

**BEHAVIOURAL AND EMOTIONAL CHANGES
AMONG SUBNORMAL CHILDREN**

THESIS

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LIST OF ABBREVIATIONS

AAMD	American Association of Mental Retardation.
Abn.	Abnormal.
ADD	Attention deficit disorders.
C.P.	Cerebral palsy.
Cm.	Centimeter.
C.S.F.	Cerebrospinal fluid.
CT	Computed tomography.
DIMS	Disorders of Initiating & Maintaining Sleep.
DOES	Disorders of Excessive Somnolence.
DQ	Developmental quotient.
DR	developmental Retardation.
EEG	Electrocephalography.
F (♀)	Female.
F.H.	Family history.
Fig.	Figure.
Gm.	Gram.
Ht.	Height.
Insig.	Insignificant.
IQ	Intelligence quotient.
L.B.W.	Low Birth Weight.
M.R.	Mental Retardation.
M (♂)	Male.
NSAC	National Society of Autistic Children.
PKU	Phenyl Ketonuria.
SD	Standard deviation.
S. Err.	Standard error.
S.E.S.	Socioeconomic status.
TIC	Thin layer chromatography.
WAIS	Wechsler Adult Intelligence Scale.
WISC-R	Wechsler Intelligence Scale for children Revised.
Wt.	Weight.

LIST OF FIGURES

<u>Fig. No.</u>	<u>Page</u>	
1	7	Incidence of M.R. in different age groups as reported from 3 different surveys.
2	142	Relation between EEG findings and IQs.
3	146	Distribution of 100 cases according to their height in relation to their IQs.
4	148	Distribution of 100 cases according to their weight in relation to their IQs.
5	149	Relation between ht/wt to IQ.

-

LIST OF TABLES

<u>Table No.</u>	<u>Page</u>	<u>Table shows</u>
1 a b	12	Levels of mental retardation and Classification of M.R.
2	40	Developmental assessments and screening tests.
3	42	Stages of child development.
4	43	Stages of language development.
5	44	Stages of cognitive development.
6	47	Stages of psychosocial development.
7	55	Stage theories of socio-emotional development.
8	65	Childhood sleep disruption disorders.
9	70	Language disorders, evaluative techniques, and interventions.
10	88	Diagnostic strategy for infant or child with mental retardation.
11	109	Distribution according to age groups in relation to sex.
12	110	The paternal education. Possible aetiology of M.R. by
13	112	Obstetric history of mothers. distribution according to father
14	113	occupation. Social & Psychological constitution
15	114	of families.

<u>Table No.</u>	<u>Page</u>	<u>Table shows</u>
16 a	115	Means of heights for both sex.
b	115	Means of weights for both sex.
17	116	Distribution of different neurological signs.
18	117	Prevalance of specific abnormalities in the 55 cases submitted to EEG.
19	118	Distribution according to IQ.
20	119	Distribution according to socio-economic status.
21	119	Distribution according to socio-economic status in relation to IQ.
22	120	Distribution according to personal hygiene.
23	121	Distribution according to thought process and school progress.
24	122	Distribution according to associations of the behavioural disorders.
25	124	Behavioural and emotional disorders and anti-social behaviour in reation to:
25	124	Sex
26	126	Family history.
27	128	Past history (aetiology)
28	130	EEG findings.
29	132	Statistical study of children according to their sex in relation to their IQ.

<u>Table No.</u>	<u>Page</u>	<u>Table shows</u>
30	134	Statistical study of socio-economic status in relation to IQs.
31	134	Statistical study for the comparison between different groups of S.E.S.
32	136	Distribution according to paternal ages.
33a,b,c	137	Distribution according to the past history (aetiology).
34	139	Statistical study of personal hygiene
35	140	Distribution of clinical epilepsy.
36	141	Statistical study for EEG findings.
37	142	Statistical comparison between the EEG findings.
38	143	Silent neurological signs .
39	145	Height for age, mean, and standard height for age.
40	147	Weight for age, mean, and standard weight for age.
41	151	Statistical study for nutritional habits.
42	152	Prevalance and statistical studies of nutritional habits in relation to difference in sex, F.H., Past history and EEG findings.
43	153	Statistical study for sleep disorders.
44	154	Prevalance and statistical studies of the sleep disorders in relation to difference in sex, F.H., Past history and EEG findigns.

<u>Table No.</u>	<u>Page</u>	<u>Table shows</u>
45	155	Statistical study for speech and language disorders.
46	156	Prevalance and statistical studies of speech and language problems in relation to differnece in sex, F.H., past history and EEG findigns.
47	156	Statistical study for disorders of elimination.
48	157	Prevalance and statistical studies of disorders of elimiantion in relation to difference in sex, F.H., past history and EEG findings.
49	158	Statistical study for the psycho-motor characters.
50 a	211	Original data of the research.
b	212	

**

CONTENTS

	<u>Page</u>
- INTRODUCTION AND AIM OF THE WORK.....	1
- THEORETICAL REVIEW.....	4
* Definition, Incidence and Prevalance.....	74
* Classification of Mental Retardation.....	13
* Diagnosis and Investigations.....	31
* Growth and Development.....	41
* Behaviour and Emotion.....	52
* Psychiatric Problems Among Mentally Retarded Children.....	61
* Society and Parental Attitudes Towards Mental Retardation.....	78
* Proper Investigatory Procedures, Screening In Known Cases, and Assessment of A Mentally Retarded Child.....	83
- PATIENTS AND METHODS.....	105
- RESULTS.....	109
- DISCUSSION.....	132
- SUMMARY AND CONCLUSIONS.....	169
- APPENDIX.....	
* Sheet used in the study.....	
* Stanford Binet testing.....	
* Original Data of the research.....	
- ARABIC SUMMARY.....	
- REFERENCES.....	175

**INTRODUCTION
AND
AIM OF THE WORK**

INTRODUCTION

In the last 20 years, a new natural history of mental retardation has been written. It has been sharply defined by identifying more narrowly the large number of clinical syndromes that might explain the nature of mental deficiency (Pathak and Mishra, 1984).

Mental retardation may be explained as a psychological or educational problem or as a medical problem, but in it's final analysis, it is primarily a social problem (Cytryn and Lourie, 1977).

The presence of psychiatric disorder in a mentally handicapped person is often overlooked, misdiagnosed or inadequately treated. It is well known that retarded children have a high rate of psychiatric disorders (Okasha, et al., 1988).

Studies related to mentally retarded personality structure, motivation and learning have revealed, that culture deprivation which the retarded experiences in his home and in his immediate environment is of great significance in explaining many of their behaviour deficits (Zigler, 1986).

In the therapeutic approaches to the retarded child, the most important component is the capacity to communicate. If this is missing, it can be a large factor in pegging an individual child at a level of retardation or may be exaggerating it. The prevention, cure and rehabilitation of the mentally retarded persons are the problem of present societies. Many medical trials are being done in order to solve this problem, but they have success up to a very small extent (Pathak and Mishra, 1984).

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AIM OF THE WORK

This work has been conducted in a trial to:

1. Detect and recognise the possible social aetiology and factors behind the problem of mental subnormality in our community.
2. Find out the various types and patterns of behavioural disorders among children suffering from mental subnormality.
3. To suggest recommendations for prevention and appropriate measures for rehabilitation.
