Mental Disorders With Early Onset Tied to Delay in Care

BY MARY ELLEN SCHNEIDER

New York — Most mental health disorders begin in childhood and adolescence, but the early onset of these disorders makes it less likely that individuals will promptly seek treatment, initial findings of the World Health Organization’s World Mental Health Survey Initiative show.

“Mental disorders worldwide are basically disorders of the young,” said Dr. Melinda A. Stanley, Ph.D., of Baylor College of Medicine, Houston, and her associates assessed the treatment in 134 patients with a diagnosis of GAD aged 60 and older (JAMA 2009;301:1460-7). A total of 70 study subjects (mean age, 67 years) were randomly assigned to receive up to 10 individual 1-hour sessions of CBT over the course of 12 weeks in a primary care clinic. The program included patient education, motivational interviewing, relaxation training, problem-solving skills training, exposure therapy, and sleep management.

Brief telephone “booster” sessions also were offered at 4, 7, 10, and 13 months. The remaining 64 subjects received usual care for GAD, which included medication plus biweekly 15-minute phone calls over 3 months to provide support and safety for patients.

The study sample was not representative of older patients in primary care, because there was a preponderance of women and most of the subjects were well educated.

The CBT and phone calls were provided by three master’s degree–level therapists with at least 2 years of CBT experience; one postdoctoral intern with more than 3 years’ experience with CBT, specifically for anxiety; and one post–BA-level therapist with 5 years’ experience with CBT, specifically for late-life anxiety.

After 3 months, the patients who received CBT showed significantly greater improvement on the Beck Depression Inventory II and the mental health component of the Medical Outcomes Study, a measure of health-related quality of life.

“The results showed that for those patients who received CBT, the severity of worrying and depressive symptoms decreased, while general mental health improved. These benefits persisted throughout the 12 months of follow-up,” the investigators said.

However, results on the Generalized Anxiety Disorder Severity Scale and the Hamilton Anxiety Scale were not significantly different between the CBT group and the control group.

“The rates at which patients began or discontinued taking antianxiety medications were no different between the two groups, nor were changes in medication dosages,” Dr. Stanley and her associates wrote.

None of the authors reported any financial disclosure. The study was funded by grants from the National Institute of Mental Health and the Houston VA Health Services Research and Development Center of Excellence.

Mental Illnesses Start Earlier Than Thought, Expert Says

BY KERRI WACHTER

Baltimore — There’s a growing appreciation among pediatric psychiatrists that mental illnesses occur among preschoolers and that identification and treatment are critical to getting these kids back on track for healthy development, according to Dr. Joyce N. Harrison, director of Preschool Clinical Programs at Johns Hopkins Bayview Medical Center in Baltimore.

“When I was in training 15 years ago, I thought all psychiatric disorders started at age 6 because that’s when we started seeing kids, but we’ve begun to see kids younger and younger,” she said at a meeting on developmental disabilities sponsored by Johns Hopkins University.

Around 10% of preschoolers are believed to have a severe impairing psychiatric disorder; rates of attention-deficit/hyperactivity disorder, disruptive behavior disorders, depression, and anxiety in preschool children are estimated at 3%, 8%, 2%, and 9%, respectively.

Symptoms of these disorders can interfere with parent-child relationships, family functioning, social development, the ability to participate in child care, and with learning and school readiness.

“We have a very narrow window to get them back on the developmental trajectory,” she said. During early childhood, brain development is rapid and attachment to caregivers is critical. All learning occurs within the context of relationships and life experiences have a profound effect on later development.

Nationally, early care and education providers report that challenging behavior and problems with social skills are their greatest challenges. Preschoolers are expelled at a rate three times higher than that for school-aged children, according to Dr. Harrison.

In 2006-2007, 67% of the referrals to the Michigan Child Care Expulsion Prevention Initiative were for children aged 0-3 years. That state-funded project is aimed at supporting the mental health needs of children aged 0-5 years.

Children are referred to the program for frequent aggressive behavior such as biting, or for developmental concerns. An estimated 10%-15% of children aged 1-2 years have significant social-emotional problems, according to Dr. Harrison.

“The prevalence of social/emotional behavior problems in preschoolers is almost at epidemic proportions,” Dr. Harrison said.

“A stereotypical presentation in my clinic is a kid who is aggressive and they don’t sleep and they’re out of control or they’re hyperactive,” Dr. Harrison said. “My approach is that it’s a disruptive behavior disorder until proven otherwise, until we can get at what’s underneath the behavior,” she said.

The evaluation process usually requires three to five sessions, and family interviews are the preferred method for obtaining information. Such interviews elicit details about the reason for the referral, current difficulties, traumatic events; temperament, family, medical and developmental history; and physical, cognitive, emotional, and social development. Child/caregiver interactions warrant observation, as does the child when playing alone and with other children. Standardized instruments are used for these evaluations.

Dr. Harrison reported that she has no relevant financial relationships.