

## CPD Online summary note

**Behavioural problems in the under fives: Part 2****Dr Margaret Thompson and Dr Paula Jenkins**

Children with a difficult temperament find life more difficult than children with an easy temperament. They may also go on to have behaviour problems.

**Oppositional disorder** will develop from a difficulty in a parent-child relationship, where the child has an innate dysregulated temperamental style. The aetiology and pathways will therefore be similar to the development of ADHD and to temperamental difficulties. Parenting programmes are the treatment of choice.

**Pre-school ADHD** is a temperamental trait. It only becomes of clinical significance if the child is not functioning well at home, at pre-school or in other settings. Although medication can be successful, there are more side effects in young children. Parenting programmes are the treatment of choice.

**Feeding problems** are very common. A child's temperament or other disorders may underlie the problem. Physical conditions and parenting style may also contribute. Pica is associated with learning difficulties, adverse social situations and lack of stimulation and monitoring. Treatment should include a planned feeding programme, with incremental changes.

**Sleeping problems:** These are very common in young children. A careful history should be taken when a child presents with a sleeping problem, to include a medical history of possible problems. An understanding of the physiology of sleep is useful, and assessment of family functioning and parenting style is also important. The best treatment for sleeping problems is behaviour work. However, there is a need to work with the parent to change the child's bedtime routine.

**Anxiety and depression** can occur in young children. There may be an inherited element as well as other influences such as parental anxiety and phobias. PANDAS should be considered if a child presents with an acute manifestation of obsessive-compulsive disorder.

**Depression** in young children is very rare. It may co-exist with other problems, for example ADHD or anxiety. Young children can become depressed for a number of reasons. Parents can prepare their child, for example in advance of a bereavement, or help them talk about their concerns. Sometimes child psychotherapy, play therapy or parent-child therapy will be necessary to sort out the problems. In the UK medication would rarely be used.

**Reflective questions**

(1.2) Do you think Mary's behaviour is unusual? In your opinion, will she settle down and be an easier child?

(1.9) List some of the difficulties that may be present for parents and children when a child may have a difficult temperament.

(2.2) The health visitor said Johnny would be fine and his mother should not worry. Was he right?

(2.5) Which symptoms of ADHD does the mother mention? Can you think of any other symptoms of ADHD?

(2.16) What do you think might be some reasons for the persistence of ADHD symptoms?

(2.17) How might parenting be associated with ADHD in pre-schoolers?

- (2.18) What kind of comorbid problems do you think young children with ADHD may present with?
- (3.2) What advice do you think the health visitor should give?
- (4.2) The feeding clinic nurse took a history. Which particular questions should she ask? What would be the differential diagnosis?
- (4.4) What should be the nurse's first task?
- (5.2) What might be the knock-on effects of sleeping difficulties in the under fives, for both parents and children?
- (5.5) Is Peter's problem normal? Do you think the problem will resolve on its own? What is the differential diagnosis?
- (6.10) What are your thoughts about Carley and Esmeralda? Do either of them seem to be presenting with obsessive-compulsive disorder?
- (6.13) What do you think the therapist should suggest for Carley and Esmeralda?
- (6.18) How persistent do you think the symptoms of depression should be in children under five before they are considered to be clinically depressed? Would it be the same as for adults?

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