Pediatrics - Topic 5 - Common problems related to behavior

Understanding Common Behavioural Concerns

A Developmental Approach

- A behavioural concern should be interpreted in relation to age, development, family context and its effect on daily life.
- Ask the caregiver to describe a typical event, including what happens before, during and after it.
- A new or severe change may reflect pain, illness, sleep problems, stress or a developmental condition.
- Supportive, consistent responses are usually more helpful than punishment or blaming the child.

Feeding Problems

Recognition and Assessment

- Selective eating and variable appetite are common in toddlers, but persistent restriction can impair nutrition or family functioning.
- Distinguish a child who refuses some foods from one who cannot chew, swallow or coordinate feeding safely.
- Ask about meal timing, textures, food variety, milk and juice intake, choking, coughing and vomiting.
- Observe a meal where possible and review growth, hydration and micronutrient intake.
- Look for dental pain, constipation, reflux symptoms, food allergy, neurological disease or a stressful feeding interaction when indicated.

Warning Signs

- Growth faltering, recurrent aspiration, pain on swallowing, dehydration or persistent vomiting requires further assessment.
- A child with marked restriction, nutritional deficiency or major psychosocial impairment may need assessment for avoidant restrictive food intake disorder.
- Food insecurity must be considered before interpreting limited dietary variety as a purely behavioural problem.

Management

- Offer regular meals and snacks in a calm setting, with age-appropriate textures and safe seating.

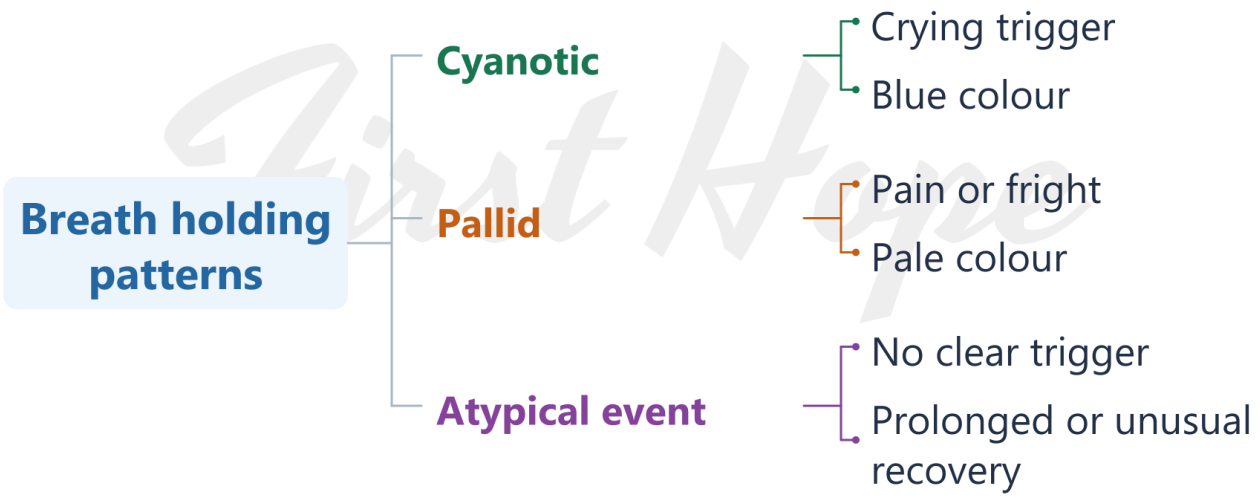
Copyright by Engacy Learning Private Limited. All rights reserved. Reproduction or distribution without written consent is strictly prohibited.

- Allow the caregiver to decide what and when food is offered while respecting the child's hunger and fullness signals.
- Introduce unfamiliar foods gradually alongside accepted foods and permit repeated exposure without pressure.
- Limit grazing and excessive milk or sweet drinks that replace balanced meals.
- Treat medical causes and refer swallowing or oral-motor difficulties to an appropriate feeding team.
- Use dietetic support when nutritional gaps persist rather than giving unmonitored supplements indefinitely.

Breath Holding Spells

- Breath holding spells are involuntary episodes that usually begin in infancy or early childhood and often follow crying, frustration, pain or fright.

Clinical Features



Types of Breath Holding Spell

A. Cyanotic Spells

- A cyanotic spell commonly follows vigorous crying, after which the child becomes silent, turns blue and may briefly lose consciousness.

B. Pallid Spells

- A pallid spell often follows pain or fright and is associated with marked pallor and a vagal slowing of the heart rate.

Features Shared by Typical Spells

- Brief stiffening or jerks can occur after loss of consciousness and do not automatically mean epilepsy.
- Typical spells are brief and are followed by rapid recovery without a prolonged confused period.

Copyright by Engacy Learning Private Limited. All rights reserved. Reproduction or distribution without written consent is strictly prohibited.

- Episodes usually last less than a minute and tend to disappear as the child reaches school age.
- An episode without crying or a trigger, during sleep, or with prolonged confusion should not automatically be labelled a breath holding spell.

Diagnosis and Safety

- A clear trigger and characteristic sequence often establish the diagnosis from the history.
- Ask about the duration, colour change, recovery, family history of sudden death and any event during sleep or exercise.
- Atypical episodes, prolonged unresponsiveness, abnormal examination or absent triggers need further assessment for seizures or cardiac causes.
- Consider a blood count and iron assessment because iron deficiency is associated with breath holding spells.
- An ECG is appropriate when the history suggests pallid syncope, arrhythmia or an atypical event.

Counselling and Management

- Place the child safely on a flat surface during a spell and protect the head from injury.
- Do not shake the child, put objects in the mouth or pour water over the face.
- If breathing or responsiveness does not return promptly, seek emergency help and assess the need for resuscitation.
- Explain that the child is not deliberately choosing the spell and should not be punished.
- Correct iron deficiency according to the child's clinical assessment and local pediatric protocol.
- Persistent atypical or severe spells require specialist review rather than routine antiseizure medication.

Temper Tantrums

- Tantrums are emotional outbursts that commonly occur when young children cannot manage frustration or communicate a need.

Common Triggers

- Hunger, tiredness, overstimulation and sudden changes in routine can make tantrums more likely.
- Ask about duration, frequency, injury, developmental progress and the situations in which outbursts occur.

Practical Management

- Maintain predictable routines and give simple advance warnings before transitions.

Copyright by Engacy Learning Private Limited. All rights reserved. Reproduction or distribution without written consent is strictly prohibited.

- Offer limited age-appropriate choices and praise specific helpful behaviour.
- During an outburst, remain calm, keep the child safe and avoid a long argument that the child cannot process.
- After the child settles, acknowledge the feeling and briefly reinforce the boundary.
- Do not use hitting, humiliation or threats to control behaviour.
- Refer persistent severe aggression, self-injury, developmental concerns or major family impairment for further assessment.

Pica

- Pica is persistent eating of nonfood substances that is inappropriate for developmental level and not part of an accepted cultural practice.

Developmental Distinction and Associations

- The behaviour should persist for at least one month before the diagnostic label is used.
- Examples include repeated eating of soil, clay, paint fragments or paper; the specific substance determines the immediate hazard.
- Mouthing objects in a young infant is common and should not automatically be labelled pica.

Exposure History and Associated Conditions

- Ask exactly what is eaten, where it is obtained, how often it occurs and whether the child has abdominal or neurological symptoms.
- Iron deficiency, developmental disability, stress and environmental deprivation can be associated with pica.

Complications and Management

- Pica may cause poisoning, intestinal obstruction, dental injury or parasitic exposure depending on the substance.
- Assess iron status and consider lead testing when paint, contaminated soil or another plausible exposure is involved.
- Urgently evaluate abdominal pain, vomiting, altered consciousness or suspected ingestion of a toxic object.
- Remove access to harmful substances, provide safe supervision and use a positive behavioural plan.
- Treat identified deficiency and involve developmental or mental-health services when pica persists.

Copyright by Engacy Learning Private Limited. All rights reserved. Reproduction or distribution without written consent is strictly prohibited.

FREE PREVIEW

Click here to visit our website

MBBS PREMIUM NOTES

Complete MBBS notes for every subject and year are available only in the FirstHope app.

Scan or click here

Click here to get the app >

Available on Google Play

Browse MBBS notes by year

firsthope.co.in/mbbs

Click here to explore MBBS >

Scan or click here

FirstHope Medical on Instagram

@firsthope.medical

Click here to follow

App and notes help

Find answers about access and downloads

Click here for help

YEAR 1 / YEAR 2 / YEAR 3 / YEAR 4