Chapter 16: Health-Related Disorders and Pediatric Psychology

# 16.1 Elimination Disorders

## What is Enureis?

* Enuresis is a DSM-5 disorder characterized by the repeated voiding of urine into the bed or clothes, either involuntarily or intentional. A child with enuresis must be at least five years of age and the act must occur at least twice per week for three months and cause distress or impairment.
* Approximately 4.5% of children have enuresis; boys outnumber girls approximately 1:3.
* Enuresis is most often associated with ADHD and minor psychosocial stressors. Enuresis can be exacerbated by harsh or critical discipline and well-intentioned, but ineffective strategies to correct the problem.

## What Causes Enuresis?

* The most common causes of MPE are (1) genetic risk, (2) reduced vasopressin, (3) insensitivity to a full bladder, and (4) problems inhibiting urine flow during sleep.
* The most common causes of PSNE are (1) insensitivity to a full bladder and (2) small functional bladder capacity.
* Daytime enuresis is often caused by voiding postponement or a lack of coordination of pelvic floor muscles.

## What Treatments Are Effective for Children with Enuresis?

* The treatment of enuresis requires coordination by medical and mental health professionals. Medical professionals must rule out physical causes for children’s wetting prior to behavioral treatment.
* A urine alarm is the most effective single treatment for nocturnal enuresis. Secondary treatment can involve full spectrum home training: (1) education and behavioral contracting, (2) urine alarm, (3) cleanliness training, (4) retention control training, and (5) overlearning.
* Desmopressin (DDAVP), a synthetic vasopressin, is the most frequently used medication for nocturnal enuresis. It is effective in the short-term but most children experience relapse after discontinuation.

## What is Encopresis?

* Encopresis is a DSM-5 disorder characterized by the repeated passage of feces into inappropriate places whether involuntary or intentional. Children with encopresis must be at least four years of age and the act must occur at least once per month for three months and cause distress or impairment.
* Most (80-95%) cases of encopresis are caused by constipation with overflow incontinence. Retention of feces leads to constipation, rectal stretching, and insensitivity. Children avoid passing feces because of pain, but experience involuntary discharge over time.
* Some youths have secondary, non-retentive encopresis. They have bowel control but voluntarily defecate in inappropriate places. These youths are predominantly boys with histories of oppositional-defiant behavior.

## What Treatments Are Effective for Children with Encopresis?

* The treatment of primary encopresis usually involves (1) education, (2) alleviation of constipation using laxatives, (3) dietary modification, and (4) scheduled toilet sitting with positive reinforcement.
* Treatment of secondary, non-retentive encopresis usually focuses on children’s oppositional-defiant behavior.

# 16.2 Sleep–Wake Disorders in Children

## What Are Sleep–Wake Disorders?

* Sleep–wake disorders are a class of DSM-5 disorders characterized by disruptions in sleep patterns or dissatisfaction regarding the quality, timing, or amount of sleep. They cause distress or impairment during the day.
* A child’s sleep architecture can be assessed using a polysomnogram which assesses brain activity (EEG), eye movements (EOG), muscle activation (EMG), and heart rhythm (ECG) over the course of the night.

## What is Pediatric Insomnia?

### What Causes Insomnia in Children?

* Insomnia Disorder is a DSM-5 sleep–wake disorder characterized by predominant difficulty or dissatisfaction with sleep quantity or quality. It is associated with problems going to sleep, remaining sleep, or returning to sleep. It occurs at least 3 nights per week for 3 months and causes distress or impairment.
* Younger children often exhibit bedtime refusal. Parents may positively reinforce their bids to stay up past their bedtime or allow children to sleep with them.
* Older children may experience insomnia because of anxiety problems exacerbated by cognitive distortions. Insomnia is also frequently seen in children with ADHD.

## What Treatments Are Effective for Youths with Insomnia?

* Most interventions for children’s sleep problems begin with improving sleep hygiene. Techniques might include restricting caffeine and electronic devices prior to bedtime, engaging in a bedtime ritual, and sleeping in a dark, quiet environment.
* Behavior therapy for younger children often includes planned or graduated ignoring in which the child’s bids to stay up are extinguished over time. Although effective in the long term, treatment can cause families distress in the short term.
* Cognitive-behavior therapy for older children and adolescents involves (1) relaxation training, (2) stimulus control, (3) sleep restriction during the day, and (4) cognitive restructuring to reduce anxiety.
* Alpha agonists and antihistamines are sometimes prescribed for pediatric insomnia. Benzodiazepines are effective as a short-term treatment for insomnia, but can cause tolerance and withdrawal over time.

## What Other Sleep Disorders Can Affect Children?

* Circadian Rhythm Sleep–Wake Disorder is a DSM-5 disorder characterized by a persistent or recurrent pattern of sleep problems caused by a mismatch between the youth’s typical sleep–wake pattern and the schedule required by her school or work. It is often treated with chronotherapy.
* Sleep arousal disorders are DSM-5 disorders characterized by recurrent episodes of incomplete awakening during non-REM sleep resulting in either (1) sleepwalking, or (2) sleep terrors. Children do not experience dreams during these episodes or memory of the episodes the next day, but the episodes do cause distress or impairment.
* Nightmare Disorder is a DSM-5 sleep–wake disorder characterized by repeated, extended, and upsetting dreams that occur during REM sleep. These dreams must cause distress or impairment to merit treatment.
* Obstructive Sleep Apnea Hypopnea is a DSM-5 sleep–wake disorder characterized by recurrent breathing disruptions (apneas) or episodes of shallow breathing (hypopneas) during sleep that lead to breathing disturbance (e.g., gasping, snoring) or daytime sleepiness. In children, this disorder is usually treated by surgery or a CPAP device.

# 16.3 Pediatric Psychology

## What is Pediatric Psychology?

* Pediatric psychology is an interdisciplinary field concerned with the application of psychology to the domain of children’s health.
* Pediatric psychologists are typically clinical psychologists who work in medical settings. They engage in inpatient consultation-liaison, help youths with chronic medical conditions, and work in specialty clinics with children who have specific medical problems.

## What is Inpatient Consultation-Liaison?

* Pediatric psychologists frequently engage in consultation, providing professional advice or assistance to medical professionals regarding an aspect of a child’s behavior that interferes with treatment.
* Pediatric psychologists may also act liaisons between members of an interdisciplinary health care team and children’s family/school. Their goal is to enhance communication and quality of care.
* Many pediatric psychologists work with youths and families to promote adherence, that is, the degree to which they agree with, understand, and follow the recommendations of medical staff.

## How Do Pediatric Psychologists Help Youths with Health Problems?

* Pediatric psychologists work with children and families experiencing wide range of medical problems. They help youths adhere to treatment, manage pain, or discomfort, and cope with emotional, social, or educational problems associated with their illness.

## What Treatments Are Often Used in Medical Settings?

* Behavior therapy may be used to help youths cope with medical procedures. For example, systematic desensitization is effective in reducing anxiety that can exacerbate discomfort or interfere with a child’s ability to participate in treatment.
* Older children and adolescents can benefit from cognitive restructuring to help them manage negative thoughts about their medical problems.
* Family therapy is often used to improve communication between caregivers and youths with chronic medical problems. A primary goal is to reduce hostile-coercive interactions and allow youths age-appropriate autonomy over the management of their illness.
* Group therapy can reduce feelings of isolation in youths with medical problems. In group therapy, youths can also practice effective coping and problem-solving skills, and receive support from their peers.