

Behavioral Disorders (Paediatrics)

Child and Adolescent Conduct Disorders are characterized by a recurrent and persistent pattern of dissocial, aggressive, and defiant behavior. It is always necessary to take into account the developmental level of the child and also rule out the presence of schizophrenia, mania, Pervasive developmental disorders, hyperkinetic disorders and depression. Conduct disorder is often combined with other medical conditions (e.g., mixed conduct-emotional disorder, hyperkinetic conduct disorder).^[1]

In the diagnosis of conduct disorders, it is necessary to distinguish normal aggression and "non-psychiatric" problem behavior from psychiatric problem behavior where the problem behavior is persistent, extreme, and grossly exceeds age-typical behavior patterns. Behavioral disorders represent a social problem and require a comprehensive multidisciplinary approach (psychiatry, psychology, pedagogy, sociology, social services, etc.).^[1]

General diagnostic criteria

- Repeated stable patterns of behavior in which social norms, rules and rights of others are violated. Three or more symptoms must be present during the past year with one symptom consistently present in the past six months. Symptoms include the following behaviors:
 - aggression towards people and animals (bullying, threats, physical aggression and rudeness, robberies, forced sexual activity);
 - destruction of property and ownership (setting fires, destroying other people's property);
 - dishonesty or theft (burglary, lying, stealing);
 - serious violent violations of the rules (running away from home, frequent truancy);
- Behavioural disorders significantly impair school and work functioning.^[2]

Etiology

- social factors: a criminal act in the family history, use of addictive substances by parents and conflicts between parents, insufficient care, domestic violence;
- psychological factors: hyperactivity, cognitive deficits, language barrier, post-traumatic stress syndrome;
- biological factors: deficits in the autonomic nervous system, reduced cortisol level, seizure-like illness, neurotransmitter abnormalities – dopamine, noradrenaline, serotonin.
- genetic factors.

Behavior disorders according to ICD 10:

- behavioral disorder in relation to the family;
 - meets all criteria for conduct disorders, but these are more or less confined to the home environment and directed toward family members;
- non-socialized behavior disorder;
 - all symptoms of behavioral disorders and, in addition, poor involvement of the individual among his peers;
- socialized behavior disorder;
 - all symptoms of behavioral disorders, but the individual is able to form lasting friendships with peers;
- oppositional defiance disorder;
 - defiant, disobedient and provocative behavior, typical of children aged 6-10; more serious antisocial and aggressive acts do not occur.^[1]

Predictors of a poor prognosis include:

- manifestation in early childhood,
- behavior that does not change with a change in environment, with high frequency, stably repeating,
- bad relationships with peers,
- attention deficit, impulsivity, hyperactivity,
- dysfunctional family with pathological interaction and communication.

Disorders with a poor prognosis include *unsocialized behavior disorder* and *oppositional defiance disorder*.^[2]

Therapy

- non-pharmacological;
- antipsychotics, mood stabilizers (valproate, lithium).^[1]

Links

Related Articles

References

1. THEINER, Pavel. Poruchy chování u dětí a dospívajících. *Psychiatrie pro praxi* [online]. 2007, y. -, vol. 2, p. 85-87, Available from <<https://www.solen.cz/pdfs/psy/2007/02/09.pdf>>.
2. Hort V, Hrdlička M, Kocourková J, Malá E. Child and adolescent psychiatry, Ed. 1. Prague: Portal, 2000, 496 pp.