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Catatonic features in adolescence: Interfaces with affective disorders

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Introduction Catatonia is a potentially life-threatening but treatable neuropsychiatric syndrome. The prevalence of catatonia in children and adolescents is probably underestimated since investigation on this matter is still lacking. Different studies have led to the recognition of catatonia as a separate psychiatric entity, as reflected in DSM-5, renewing interest on this subject. While in the adult population there is evidence highlighting the strong association between catatonia and affective disorders, this has been poorly reflected in child and adolescent psychiatry literature. In fact, most of the research in this population focuses on associations with organic, psychotic or developmental disorders.

Objectives We aim to illustrate the diagnostic challenges when facing an adolescent with catatonia encompassing psychiatric, neurologic and immunologic factors known as possible causes for this condition. We aim to explain the diagnostic procedure and the possible clinical results of this workup, as well as raise the discussion around treatment options.

Methods We used a clinical case vignette of a 14-year-old adolescent, presenting with a stress-induced catatonic syndrome and depressive symptoms without any prior organic or psychiatric condition. We reviewed the most relevant literature in order to contextualize our clinical case.

Results and conclusion Catatonia is an under-recognized condition in children and adolescents without a prior medical or psychiatric condition, especially when associated with affective disorders. The inclusion of catatonia as a specific syndrome in the psychiatric nosography may help its recognition. Case reports on this matter are therefore especially important as a way of pushing clinical investigation on this matter forward.

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Autism-plus spectrum disorders: Interfaces with psychosis

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Introduction Despite categorical differentiation, autistic and psychotic disorders are historically related diagnostic entities and there is still much controversy regarding their limits and developmental course. Particularly in children, the presence of idiosyncratic fears, difficulties in the social sphere and thought disorder are important factors in the differential diagnosis. There are some research-derived clinical constructs that operationalize symptomatology aiming to highlight the interfaces and the overlap between such disorders. Their clinical implications can be extremely relevant in the face of the limits of current nosology.

Objectives To phenomenologically describe differentiating parameters and high-risk clinical profiles for the development of psychosis in children with autism spectrum disorder.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results The clinical case reflects well the difficulties posed in the differential diagnosis due to the multiple interfaces between autism and psychosis. Constructs such as “multiple complex developmental disorder” or “multidimensionally impaired syndrome” allow a clearer and more practice-friendly characterization of such individuals.

Conclusion The constellation of symptoms identified in these criteria may become useful through the definition of subgroups of autism spectrum disorder individuals with complex psychopathology. Studies in this regard are still scarce, but the validation and reproduction of the positive results observed in the near future can help optimize the clinical approaches in these children.

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Rage as a hidden aspect in pediatric obsessive-compulsive disorder

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Introduction Pediatric obsessive-compulsive disorder (OCD) is a multifaceted clinical entity. Rage attacks have been repeatedly described in the phenotype of anxiety disorders in children and adolescents. It has been acknowledged that anxious youth who display rage have more severe clinical profiles and increased levels of dysfunction in most domains, consistent with the notion that rage is a marker of more severe psychopathology. However, this matter remains largely underappreciated in pediatric OCD. Namely, the role and functions of rage in pediatric OCD in relation to family accommodation and illness severity have highly relevant clinical management and treatment implications.

Objectives We aim to discuss how does rage look like in pediatric OCD, what are its associated features and its contributions to additional functional impairment. We examine the central role of family accommodation mediating clinical outcomes and review highly relevant diagnostic and treatment challenges.

Methods Selective review of the literature in PubMed (MEDLINE). Illustration with a clinical case vignette.

Results and conclusions Rage attacks are relatively common in pediatric OCD, have a negative impact on illness presentation, and contribute to functional impairment above and beyond obsessive-compulsive symptom severity. We hereby illustrate that rage may contribute to family accommodation of symptoms, which may further affect and perpetuate obsessive-compulsive symptom severity and impairment. There is a need to avoid misdiagnosis and to prioritize psychotherapeutic interventions and psychopharmacological treatment approaches. This provides important insights regarding the clinical validity of this component of OCD, aiming to capture further the attention of the clinical and research community.

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Encopresis: A medical and family approach

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