

# BEHAVIORAL AND MOOD DISORDERS



Children are often referred to a neurology specialist because of concerns about their moods and behavior. If a neurological condition is not identified, such children will often be referred onwards to a child psychologist or child psychiatrist for further evaluation and treatment of a mental health disorder. In some cases, a child may have both a neurological condition AND a mood or behavioral disorder. In that case, your neurology provider may continue to treat the neurological condition, but refer you to other mental health specialists for management of the mood or behavioral condition. Some common mood and behavioral diagnoses are briefly described below:

## Anxiety Disorders:

Anxiety disorders include generalized anxiety disorder (GAD), as well as obsessive-compulsive disorder (OCD), separation anxiety, social anxiety, and phobias. Children with anxiety disorder experience frequent or high levels of anxiety which interfere with daily functioning. Anxiety can be difficult to identify in children, especially when certain symptoms, such as restlessness or poor concentration, are misinterpreted as ADHD. Children with anxiety are often tense, easily stressed, and tend to focus on certain worries and concerns. They may struggle with social or school situations. High levels of stress may lead to physical complaints, such as frequent headaches, stomachaches, poor sleep, or other bodily discomfort. In some cases, children may have panic attacks (involving rapid breathing, heart racing, chest pain, nausea, and/or shaking). About 25% of children with ADHD also have an anxiety disorder, which can complicate treatment of ADHD symptoms. Children with anxiety can benefit from referral for cognitive behavioral therapy, traditional psychotherapy, as well as psychiatry for medication management.

## Bipolar Disorder (BPD):

BPD is characterized by dramatic mood swings. Individuals with BPD experience periods of euphoria, high energy, and impulsivity (mania) and periods of

severe low mood (depression), with normal periods in between. Children with BPD can be aggressive, prone to explosive outbursts, and have intense fluctuations in mood. While there has been some controversy regarding the diagnosis of BPD in children, it is almost certainly an accurate diagnosis in some cases. A child suspected to have BPD should be evaluated and treated by qualified pediatric mental health professionals, and treatment of BPD requires both therapy and medication management by a psychiatrist.

## Conduct Disorder (CD):

CD is a severe condition involving a significant pattern of antisocial behaviors, such as vandalism, animal abuse, substance abuse, repeated episodes of stealing, lying, or other delinquent behaviors, and/or aggression towards other people. Conduct disorder is often diagnosed in adolescence, but may have been preceded by a diagnosis of Oppositional Defiant Disorder (ODD) in childhood. Adolescents diagnosed with CD are at risk for problems such as substance abuse and other illegal behaviors in adulthood. Behavioral therapy is standard treatment, although medication management (especially for co-existing conditions, such as ADHD or depression) may also be helpful.

## Eating Disorders:

This can include anorexia (self-induced starvation), bulimia (binge-purge syndrome), and restricted eating (extreme dieting). These types of eating disorders are most common in girls ages 12 years and older, but can occur in younger children, as well as males. Concern for eating disorder should be discussed promptly with your pediatrician who will likely conduct an evaluation to rule out medical complications. Other eating problems include compulsive overeating, food hoarding, and emotional eating. All eating disorders are treated primarily with nutritional counseling and psychotherapy, although sometimes medications may be used to treat other co-existing mood or behavioral problems.



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## **Mood Disorders:**

Mood disorders include Major Depressive Disorder (MDD), dysthymic disorder, and Bipolar Disorder (BPD). Children with depression or dysthymic mood have a persistent pattern of behavior, including dysfunctional eating patterns, sleep problems, low energy and fatigue, poor self-esteem, poor concentration, difficulty making decisions, and feelings of hopelessness, which interferes with daily functioning at home and school. MDD is more severe than dysthymic disorder; children with MDD may be nearly constantly sad or irritable, have a lack of interest or pleasure in daily activities, cry frequently, and talk about death, or even contemplate or attempt suicide. Children, and especially adolescents, with depression often have some symptoms that mimic ADHD, such as inattentiveness, poor motivation, and academic difficulty. In most cases, your child should be evaluated and treated promptly by a qualified mental health professional, although often your child's pediatrician may initiate medication treatment of depression. A combination of psychotherapy and medication is often needed to treat depression.

## **Obsessive-Compulsive Disorder (OCD):**

OCD is characterized by a persistent pattern of intrusive thoughts or ritual behaviors that the child cannot control. Children with OCD will demonstrate a pattern of obsessive thoughts or worries (often about germs or dirt, illness and disease, injury, violence or crime, or death). These thoughts and worries are accompanied by compulsive, repetitive behaviors, such as hand-washing; counting, touching, ordering or arranging

objects; and "checking" behaviors (checking locks, light switches, stoves, etc.). Some children also pick at their skin or pull out their hair (trichotillomania). Children with OCD usually realize their behaviors are unusual, but experience overwhelming anxiety if they try to stop the rituals. OCD is typically treated with a combination of medications and therapy.

## **Oppositional Defiant Disorder (ODD):**

Children with ODD demonstrate a consistent behavioral pattern of negativity and oppositional behaviors towards authority figures. They may have significant disciplinary problems at school, and be frequently argumentative, prone to anger or temper outbursts, refuse to follow rules, blame others for their mistakes, and act in an angry, resentful, or vindictive manner towards others. They may purposely antagonize or annoy others on a consistent basis. Children with ODD may also have ADHD, which can make management of ADHD much more difficult. Children with ODD should work closely with a behavioral therapist.

## **References and Resources:**

<http://www.healthychildren.org/English/health-issues/conditions/emotional-problems/>  
<http://kidshealth.org/parent/emotions>

