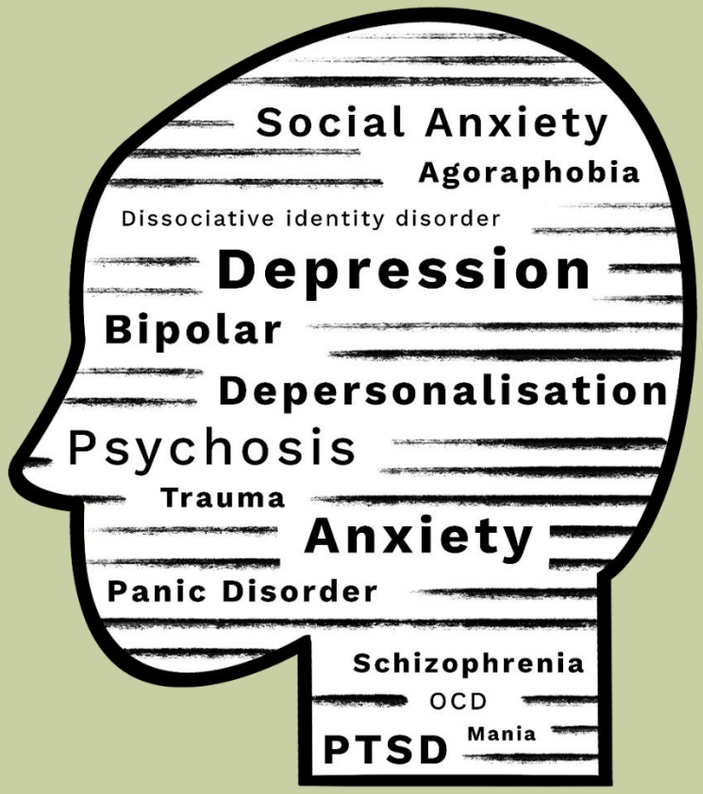
EMOTIONAL DISORDERS AND TRAUMA

EMOTIONAL DISORDERS

Objectives

- Emotional Disorders
- Anxiety Disorders
- Obsessive Compulsive Disorders
- Depressive Disorders
- Bipolar Disorder
- Suicidal Behaviour and Self Harm
- Assessment
- Treatment



EMOTIONAL DISORDERS

➤**They are common!**

- ➤depression - 15th leading cause of illness and disability worldwide for 10-14 year olds and 4th leading cause for 15–19 year olds
- ➤ anxiety - 6th leading cause for 10 - 14 year olds and 9th for 15–19 year olds
- ➤ co-occurring difficulties are common such as anxiety and depression, substance misuse, eating disorders, ADHD, physical illness
- ➤ profound effect on young person's wellbeing, development and social functioning
- ➤ estimated 62 000 adolescents died by suicide in 2016 worldwide
- ➤ Suicide - 3rd leading cause of death in 15–19 year olds, 90% of adolescent suicides in low to middle income countries

ANXIETY DISORDERS

- Phobic Anxiety Disorders
- Separation Anxiety Disorders
- Panic Disorder
- Generalised Anxiety Disorder
- Somatic Symptom Related Disorders and Somatoform Disorders (including Body Dysmorphic Disorders)

ANXIETY DISORDERS

Prevalence

- **Hong Kong:**
  - in adolescence 6.9% (Yuen et al 2019)
  - anxiety symptoms in university students - 54.4%, 5.8% with severe anxiety symptoms, (Lun et al. 2018)

ANXIETY DISORDERS

Phobic Anxiety Disorders

- anxiety is evoked only, or predominantly, in certain well-defined situations that are not dangerous
- avoidance or feelings of dread
- focus on certain symptoms, secondary fears
- anticipatory anxiety
- Agoraphobia, Social Phobia, Specific Phobias
- Prevalence: 16 - 24 y olds phobias 1.3% young men, 5.4% young women (Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014)

ANXIETY DISORDERS

Separation Anxiety Disorders

- fear of separation of a degree that is unusual for age and developmental stage
- onset in childhood
- functional impairment
- school refusal
- prevalence: 11-16 y olds 0.6% (boys 0.8%, girls 0.4%)

ANXIETY DISORDERS

Panic Disorder

- recurrent attacks of severe anxiety, not restricted to any particular situations or set of circumstances
- sudden onset of palpitations, chest pain, choking sensations, dizziness, depersonalisation or derealisation
- secondary fear of dying, losing control or going mad
- prevalence: 11-16 y olds 1.1% (boys 0.6%, girls 1.6%)

  17-19 y olds 3.4% (boys 1.4%, girls 5.6%)

ANXIETY DISORDERS

Generalised Anxiety Disorder

- generalised and persistent anxiety which is not restricted to, or strongly predominating in, any particular circumstances
- persistent nervousness, trembling, muscular tensions, sweating, lightheadedness, palpitations, dizziness, epigastric discomfort
- fears of becoming ill and having accidents
- symptoms of autonomic arousal often less prominent
- more limited range of symptoms compared to adults
- prevalence: 11-16 y olds 1.6% (boys 1%, girls 2.2%)

  17-19 y olds 3.2% (boys 1.9%, girls 4.6%)

ANXIETY DISORDERS

Somatic Symptom Related Disorders and Somatoform Disorders

- somatoform disorders, dissociative (or conversion) disorders
- significant functional impairment, as well as excessive thoughts, feelings and behaviors related to somatic symptoms
- associated with psychiatric comorbidity in up to 50% of cases (depression and anxiety)
- most common symptoms: pain (headaches, recurrent abdominal and musculoskeletal pain), fatigue, faintness and nausea
- prevalence: - around 10% in teenagers, m:f 1:5

ANXIETY DISORDERS

Body Dysmorphic Disorders

- preoccupation with an imagined defect in appearance or excessive concern over a slight physical anomaly
- any part of the body; however, most often imagined or slight flaws of the face or head (acne, scars, thinning hair, facial asymmetry, or excessive facial hair)
- onset in adolescence, secretive
- prevalence: 11-16 y olds 1% (boys 0.2%, girls 1.9%)

  17-19 y olds 3.1% (boys 0.8%, girls 5.6%)

ANXIETY DISORDERS

Aetiology and Risk factors

- Genetics: - estimated 40% heritability
- parental anxiety disorders and depression
- gender
- ?socio-economic and environmental risks
- Perinatal factors
- respiratory dysfunction (asthma), smoking
- inhibited childhood temperament, shyness

ANXIETY DISORDERS

Obsessive Compulsive Disorders

- repetitive intrusive thoughts and/or rituals that are unwanted and which interfere significantly with function or cause marked distress
- ego-dystonic
- not necessarily trying to prevent dreaded event
- up to 40% of children do not have obsessive thoughts
- 1/3 report triggers for OCD symptoms
- onset in late childhood and early adolescence
- prevalence: 11-16 y olds 0.7%, m=f; 17-19 y olds 0.7%, m=f; 16-24 y olds 1.2%

ANXIETY DISORDERS

Obsessive Compulsive Disorders

- symptom clusters: symmetry/ordering, contamination/cleaning, hoarding, obsessions/checking
- obsessive compulsive spectrum disorders (body dysmorphic disorder, hypochondriasis, trichotillomania)
- childhood onset subtypes (< age 6)

ANXIETY DISORDERS

Obsessive Compulsive Disorders - Aetiology and Risk Factors

- highly heritable, 80 - 90% concordance rates in monozygotic twins
- Brain and Physical factors

DEPRESSIVE DISORDERS

➤low mood, reduction of energy, decrease in activity, anhedonia, poor concentration, tiredness, poor appetite and sleep, low self-esteem and self-confidence, ideas of guilt, worthlessness and hopelessness

➤ pervasive low mood

➤ somatic symptoms

➤ severity

➤with or without psychotic symptoms

➤ presentation similar to adult depression the older the adolescent/young person

DEPRESSIVE DISORDERS

Prevalence

- HK: between 0.55% and 2.2%; university students: 68.5% reported depressive symptoms
- 8% of adolescents diagnosed with MDD have completed suicide by young adulthood
- co-occurring disorders: ADHD, anxiety disorders, disruptive disorders, substance use disorders, separation anxiety disorders/school refusal

DEPRESSIVE DISORDERS

Clinical Presentation

- irritability, impulsivity, and behaviour changes
- decreased grades and poor school performance
- increased disturbances in sleep and appetite; social withdrawal
- suicidality similar to adults

DEPRESSIVE DISORDERS

Aetiology and Risk Factors

- **genetic and familial:**
  - parental depression increases risk of depression 3 -4 fold
  - heritability, around 30–50% (anxiety and depression share inherited liability
- **gene x environment:**
  - increased sensitivity to psychosocial risk factors, particularly girls

DEPRESSIVE DISORDERS

Aetiology and Risk Factors

- **psychosocial risks:**
  - stressful life events and onset of depression, particularly girls
  - multiple negative life events and chronic severe stressors affecting relationships (family discord, bullying, maltreatment)
  - trauma
- **neuroendocrinology and brain functioning:**
  - similar to findings in adult depression

BIPOLAR DISORDER

- significant, persistent, and impairing changes in mood (mania or hypomania, and depression)
- mood instability more common in adolescence
- mixed episodes and psychotic symptoms more frequent
- ? irritability and duration of symptoms
- peak age of onset: 15–25 years
- prevalence: 11 - 16 y olds 0%, 17-19 y olds 0.1% (young women 0.3%)

BIPOLAR DISORDER

Aetiology

- heritability 60%
- probably larger genetic component in early onset BD

SELF HARM AND SUICIDAL BEHAVIOUR

Prevalence

- self harm: 10 - 18%, females: 25.7%, males 9.7%
- HK: secondary school population: 32.7% at least one form of self harm, 13.7% suicidal thoughts, 4.9% suicidal plans, 4.7% attempted suicide, f > m

- suicide is likely to be underreported

SELF HARM AND SUICIDAL BEHAVIOUR

Aetiology

- serotonergic dysregulation
- psychological factors: hopelessness, dichotomous thinking, negative bias in future judgement, external locus of control, impaired problem-solving, impulsivity, aggression, neuroticism, trait anxiety,

EMOTIONAL DISORDERS

Treatment

- psychoeducation (signs and symptoms, clinical course of illness, risk of recurrence, treatment options, and advice for parents, teaching staff on interacting with their children)
- involvement of parents/care givers, school, education, social care as indicated and with consent of young person and their families
- co-produced safety plan
- treatment in the community and inpatient treatment

EMOTIONAL DISORDERS

Treatment

Anxiety Disorders

- first line: individual or group CBT, computerised CBT
- other psychotherapies
- Selected SSRIs as Monotherapy

OCD and BDD

- ***mild functional impairment:*** guided self-help
- ***moderate to severe impairment:***
  - individual or group CBT (including ERP), involvement of family
  - Selected Anti-depressants, as Monotherapy or with augmentation

EMOTIONAL DISORDERS

Treatment

Depression

- ***mild depressive episode:*** psychotherapies like CBT, IPT
- ***moderate to severe depression:*** CBT, IPT, family therapy, brief psychosocial intervention, psychodynamic psychotherapy
- combination therapy: Fluoxetine and psychological intervention

EMOTIONAL DISORDERS

Treatment

Bipolar Disorder

- ***moderate to severe Mania/Hypomania:***

  Selected Anti-psychotics as Monotherapy; augmented with Lithium when indicated

- ***bipolar depression:*** psychological interventions; Selected Anti-psychotics as Monotherapy

EMOTIONAL DISORDERS

Treatment

Self Harm and Suicidal Behaviour

- close collaboration with acute hospitals
- treat psychiatric disorders and support young person to access support for any physical health difficulties
- collaborative safety planning and supervision/monitoring arrangements
- admission and inpatient treatment, use of MHA legislation
- CBT (individual/group), family therapy, DBT
- school based interventions
- reducing access to methods of suicide
- crisis helplines and online support
- responsible media reporting