Psychiatric Morbidity and its Impact on the Quality of Life in Children with learning disability

A thesis proposal Submitted for Partial Fulfillment of PhD in Childhood Studies

Department of Medical Studies for Children (Care of Children with Special Needs)

By

HebaHamdy Youssef
M.B.B.Ch. Master of Pediatrics

Supervised by

Dr. Omar El Sayed El Shourbagy
Professor of preventive medicine and epidemiology, medical studies department for Children, Institute of Postgraduate Childhood Studies, Ain Shams University

Dr. MagdyKaramEldein Ali
Professor of preventive medicine and epidemiology, medical studies department for Children, Institute of Postgraduate Childhood Studies, Ain Shams University

Dr. EhabEid
Professor of preventive medicine and epidemiology, medical studies department for Children, Institute of Postgraduate Childhood Studies, Ain Shams University

Ain Shams University
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Contents

List of Abbreviations

Abb.	Full term
ADHA	Attention Dificit Hyper activity Disorder
AT	Assistive Technology
BT	Behavioral Therapy
CBT	Cognitive Behavioral Therapy
CDI	Child Depression Inventory
DSM	Diagnostic and Statistical Manual of Mental Disorder
ECG	Electro Cardiography
EEG	Electro Encephalography
EQOL	Educational Quality of Life
FDA	Food and Drug Foundation
FQOL	Family Quality of Life
FT	Family Therapy
GAD	GeneralaizedAnexiety Disorder
ICD10	International Classified of Disease
ICT	Informative and Communication Technology
IDEA	Individuals with Disabilities Educational Assertive Technololgy
IPT	Inter Personal Therapy
LD	Learning disability
MAOIs	Mono A Mino Oxidase Inhibitors
MDD	Mood Depressive Disorder
MEG	Magneto Encephalography
MRI	Magnetic Resonance Image
MRS	Magnetic Resonance Spectroscope
NJCLD	National Joint Committee of Learning Disability
OCD	Obsessive Compulsive Disorder
OCR	Optical Character Recognition
QOL	Quality of Life
RD	Reading Disorder
SLD	Specific learning disability
SM	Selective Mutism
SNRI	Serotonin Norepinephrine Reuptake Inhibitors
SSRI	Selective Serotonin Reuptake Inhibitor
TCAs	Tricyclic Anti Depressant
VSC	Variable Speech Control
WHO	Word Health Organization

List of Tables and Figures

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Heba Hamdy (M.B.B.Ch. Master of pediatrics), Omar El Shourbagy, Magdy Karam Eldien & Ehab M Eid Medical Studies Department, Faculty of Postgraduate Childhood Studies, Ain Shams University.

Abstract:

Background: Several psychiatric morbidity may affect learning disability children more than normal children, through which affect their quality of life

Objective: To assess quality of life and psychiatric morbidity (depression and anxiety) in children with learning disability

Methodology:A total number of fifty children with learning disability and 50 healthy children (cross matched with patients group as regard to age and sex)will be used as a control group through 2 days per week to fullfill criteria. All participants were subjected to full clinical examination, clinical psychiatric interview, psychological assessment including behavior evaluation by Child Behavior Chick List (CBCL), anexiety by Manefist Anexiety Scale (MAS), depression by Children Depression Inventory (CDI) and quality of life by QOLS for learning disability (LD) children.

Results: There was statistically significant difference in sleeping disorder on comparing LD (37.3%) children and control group 22% with statistical significant (P =0.01). Also there were high significant in history of neuro-developmental delay between control group 61% and study group 45.1% with statistical significant (p <0.000) and statistically significant in history of delayed language (p=0.012) on comparing LD children (43.1%) with control group (20%). That is mean that LD children may have developmental coordination disorder causing motor learning difficulty (involving fine motor), motor planning difficulty and apraxia of speech.

Conclusion: On analysis results statistically, there were high level of depression, sleeping disorder in LDs children more than normal children

Reccommendation: Examination of parenting style of mother and father and future research in different socioeconomic levels were recommended.

Keywords: LD (Learning Disability), Anexiety, Depression and QOL (Quality of Life) and CDI (Children Depression Inventory).

الاعتلال النفسى وتأثيره على جودة الحياة للأطفال الذين يعانون من صعوبات فى التعلم

رسالة
توطئة للحصول على درجة الدكتوراة
فى طب الأطفال

مقدمة من
الطبيبة/ هبه حمدي يوسف
بكالوريوس الطب والجراحة
ماجستير طب الاطفال وحديثى الولادة

تحت اشراف
أ.د/ عمر السيـد الشوربجـى
أستاذ الطب الوقائى والصحة لعامة بالقسم الطبى
معهد الدراسات العليا للطفولة - جامعة عين شمس

أ.د/ مجـــدى كـــرم
أستاذ الطب الوقائى والصحة لعامة بالقسم الطبى
معهد الدراسات العليا للطفولة - جامعة عين شمس

أ.د/ ايهاب عيد
أستاذ الطب الوقائى والصحة لعامة بالقسم الطبى
معهد الدراسات العليا للطفولة - جامعة عين شمس

كلية الدراسات العليا للطفولة
جامعة عين شمس
٢٠١٨

Introduction

In 2013, the American Psychiatric Association released the Fifth Edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM5). In this latest edition, specific learning disorder (SLD) is the umbrella term for mathematics, reading, and written expression disorders. It is now a single, overall diagnosis, incorporating deficits that impact academic achievement. Rather than limiting learning disorders to diagnoses particular to reading, mathematics and written expression, the criteria describe shortcomings in general academic skills and provide detailed specifiers for the areas of reading, mathematics, and written expression. The diagnosis requires persistent difficulties in reading, writing, arithmetic, or mathematical reasoning skills during formal years of schooling **(American Psychiatric Association, 2013)**.

The prevalence of specific learning disorder across the academic domains of reading, writing, and mathematics is 5%-15% among school-age children across different languages and cultures. Children with delays can be diagnosed with attention deficit disorders, brain dysfunction, sensory integration issues, dyslexia, dyspraxia, and dyscalculia. On occasion, a child may have more than one condition present **(Shaywitz, 2003).**

Data from epidemiological studies indicate as many as 40% of all early elementary school students in the United States have some initial difficulty learning to read; however, many of these children ultimately develop normal reading proficiency. Still, 15-20% of elementary students have significant problems and demonstrate difficulty with reading fluency, comprehension, and spelling. Mental retardation, emotional disturbance, inadequate education, and sensory disabilities can also lead to academic failures and delays and should be investigated **(Sharma et al., 2009).**

Boys are 1.5 times more likely to be referred for reading problems. Although epidemiological studies in the past demonstrated roughly equal reading scores for girls and boys, more recent studies have demonstrated a wider variance in reading performance among male students **(Fletcher, 2009).**

Recent developments in the field of mental health have led to an increasing interest in the early identification of anxiety and depression symptoms in school-aged population. Longitudinal and epidemiological studies are at the heart of this interest; the first ones documented how depressive symptoms increase in a linear way by creating a continuity from the early depressive episodes to the major depression in adults **(Ahlen et al., 2012).**

Similarly, in the long term, anxious children and adolescents showed an increased risk for enlarged rates of unemployment, welfare assistance, lost productivity, use of medical services, all resulting in extremely high economic health costs **(Alesi et al., 2010).**

Second, epidemiological studies reveal rates of anxiety disorders in pre-school age children and adolescents ranging between 2.1% and 25% depending on methodological differences in the assessment plans. About the 75% of all anxiety disorders starts at a median age between 11 and 21 years **(Bernaras et al., 2011).**

It is worth noting the elevated co-occurrence between the above-mentioned mental complaints. So far, anxiety disorders are frequently associated to depressive symptoms with rates ranging from 16 to 50% increasing in chronicity and severity. A common core of high negative affects is the leading cause this comorbidity. The consequence is the interference with daily functioning for a sizeable population of children **(Broeren et al., 2013).**

In spite of this occurrence, childhood mental disorders such as depression and anxiety are undertreated and often misinterpreted. Most studies have only been carried out on adult samples and only recently the focus has been moved to children and adolescents **(Burden, 2008).**

The most typical symptoms, therefore, include: sleep and eating complaints, lack of energy and interest in activities previously enjoying, problems in concentrating, pessimism, hopeless, sadness, irritability, low self-esteem, suicidal thinking. Moreover, preschool depression is characterized by motor problems including poor gross motor and coordinative skills **(Bystritsky et al., 2013).**

The nature of above-mentioned symptoms confirms the multidimensional etiology of children depression. It's widely accepted how complex interactions between genetic and environmental factors affect the onset and the maintenance of depressive symptoms **(Collins et al., 2013).**

Nevertheless, this symptomatology would differently manifest depending on the gender and the age. Specifically, girls appear to be more likely to manifest depressive symptoms than boys; in turn, gender differences increase by age thorough adolescence when the occurrence of depressive symptoms is rated to be twice that of males. These gender differences are influenced by factors of psychosocial risk such as lower levels of school self-esteem and self-efficacy **(Corr and Fajkowska, 2011).**

Anxiety appears to be a multidimensional construct composed by physiological, cognitive, affective and behavioral components. There is high agreement among scholars and practitioners that typical fears clearly characterize developmental patterns. In other words, it's a typical reaction to stress, an unpleasant emotional response evocated by imagined or real

threat and danger. Only when the level of anxiety becomes excessive and creates interferences with daily functioning, it evolves into anxiety disorder both in adults and in children **(Humensky et al., 2010).**

Childhood and adolescence are identified as the main risk developmental phases for the beginning of anxiety disorders. Consequently, there is an increasing emphasis on the analysis of sub-threshold anxiety characterized by subclinical symptoms of anxiety in children and adolescents **(Muris et al., 2010).**

Fears concerning separation anxiety decrease during first childhood whereas fears about school and school anxiety increase during medium childhood because of the central role of learning activities during school age **(Muris, 2006).**

School anxiety describes a discomfort reaction associated with unpleasant emotions and a state of distress occurring in response to situations involving school learning tasks that are perceived as threatening to self-worth **(Shahar et al., 2006).**

Aim of the Study

To assess quality of life and psychiatric morbidity (depression and anxiety) in children with learning disability.

Relation of the study to goals of the department:

Increase the awareness of the community to the importance of early detection and early intervention in behavioral change to avoid psychiatric comorbidties and improve the development and the potential outcome of those children.

Development of the multidisplinary work concept between pediatric clinic, child psychiatry clinic, and clinical psychology.