia and schizotypal and avoidant personality disorders are not med. This diagnosis generally has a better outcome than does autistic disorder.

Reactive Attachment Disorder

Reactive Attachment Disorder is characterized by the breakdown of social ability of a child. It is associated with the failure of the child to bond with a caretaker in infancy or early childhood. This can be caused by many factors, ranging from child neglect to the child being hospitalized for severe medical problems. The children may display either indiscriminate social extroversion as they grow older (treating all people as if they were their best friend) or showing mistrust of nearly everyone.

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Rett's Disorder

Rett's Disorder is a disorder that is exclusive to females. For the first 6 months of life, development is normal. At that point, they begin to exhibit many of the symptoms of autism, such as stereotyped movements, poor social interaction, and impaired communication. In addition, they also have problems with both expressive and receptive language, psychomotor retardation, and poorly coordinated gait and/or trunk movements, along with decreased head growth. They will, as they mature, however, gain back a degree of positive social interaction.

Selective Mutism

Selective Mutism is a disorder in which children may talk at home but due to severe anxiety, are unable to speak in certain social situations. Their anxiety may affect their ability to communicate in other ways as well. For a diagnosis of Selective Mutism to be made the communication problem must last at least one month, without treatment SM can persist for years. Onset is usually quite slow, with children showing inhibited temperaments as infants, often displaying Separation Anxiety through their toddler years. SM is often not diagnosed until the child begins school, and sometimes even later due to a lack of awareness in Pediatricians and other Healthcare workers.

Separation Anxiety Disorder

Separation Anxiety Disorder is a disorder that affects children who are afraid to be separated from the main caretakers in their lives, even to go to a friend's house or school. When separated, they are constantly afraid that something horrible will happen to either themselves or to their primary caretaker (they or the caretaker will die, for instance). When the subject of separating is brought up, the child begins to present with somatic symptoms ranging from headaches to nausea and vomiting, with anxiety.

Stuttering

Stuttering is a disturbance in the fluency and time patterning of speech that is inappropriate for the patient's age. It may contain sound repetitions, prolongations, interjections, pauses in words, word substitutions to avoid blocking, and audible or silent blocking.

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Anxiety Disorders

Young people who experience excessive fear, worry, or uneasiness may have an anxiety disorder. Anxiety disorders are among the most common of childhood disorders. According to one study of 9 to 17-year-olds, as many as 13 of every 100 young people have an anxiety disorder (U.S. Department of Health and Human Services, 1999). Anxiety disorders include:

* **Phobias,** which are unrealistic and overwhelming fears of objects or situations.
* **Generalized anxiety disorder**, which causes children to demonstrate a pattern of excessive, unrealistic worry that cannot be attributed to any recent experience.
* **Panic disorder**, which causes terrifying "panic attacks" that include physical symptoms, such as a rapid heartbeat and dizziness.
* **Obsessive-compulsive disorder**, which causes children to become "trapped" in a pattern of repeated thoughts and behaviors, such as counting or hand washing.
* **Post-traumatic stress disorder,** which causes a pattern of flashbacks and other symptoms and occurs in children who have experienced a psychologically distressing event, such as abuse, being a victim or witness of violence, or exposure to other types of trauma such as wars or natural disasters.

Depression

Many people once believed that severe depression did not occur in childhood. Today, experts agree that severe depression can occur at any age. Studies show that two of every 100 children may have major depression, and as many as eight of every 100 adolescents may be affected (National Institutes of Health, 1999). The disorder is marked by changes in:

* Emotions—Children often feel sad, cry, or feel worthless.
* Motivation—Children lose interest in play activities, or schoolwork declines.
* Physical well-being—Children may experience changes in appetite or sleeping patterns and may have vague physical complaints.
* Thoughts—Children believe they are ugly, unable to do anything right, or that the world or life is hopeless.

It also is important for parents and caregivers to be aware that some children and adolescents with depression may not value their lives, which can put them at risk for suicide.

Bipolar Disorder

Children and adolescents who demonstrate exaggerated mood swings that range from extreme highs (excitedness or manic phases) to extreme lows (depression) may have bipolar disorder (sometimes called manic depression). Periods of moderate mood occur in between the extreme highs and lows. During manic phases, children or adolescents may talk nonstop, need very little sleep, and show unusually poor judgment. At the low end of the mood swing, children experience severe depression. Bipolar mood swings can recur throughout life. Adults with bipolar disorder (about one in 100) often experienced their first symptoms during their teenage years (National Institutes of Health, 2001).

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