



# Psychiatric Emergencies in Children and Adolescents; A Challenging Critical Condition

**Zaky EA\***

Department of Pediatrics, Ain Shams University Faculty of Medicine, Egypt

**\*Corresponding author:** Eman Ahmed Zaky, Department of Pediatric, Ain Shams University Faculty of Medicine, The President of the Egyptian Society of Mental Disorders and Children's Care (ESMDCC), Cairo, Egypt, Tel: 00201125840808; Email: emanzaky@med.asu.edu.eg

## Editorial

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## Introduction

More than 2 billions of the world's population are children and adolescents (one third of the total). Low and middle income countries are the source of 90% of them where they represent about 50% of their population. In such countries, there are always challenging conflicts between available resources and health needs. Unfortunately, mental health disorders that affect 10 to 20% of children and adolescents across the globe do not represent an economic priority for countries in need although such disorders are considered a leading cause of lifelong health related disability.

Zaky EA [1] showed that culture represents a significant source of distress and functional impairment for sufferers of mental disorders and it affects the way they manifest and interpretation of symptomatology. On the other hand, the concept of cultural psychiatry positively modifies psychiatry practice as it guarantees better understanding of mental disorders from etiology to prognosis with improvement of their management [1].

## Pediatric Psychiatric Emergencies

Pediatric psychiatric emergencies are those critical conditions that affect children and adolescents and necessitate immediate attention. Impaired state of consciousness, multiple traumatic physical injuries, psychotic manifestations, suicide, Para suicide, and or out of control

aggressive behavior are the most common presentations of such emergencies. Exclusion of organic causes is mandatory if the child is younger than 12 years.

## Psychosis

Psychosis refers to disturbed reality interpretation based on thinking impairment, and false perception. Psychotic symptoms include positive and negative manifestations with a typical onset during late adolescence or early adulthood and rarely considered before the age of 12 years. Positive symptoms include hallucinations, delusions, response to hallucinations and delusions by laughing or talking to oneself or behaving in a paranoid manner, disorganized thoughts and behavior, unintelligible speech, and confusion. Meanwhile, negative symptoms include poor motivation, social disinterest, and lack of self-care [2].

In children, it is crucial to take in consideration the developmental aspects before settling the diagnosis of psychosis. Furthermore, cultural context is vital for understanding and formulating psychotic cases. There are many causes of acute pediatric psychosis which include metabolic, neurological, intoxications, and immunological disorders. Accordingly, thorough medical history taking, detailed medical examination, comprehensive laboratory and imaging assessment as well as psychometric evaluation are mandatory in such cases.

Emergency stabilization of psychotic sufferers is essential with appropriate treatment of organic causes if any. Psychopharmacological and psychosocial intervention is required to control the presenting symptoms on short and long terms.

## Conclusion

Pediatric psychiatric psychosis should be evaluated by a multidisciplinary team including a qualified child psychiatrist to avoid over or under diagnosis and provide effective treatment. A second opinion may be considered with recommended regular follow-up. Parental or caregivers' education about the nature of psychosis and proper dealing of its cases is advisable with ensuring the availability of the needed support services.

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