STANDARD TREATMENT WORKFLOW (STW)

Childhood Behavioural Disorders

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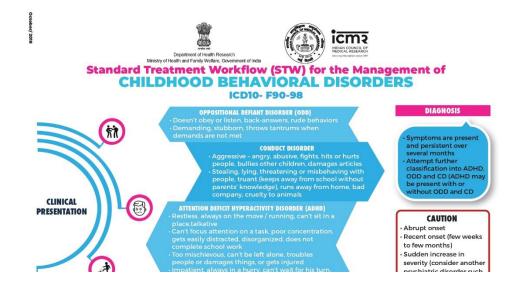
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*PARENT MANAGEMENT TRAINING

- Analyse the problem behaviors and understand patterns: time of occurance, triggers, duration and consequencies

 Engage with child in mutually enjoyable, pleasurable activities (playing games,
- discussing interesting things or doing activities together)
 Set clear do's and don'ts and explain to child in clear, simple, short instructions the
- consequencies (like withholding privileges following misbehavior: use star-charting (contingency management) and rewards based on number of stars earned In children with ADHD, develop clear daily routines, supervise activities and appreciate on completion of taks
- Limit screen time/ monitor use of electronic devices

- Dos
 Consistency in enforcing rules
 Catch the child being good and praise
 Ignore negative behaviours
 Child can be put in a boring place till he/
 she becomes quiet for a few minutes (time-out)
- Encourage age appropriate responsibilities
- Don'ts
- Bribe False promises and threats
- Harsh punishments Excessive criticism and blaming
- especially in front of others
- Unfair comparison
 Yielding to unreasonable demands

crassification into ADHD, ODD and CD (ADHD may be present with or without

- severity (consider another psychiatric disorder such
- attention keeps shifting) Speech and language ability, intelligence, academic
- "stop-think-act" or "halt and proceed" technique

- attention, help and support for the child Extra coaching, if needed in case of learning problems

MEDICATION (AVOID BEFORE 5 YEARS)

- Severe and persistant aggression:
- T. Risperidone under close supervision (starting dose-0.25 mg, single daily morning dose after uose-0.25 mg, single daily morning dose after breakfast. Based on response, increase by 0.25 mg weekly up to 1 mg single daily dose). Not to exceed 1 mg/day - Response + 1 continue 3 months f/b slow taper - Response - 1 4 weeks trial, then refer - Monitor adverse effects: weight gain, extra-pyrapidal exportance (FPS)
- Monitor adverse effects: weight gain, extra-pyramidal symptoms (EPS) [if EPS: add I mg Trihexyphenidyl OD morning]
 Severe hyperactivity and impulsivety:
 T. Clonidine (starting dose-25 µg single daily dose before sleep, increase by 25 µg weekly up to 100 µg per day in 2-3 divided doses
 Monitor BP and drowsiness
 Monitor BP and drowsiness
- Advise against sudden discontinuation

SECONDARY CARE (DISTRICT HOSPITAL)

- Review and reassess diagnosis (clinical evaluation using Rutter's multi-axial system) and all the pointers given above
- If failed trial of Clonidine/ Moderate ADHD: T. Atomoxetine (starting dose-10 mg single daily
- morning dose after breakfast. Increase up to 1mg/kg/day under close supervision). Monitor adverse effects and response
- Systematic parent management training / behavioral management and individual therapy
- TERTIARY CARE (MEDICAL COLLEGE / REGIONAL REFERRAL CENTRE) Evaluate and manage severe behavior disorders - severe ADHD, ODD, and CD, if necessary on short-term inpatient basis
- Multi-modal management with clear individualized plan
 Trial of Methylphenidate in moderate / severe ADHD under expert supervision
 Recognize and treat comorbid disorders such as bipolar disorder, substance use disorder, and
- internalizing disorders and manage
 Pharmacological management of older children / adolescents with severe aggression /
 impulsivity with Risperdone and/or Lithium
 Family therapy for dysfunctional / discordant families, contributing to child's condition
- Management of children in difficult circumstances with mental health issues (children in need of care and protection; children in conflict with law)

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★ KEEP A HIGH THRESHOLD FOR INVASIVE PROCEDURES

This STW has been prepared by national experts of India with feasibility considerations for various levels of healthcare system in the country. These broad guidelines are advisory, and based on expert opinions and available scientific evidence. There may be variations in the management of an individual patient based on his/her specific condition, as decided by the treating physician. There will be no indemnity for direct or indirect consequences. Kindly visit our web portal (stw.dimm.org.in) for more information.

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