

Leading the way for better understanding of rare childhood mental disorders

Mental disorders can cause tremendous suffering for young people and their families. Two new studies under the Canadian Paediatric Surveillance Program (CPSP) aim to increase knowledge of rare childhood conditions, conversion disorder and early-onset major depressive disorder.

Launched in September 2011 and January 2012 respectively, both projects aim to generate data that does not exist anywhere else in Canada and that will add to the scant information available from studies done elsewhere.

Conversion disorder

A child or adolescent with conversion disorder (CD) suffers both physical and psychological symptoms that can leave them severely impaired. Most commonly, they present with neurological signs and symptoms, such as pseudo seizures or other abnormal involuntary movements, and are often brought on by psychological stress. Because the causes are psychological in nature, medical specialists cannot readily explain the physical symptoms through physiological tests.

Despite its enormous personal and health-system impact, there is no Canadian data to detail the epidemiology and clinical burden of CD in children and adolescents. And there are no clear guidelines for managing this difficult diagnosis.

“Because their neurological symptoms are atypical, the majority of the kids we see are put through extensive testing and procedures that may not be necessary,” said Dr. Catherine Krasnik, fellow in psychiatry and behavioural neurosciences at McMaster University in Hamilton, and the study co-principal investigator with Dr. Christina Grant, associate professor of paediatrics at McMaster.

“The psychological stressor is not always apparent at first when you are interviewing

“**Kids have limited ways of expressing distress. Since they don’t have the language and insight to present their problems in a certain way, we don’t necessarily think about depression in an 11-year-old.**”

Dr. Daphne Korczak

patients,” said Dr. Krasnik. “You have to spend a lot of time learning about the individual and family context.” She added that there may be a cultural component, with some families preferring to keep psychological issues “under wraps.”

“This is the first surveillance study of this condition in North America” said Dr. Grant. “Patients and their families need to be educated about the mind-body connection in order to begin to get assistance.”

Major depressive disorder

Data suggest that many adults with major depressive disorder (MDD) can trace their first memories of depression to early in life. The largest clinical study to date reported that 37% of adults with MDD recalled suffering symptoms as children or adolescents.

Evidence also suggests that when the onset of MDD occurs during childhood, it indicates an especially severe form of illness linked to a host of poor outcomes, including a greater number of co-morbid disorders, more social and occupational dysfunction, and an overall poorer quality of life. This surveillance will be unique in its focus on the earliest onset of

illness—between five and 12 years of age—and its prospective approach to gathering data rather than looking back in time.

“While major depression is highly prevalent in the general population, just under one percent of adults report that depression started when they were younger than 12 years old,” said Dr. Daphne Korczak, a child psychiatrist at Toronto’s Sick Kids Hospital and assistant professor of psychiatry at the University of Toronto.

“These younger children who experience symptoms don’t come to medical attention very often,” she said. “Kids have limited ways of expressing distress. Since they don’t have the language and the insight to present their problems in a certain way, we don’t necessarily think about depression in an 11-year-old.”

Early recognition and treatment

With correct diagnosis, symptoms of both conditions are treatable. Positive prognosis relies on early detection and appropriate clinical management.

Both studies aim to ensure that children and youth do not have to face many hurdles and unnecessary invasive investigations before accessing psychological and psychiatric help. And a better understanding of serious mental disorders can help alleviate the burden of lost school and work hours.

“Patients and families come to medical attention following a circuitous route, after seeing social workers, school officials, youth workers and then eventually physicians,” Dr. Korczak said. “We cannot minimize the struggle families have trying to access the right care for their children.”

To read both study protocols, go to www.cps.ca → Surveillance → Canadian Paediatric Surveillance Program → Studies 📖